

To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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6 February 2014

Your contact is: Nicky Simpson - Committee Services

### NOTICE OF MEETING - HEALTH & WELLBEING BOARD - 21 MARCH 2014

A meeting of the Health & Wellbeing Board will be held on Friday 21 March 2014 at 2.00pm in the Kennet Room, Civic Offices, Reading. The Agenda for the meeting is set out below.

#### AGENDA

	<u>PAGE NO</u>
1. DECLARATIONS OF INTEREST	-
2. MINUTES OF THE HEALTH & WELLBEING BOARD MEETINGS HELD ON 13 DECEMBER 2013 & 14 FEBRUARY 2014	1
3. QUESTIONS	-
Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	
4. BETTER CARE FUND SUBMISSION - UPDATE	20
A report on progress to date in developing an agreed plan for Reading for use of the Better Care Fund, previously called the Integration Transformation Fund, which provides for local funding for health and care services in ways which take forward the integration agenda. The report seeks approval to a delegation in order to meet nationally determined timescales for the final Better Care Fund submission.	

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5. **UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES** 23
- Further to Minute 17 of the meeting held on 20 September 2013, a report giving an update on the work of the sub-group set up to progress opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families.
6. **BEAT THE STREET UPDATE** 32
- A report giving feedback on the 'Beat the Street' Caversham project that was funded by a Transport service grant awarded to the company Intelligent Health to run a community-wide walking challenge throughout Caversham in summer 2013. The report also provides an outline of a further 'Beat the Street' project as proposed by the North & West CCG, and funded mainly by the North & West and South CCGs. A presentation will be given at the meeting, the slides for which are attached.
7. **TACKLING POVERTY IN READING** 43
- A report on the Tackling Poverty in Reading Event held on 19 November 2013 at which 7 Council pledges and over 50 community and partner pledges were made and on the preparation of a draft Tackling Poverty in Reading strategy and action plan based on those priorities and pledges. The report also invites the Board to recommend health service representatives to join the Tackling Poverty Delivery Partnership.
8. **SEXUAL HEALTH PROCUREMENT** 59
- A report giving an update on the sexual health procurement process being led by Public Health Berkshire on behalf of the six public health teams based in each locality including Reading Borough Council.
9. **HEALTH & WELLBEING BOARD - TERMS OF REFERENCE AND POWERS AND DUTIES** 70
- A report proposing changes to the terms of reference and powers and duties of the Reading Health & Wellbeing Board.
10. **DATES OF FUTURE MEETINGS - Proposed Dates for 2014/15:** -
- Friday 18 July 2014 at 2pm  
Friday 10 October 2014 at 2pm  
Friday 30 January 2015 at 2pm  
Friday 17 April 2015 at 2pm

## READING HEALTH & WELLBEING BOARD MINUTES - 13 DECEMBER 2013

### Present:

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

### Also in attendance:

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

### Apologies:

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

### 33. MINUTES & MATTERS ARISING

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

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

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

#### 34. THE READING HEALTH ECONOMY

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

The presentation covered the following areas:

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

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

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

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

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

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

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

The presentation covered the following areas:

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

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

**36. BERKSHIRE WEST CCGS PLANNING PROCESS**

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved -

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

### 37. INTEGRATION OF HEALTH AND SOCIAL CARE & PIONEER BID

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

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

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

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

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

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

Resolved - That the report be noted.

### 38. CARE BILL

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

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

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

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

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



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

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

Resolved -

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

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

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

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

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

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

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

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

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

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

Resolved -

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

#### 40. REVIEW OF CHILDREN'S PUBLIC HEALTH COMMISSIONING OPPORTUNITIES

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

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

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

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

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

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

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

Resolved -

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

#### 41. HEALTHY WEIGHT STRATEGY

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

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

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

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

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

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

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

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

Resolved -

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

#### 42. SCREENING AND IMMUNISATION

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

There was a national target to immunise 95% of children with one dose of MMR vaccine by two years and two doses by five years, and Phase 1 of NHS England's MMR catch up campaign had had a target of 95% of young people aged 10 to 16 years having received at least one dose of MMR by September 2013.

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

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

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

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

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

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

Resolved -

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

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

#### 43. READING JOINT STRATEGIC NEEDS ASSESSMENT

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

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

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

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

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

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

Resolved -

- (1) That the report be noted;

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

#### 44. PHARMACEUTICAL NEEDS ASSESSMENT

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

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

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

Resolved - That the report be noted.

#### 45. AUTISM SELF ASSESSMENT AND STRATEGY

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

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

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

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

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

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

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

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

Resolved -

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

#### 46. DATE AND TIME OF NEXT MEETING

Resolved -

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 21 March 2014.

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



Present:

Councillor Lovelock (Chair)	Leader of the Council, Reading Borough Council (RBC)
George Boulos	Clinical Lead, North & West Reading CCG
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)
David Shepherd	Board Member, Healthwatch Reading
Avril Wilson	Director of Education, Adult & Children's Services, RBC

Also in attendance:

Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
Eleanor Mitchell	Operations Director, South Reading CCG
Maureen McCartney	Operations Director, North & West Reading CCG
Rob Poole	Head of Finance & Resources (Financial Planning), RBC
Nicky Simpson	Committee Services, RBC
Jonathan Smith	Head of Public Health Commissioning, Thames Valley Area Team, NHS England
Councillor Stanford-Beale	RBC
Councillor Tickner	RBC
Suzanne Westhead	Head of Adult Social Care, RBC

Apologies:

Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Rod Smith	Chair, North & West Reading CCG
Ian Wardle	Managing Director, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

#### 47. BETTER CARE FUND SUBMISSION

Suzanne Westhead and Gabrielle Alford submitted a joint report on progress to date in developing an agreed plan for Reading for use of the Better Care Fund, and seeking approval for Reading's first submission of the Better Care Fund planning templates, to be submitted to NHS England and the Local Government Association on 14 February 2014. Part 1 and Part 2 of the templates were appended to the report.

The report explained that the Better Care Fund (BCF), previously called the Integration Transformation Fund, provided for local funding for health and care services in ways which would take forward the integration agenda. Funding would be made available from NHS England in 2014-15 and then as local pooled budgets in 2015-16.

The BCF provided an opportunity to improve the lives of some of the most vulnerable people in Reading who used health and social care services. The Fund was intended to be used to help those people by providing them with better services and better quality of life. Through the BCF, services would be redesigned and developed so that more people received the right care in the right place at the right time.

In order to draw down the funding available through the BCF allocation, Local Authorities and Clinical Commissioning Groups (CCGs) had to submit agreed two-year plans for use of the BCF, which had to be approved by the appropriate Health and Wellbeing Board. A duly approved 'first cut' had to be submitted by 14 February 2014 to NHS England and the Local Government Association (LGA). A revised version then had to be submitted by 4 April 2014.

The report gave details of the conditions and performance measures associated with access to the BCF, and set out the following local vision for the BCF, developed collaboratively by partners across health and social care:

“Our vision is of Reading residents being empowered and supported to live well for longer at home.

Health and social care professionals will work alongside one another and with family carers as expert partners in care, to:

- Provide the right care by the right people at the right time and in the right place with more people supported within their homes and community, and the development of 7-day working across health and social care;
- Keep the individual at the centre of a co-ordinated health and care system with a single point of contact;
- Develop and earn trust, from patients/service users and across organisational boundaries;
- Keep improving health and care systems with the people who use them increasingly involved in the design, delivery and evaluation of services;
- Protect community (including family) connections for those with care and support needs, in recognition of the positive impacts these have on emotional and physical wellbeing;
- Proactively address the risk of hospital or care home admission, putting in place preventative services to mitigate those risks; and
- Make the experience of care a more positive one, in which the individual retains as much choice and control as possible.”

The report stated that five schemes for delivering improved local services for patients had been identified in Reading's draft BCF submission, as follows:

(a) **A Hospital at Home Service**

- targeted at those patients that required initial intensive 24-hour support and treatment but could be managed at home and then discharged after a few days into traditional community care provision.

(b) **Supporting Residential and Nursing Care Homes**

- through introducing a GP enhanced community service, providing additional training to care home staff and additional community pharmacist resource.

(c) **Health and Adult Social Care Services Systems Interoperability**

- to address delayed transfers and discharges as well as supporting better informed decisions at all stages and improving the patient/service user experience.

(d) Time to Think Beds

- focusing on patients with complex care needs who, at the point of discharge from hospital, were likely to have a need for nursing care.

(e) 7-day Integrated Health & Social Care Neighbourhood Teams

- linked to an integrated health and social care hub, with strong connections across a range of neighbourhood services including preventative support provided by voluntary and community groups, and supported by GP extended working.

The report also gave details of the financial implications of the BCF proposals, noting that the funding was not “new” money, and that it would need to be released from existing commitments across the health and social care economy. The report also set out the significant risks involved in making the substantial changes to the way health and social care was delivered that were proposed as a result of the catalyst of the BCF. Part of the further work required before the 4 April 2014 submission would be to consider how this risk was managed and what contingency plans would be required.

David Shepherd reported that Healthwatch England had concerns about the tight deadlines imposed by NHS England on the submission of the BCF plans, which did not allow sufficient time for discussion with patients and the public to obtain their views on the proposed funding arrangements. Whilst the Reading submission addressed patient, service user and public engagement, there had not been specific patient or public involvement in the document because of the tight deadlines imposed.

He therefore suggested that it should be highlighted to NHS England that more notice should be given, so that proper consultation could be implemented within the process. He noted, for example, that one of the performance measures, against which progress would be required for receipt of funding, was improved patient and service use experience, but that this was against a national metric which was still in development. He proposed that a note should be appended to the submission to reflect that the tight deadlines did not allow sufficient patient and public involvement in the submission process and this should be taken into account in setting deadlines for the BCF.

The Board discussed the importance of engagement with the community and how the success of the new way of working would depend on patient involvement. It was reported that the CCGs were about to start their second round of Call to Action events, which could be used for engagement on the BCF plans. It was noted that there was not time before the 4 April 2014 deadline to carry out a formal public consultation process, but there were a number of forums in place within the Council, CCGs and Healthwatch to take the headlines of the BCF plans out to the community and it was planned to take advantage of these resources to carry out more consultation.

Resolved -

- (1) That the progress to date in developing an agreed BCF submission for Reading be noted;

- (2) That the BCF planning templates set out in the appendix to the report be approved as the Reading BCF submission to NHS England and the Local Government Association, subject to (3) below;
- (3) That, alongside the BCF submission, a letter be submitted to NHS England flagging up that those involved in the submission would have liked a longer timescale to discuss the different approach to healthcare set out within the submission with the community before its submission.

**48. BERKSHIRE WEST 5 YEAR STRATEGIC PLAN AND 2 YEAR OPERATIONAL PLANS FOR SOUTH READING CCG AND NORTH & WEST READING CCG**

Eleanor Mitchell, Maureen McCartney and George Boulos submitted a report presenting the “Plans on a Page” for the 5 year Berkshire West Clinical Commissioning Groups’ (CCGs’) Strategic Plan and the individual CCGs’ 2 year operational plans. Copies of the plans and a set of slides giving more detail on current strategic thinking for Berkshire West were appended to the report.

The report explained that planning guidance “Everyone Counts: Planning for patients 2014/15 to 2018/19”, issued to CCGs by NHS England on 20 December 2013, required CCGs to produce a number of documents for submission to NHS England by 4 April 2014, to be formally approved by them. These included a five year strategic plan and associated two year operational plans, financial plans and a Better Care Fund Plan (see Minute 47 above). The Health & Wellbeing Board had to be involved to ensure that the CCGs’ plans triangulated with the Health and Wellbeing Strategy.

The report set out the summary “Plan on a Page” for each of the three plans, ahead of the submission deadline to NHS England, to allow the Health and Wellbeing Board early sight of the intentions in the plans and to allow a triangulation with the Reading Health and Wellbeing Strategy 2013-2016. The plans on a page gave details of the vision of each plan, and its outcomes, objectives and means of delivery. The report demonstrated how the plans aligned with the four goals and sub-objectives of the Reading Health and Wellbeing Strategy 2013-16 and the recent Reading Joint Strategic Needs Assessment and individual CCG Public Health profiles.

The draft 5 year Strategic Plan and 2 year Operational Plans had been submitted to NHS England on 24 January 2014 and, following feedback from NHS England, the plans would be revised accordingly and the full plans would be submitted to the 21 March 2014 Board meeting. The final 2 year plans would be submitted to NHS England by 4 April 2014 and the 5 year strategic plan by 20 June 2014.

The meeting noted that those in deprivation were likely to have more health issues and there was a need to be creative in improving access to services and providing outreach to tackle specific health inequality issues. It was reported that the five year strategic plan would address this important point, and that CCGs had used the data in the Joint Strategic Needs Assessment to inform their commissioning plans.

Jonathan Smith reported that the NHS England Thames Valley Area Team were also working on their 5 and 2 year strategic and operational plans, and were working closely with CCGs to ensure that the different sets of commissioning plans worked together.

Resolved -

- (1) That the priorities identified by the CCGs as outlined in the “2 Year Operational plan on a page” be noted and the ongoing work of the CCGs in supporting the delivery of the Reading Health and Wellbeing Goals be supported;
- (2) That the vision for the direction of travel for the Berkshire West health and social care system as outlined in the “5 Year Strategic plan on a page” be noted and the ongoing work of the Berkshire West CCGs in supporting the delivery of the Reading Health and Wellbeing Goals be supported;
- (3) That it be noted that the full 2 year operational plans and the 5 year Strategic Plan would be submitted to the next meeting.

49. DATE AND TIME OF NEXT MEETING

Resolved -

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 21 March 2014.

(The meeting started at 2.00pm and closed at 2.55pm)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, ADULT & CHILDREN'S SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	21 MARCH 2014	AGENDA ITEM:	4
TITLE:	BETTER CARE FUND SUBMISSION: UPDATE		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN / COUNCILLOR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	HEALTH / ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
LEAD OFFICER:	GABRIELLE ALFORD / SUZANNE WESTHEAD	TEL:	0118 937 4164
JOB TITLE:	DIRECTOR OF JOINT COMMISSIONING, BERKSHIRE WEST CCGs / HEAD OF ADULT SOCIAL CARE, RBC	E-MAIL:	<a href="mailto:Gabrielle.Alford@nhs.net">Gabrielle.Alford@nhs.net</a> / <a href="mailto:Suzanne.Westhead@reading.gov.uk">Suzanne.Westhead@reading.gov.uk</a>

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Better Care Fund (BCF), previously called the Integration Transformation Fund, provides for local funding for health and care services in ways which take forward the integration agenda. It is intended that the Better Care Fund monies are held as local pooled budgets.
- 1.2 In order to draw down the funding available through the BCF allocation, local authorities and clinical commissioning groups (CCGs) must submit agreed two-year plans for use of the BCF, which plans have also been approved by the appropriate Health and Wellbeing Board.
- 1.3 Reading's final BCF submission will be lodged as required with NHS England and the Local Government Association (LGA) by 4 April, 2014. To date there has been no feedback on the original submission, making it impossible to produce an updated document for consideration by the HWB (the draft having been considered on 14 February). This report therefore seeks the Health & Wellbeing Board's approval to a delegation in order to meet nationally determined timescales. A copy of the submission will be circulated to all members of the HWB in order to take into account any views or comments they may have.

## 2. RECOMMENDED ACTION

### 2.1 The Health and Wellbeing Board:

- (a) notes progress to date in developing an agreed BCF submission for Reading; and
- (b) authorises the Accountable Officer for the Berkshire West Clinical Commissioning Groups jointly with the Director of Education, Adult and Children's Services to approve an updated Reading BCF proposal for submission in consultation with the Lead Councillor for Health and the Lead Councillor for Adult Social Care.

## 3. BACKGROUND

- 3.1 The BCF provides an opportunity to improve the lives of some of the most vulnerable people in Reading who use health and social care services. The Fund is intended to be used to help those people by providing them with better services and better quality of life. Through the BCF, services will be redesigned and developed so that more people receive the right care in the right place at the right time.
- 3.2 The Better Care Fund is intended to be used locally so as to manage pressures, and to improve the long term sustainability of an integrated health and social care service. It has been established on the premise that there will be a significant expansion of care in community settings, taking forward both the integration and the prevention agendas. The BCF plan is for health and social care services to work more closely together, working in partnership through a single pooled budget to achieve a better customer journey, better outcomes and better value for money.
- 3.3 Five schemes have been identified in Reading's draft BCF submission

A Hospital at Home Service - targeted at those patients that require initial intensive 24-hour support and treatment but can be managed at home and then discharged after a few days into traditional community care provision.

Supporting residential and nursing care homes - through introducing a GP enhanced community service, providing additional training to care home staff, and additional community pharmacist resource.

Health and Adult Social Care Services systems interoperability - to enable information to be shared across different electronic systems and so address delayed transfers and discharges as well as supporting better informed decisions at all stages and improving the patient / service user experience.

Time to Think Beds - offering a step down from hospital care as soon as this is appropriate for patients with complex care needs who, at the point of discharge from hospital, are likely to have an ongoing need for nursing care.

7-day Integrated Health & Social Care Neighbourhood Teams - linked to an integrated health and social care hub, with strong connexions across a range of neighbourhood services including preventive support provided by voluntary and community groups, and supported by GP extended working,

- 3.4 In addition to delivering these schemes, the BCF is also to be used to protect social care services locally, prepare for new obligations under the Care Bill, and deliver carers' break services and Disabled Facilities Grants. Reading's submission includes proposal to move towards 7 day working and better data sharing anyway, but these are some of the national conditions for drawing down the BCF.
- 3.5 Formal feedback on Reading's first BCF submission is still awaited, although informal feedback to date has been positive. Officers are continuing to develop the plans contained in that submission by reference to the Assurance Process Guidance issued to NHS England Area Teams and to local government regional peers appointed to assure the BCF submissions. Reading's final submission will need to address any issues raised in the feedback. A delegation is therefore sought from the Board to allow the Accountable Officer for the Berkshire West Clinical Commissioning Groups jointly with the Director of Education, Adult and Children's Services to approve a final proposal for submission by the deadline of 4 April.

#### 4. BACKGROUND PAPERS

Better Care Fund Submission report to Health & Wellbeing Board 14.02.2014  
Better Care Fund planning template - Reading - February 14 - Part 1  
Better Care Fund planning template - Reading - February 14 - Part 2  
Better Care Fund Assurance Process Guide



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

TO:	HEALTH AND WELLBEING BOARD		
DATE:	21 <sup>ST</sup> MARCH 2014	AGENDA	5
TITLE:	UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES		
LEAD:	CLLR JAN GAVIN	TEL:	
JOB TITLE:	LEAD COUNCILLOR FOR CHILDREN'S SERVICES & FAMILIES	E-MAIL:	<a href="mailto:jan.gavin@reading.gov.uk">jan.gavin@reading.gov.uk</a>

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 In September 2013, a report to the Health & Wellbeing Board set out the opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families.
- 1.2 The Board agreed to set up a sub-group to progress the opportunities and to report back on progress in March 2014. This report provides that update on the work, including achievements over the last six months, further developments planned and areas of work where longer-term input is required.
- 1.3 The Action Plan created by the sub-group is attached as Appendix A.

## 2. RECOMMENDED ACTION

- 2.1 To note the progress made to date and to support the further development of the work, as set out in the report.
- 2.2 To agree for the sub-group to continue to meet quarterly to maintain oversight of ongoing progress against the action plan.

## 3. POLICY CONTEXT

- 3.1 A number of national policy and guidance documents (such as the Department of Health's 'Healthy Child Programme', the government's 'Working Together to Safeguard Children' guidance, and the NHS Outcomes Framework) recommend local agencies working together in an integrated way to better support health outcomes for children.
- 3.2 Locally, the sub-group's work also aligns with Reading's Health & Wellbeing Strategy, particularly Goal Two - "Increase the focus on early years and the whole family to help reduce health inequalities" - and Goal One - to "promote and protect the health of all communities particularly those disadvantaged".

3.3 Reading's Early Help Strategy was published in November 2013, broadly covering the range of services supporting children and families below the threshold of Children's Social Care or very specialist interventions. The sub-group's work supports the delivery of a number of key actions identified within the Strategy to support health priorities - for example, increasing breastfeeding support.

#### 4. PROGRESS TO DATE

4.1 Following the Board's approval, a first meeting for the Children & Families Joint Working sub-group took place in November 2013. Membership included representatives from both South Reading Clinical Commissioning Group and North & West Reading Clinical Commissioning Group, and from Reading Borough Council's Children's Services. The group was chaired by Cllr Gavin, Lead Member for Children's Services.

4.2 At the first meeting it was agreed to widen the membership to include Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Midwifery Services and a Children's Centre Manager, recognising the importance of operational as well as a strategic representation.

4.3 The group has developed an Action Plan to progress the opportunities identified in the original report to the Health & Wellbeing Board, ensuring that this aligns with existing workplans within services such as for the Early Help Strategy.

4.4 It was recognised that a number of the actions required dedicated resource to make progress, and so South Reading CCG have employed a project manager on a short term contract to jointly support the sub-group. The project manager began in February 2014 and will work part-time for 2 months to drive forward work on a number of the priority actions.

4.5 The Action Plan also includes measures supported by delivery of the actions identified. By meeting measures such as increasing referrals to early help services by GPs and other health professionals and increasing registration and attendance at children's centres for families with children under 5, the group should enable services to improve health outcomes such as increased take-up of immunisations and reduced reception age obesity.

4.6 The key achievements to date against the Action Plan and work agreed to progress this further is set out below under the same four key themes used in the original report:

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

4.7 During the six months of the task and finish group, Reading Borough Council staff promoted the Early Help services available for children and families, and the thresholds to accessing appropriate support. This includes promoting a single phone line that GPs can use to refer patients to the CATs, as a more accessible route to access support than completing a CAF or Single Service Request.

- 4.8 Reading Borough Council staff have presented the Early Help offer to a range of health staff at Royal Berkshire Hospital training days, and to GPs at the South Reading CCG TIPs (Training in Practice) event on paediatrics. This will be repeated to GPs from North & West Reading CCG later in the year.
- 4.9 To support the awareness raising work, maps showing the locations of GP practices and children's centres were produced to visually demonstrate the support available to families in a local area, and distributed to GP practices to be used.
- 4.10 It was recognised that there would be an ongoing need for communication, to refresh and to raise awareness among new staff. Planned work going forward to ensure some sustainable and on-going communication between primary care professionals and children's services includes exploring potential for a single point to access early intervention services for children and developing local communication routes between children's centres and GP practices. It is hoped that over time this work will lead to increased referrals to early help services for those families identified as needing support.

### Theme Two "Education and Resources for Families"

- 4.11 When the group reviewed marketing to families it was identified that strategies for creating and sharing appropriate promotional materials such as leaflets were needed to ensure these were effective. This work will be co-ordinated by March so that a consistent plan for sharing and maintaining communication messages and material can be established. This will include working with Public Health Berkshire who have made good progress in developing printed and online resources to support parent education on common childhood illnesses and other key health messages for under 5s.
- 4.12 It has been agreed that TV screens in GP practice waiting rooms is a key point to display health information messages, and so slides on the children's centres and the Children's Action Teams will be displayed on these across the practices in both CCGs.
- 4.13 An audit of A&E attendance of children from South Reading CCG showed that while most attendance was appropriate, self-referral remained the most common access route. A Berkshire-wide campaign 'Talk before you Walk' attempts to address inappropriate attendance by increasing knowledge of alternative services such as pharmacists and NHS 111. This campaign will be promoted across health and Council services.
- 4.14 It is recognised that parent education from health workers could have an impact in improving parent confidence in managing a sick child without attending A&E; conversations with the Royal Berkshire Hospital Paediatric A&E service have been held to discuss the way some parent education services could be delivered through the Children's Centres with the aim of empowering parents/carers to feel more confident in managing their child's illness and accessing appropriate health care advice and support.

### Theme Three “Opportunities for awareness raising and making contact with families”

- 4.15 An online Services Guide will be launched by Reading Borough Council in April 2014, including a section provided by the Family Information Service that allows professionals and families to easily find out the range of support available locally. It was agreed by the group that it was important to ensure this directory covered all the support available across agencies, to ensure the widest knowledge of services for families to access; this work will be carried out with the team delivering the Services Guide before it is launched.
- 4.16 Pharmacies were flagged as a key opportunity to promote support to families that is currently not well connected to other services. Opportunities are being explored with the local pharmaceutical lead, including the potential for a “campaign” slot in pharmacies to be used for promoting services.
- 4.17 Health Visitors are expanding the universal support they provide to families, with the addition of a 6-8 week visit and a 9 month review for all newborns. Health visitors will be building on their current work to link families with children’s centres by using these opportunities to get parents registered for children’s centres, and exploring options for service developments for jointly delivering parent education and child reviews through children’s centre locations.
- 4.18 Royal Berkshire Hospital midwifery services currently run antenatal and postnatal services from four children’s centres. It has been agreed to extend this to ensure this is available across all localities, and this will be implemented in partnership with the children’s centres over the coming months, ensuring that appropriate working space is available.

### Theme Four “Promotion of Immunisations”

- 4.19 Childhood Immunisation rates in North and West Reading CCG are amongst the highest in Berkshire but it has been challenging to maintain levels above 95% in all categories. The latest data shows that the CCG is achieving above 95% on all immunisations for one, two and five year olds.
- 4.20 South Reading CCG has a high proportion of children and young people in comparison with neighbouring CCGs. For 2013/14, the priority is to reach a target for year one immunisations of 95%. Recent data has shown an achievement of 94.2% following help from Berkshire Healthcare Foundation Trust to reach hard to reach groups.
- 4.21 To ensure that children’s centres have the right information to signpost families and provide support, it is planned that the immunisation nurse will run an information session for children’s centre staff in Spring 2014.

## 5. FUTURE OPPORTUNITIES

- 5.1 While making progress on a number of actions in a short space of time, the sub-group has also identified a number of issues that require further work to be addressed over a longer time period. These include:

- Further work to develop parent education opportunities that will reduce inappropriate A&E attendance for under 5s - for example, increasing communication to parents through children's centres, supported by GPs (filming "talking heads" clips on common issues, or organising evening talks)
- Undertaking wider work to simplify routes into Early Help services through a single front door, including exploring potential to integrate this with other agencies
- Linking to work underway in Public Health to develop a Healthy Weight Strategy, as reported to the Health & Wellbeing Board in December 2013
- Addressing gaps in support around maternal mental health and child mental health - ensuring better co-ordination to support early identification of need and to link this to existing services
- Ensuring sustainable capacity for delivering health promotion and education through children's centres by upskilling staff and existing volunteers around health issues such as smoking cessation and breastfeeding

5.2 The ongoing work of the project manager resource will deliver a number of service development proposals which will aim to deliver more integrated provision for consideration by key partners and commissioners. In addition action plans with priority next steps identified for progressing these opportunities by relevant agencies will also be produced to maintain the momentum already generated.

## 6. NEXT STEPS

6.1 The first report to the Health & Wellbeing Board highlighted the commitment across agencies to joint working that will improve support for children and families around health outcomes in Reading, and to increase access to early help services for families in need of support. The sub-group has ensured momentum to progress this shared approach and delivered some quick wins in partnership working across services.

6.2 The sub-group was established as a task and finish group and has already made progress in the five months that the group has met for. However, it is recognised that a number of actions require ongoing work from the partners involved in the sub-group, and that a longer time period is required to demonstrate impact on health outcomes.

6.3 The action plan identifies leads for each of the actions, and individually agencies should be responsible for delivering against these and ensuring progress continues. It is proposed that the sub-group meets quarterly to maintain strategic oversight of progress against the action plan and monitor collective impact. The group will also ensure any further opportunities identified by the Health & Wellbeing Board can be aligned with existing work and included in the action plan as required.

## 7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 The group's work has been informed by a number of consultations with children, young people, parents and carers. This includes the consultations completed on the Health and Wellbeing Strategy and the Early Help Strategy, as well as the 'Listening into Action' work by Berkshire Healthcare Foundation

Trust to understand the views of parents about health visitors and other services.

## 8. BACKGROUND PAPERS

- 8.1 'Joint Working Opportunities to Support Children & Families Across Health And Children's Centres' - report to the Health & Wellbeing Board, 20<sup>th</sup> September 2013
- 8.2 Reading's Early Help Strategy 2013-16
- 8.3 Reading's Health and Wellbeing Strategy 2013-16
- 8.4 Healthy Child Programme guidance
- 8.5 'Working Together to Safeguard Children' Guidance
- 8.6 NHS Outcomes framework 2013-14

## Children & Families Joint Working Sub-Group Action Plan (February 2014)

	Area of Development	Actions	Who is responsible?	Timeframe	Outcomes/Measures
<b>Theme One - Improved Awareness of Children's Services for GPs and Health Care Professionals</b>					
1	Improving understanding across health services of the range of Early Help services available	<ul style="list-style-type: none"> <li>Attending comms opportunities to promote services and access routes</li> <li>Developing communications at a local level (individual surgeries/children's centres)</li> </ul>	Reading Borough Council (Children's Action Teams)	Progress check - March	Increased referrals to Children's Centres and CATs from GPs and health professionals
2	Improving local knowledge and signposting through "mapping" of children centres and GP surgeries	<ul style="list-style-type: none"> <li>Work with RBC GIS &amp; Mapping to produce localised maps</li> <li>Explore combining postcode checkers available on CCG and RBC websites</li> </ul>	Reading Borough Council (Children's Action Teams) N&W Reading CCG South Reading CCG	February (completed)	Increased registrations/attendance at Children's Centres
<b>Theme Two - Education and Resources for Families</b>					
3	Increasing public awareness of support available through promotion of children's services within GP surgeries	<ul style="list-style-type: none"> <li>Working with practice managers to promote services through leaflets, TV screens, noticeboards</li> <li>Working with Public Health to share parent education materials</li> </ul>	N&W Reading CCG South Reading CCG Reading Borough Council (Children's Centres)	March	Information available in all GP practices Increased registrations/attendance at Children's Centres
4	Development of methods to signpost families to support across health and children's services	<ul style="list-style-type: none"> <li>Use audits of A&amp;E attendance to inform targeting of resources</li> <li>Promote the 'Talk Before You Walk' campaign across services</li> </ul>	South Reading CCG N&W Reading CCG RBH Paediatric A&E	January (completed) March	Reduced inappropriate attendance at A&E
<b>Theme Three - Opportunities for awareness raising and making contact with families</b>					
5	Mapping contacts with families to identify the key opportunities for awareness raising & providing support	<ul style="list-style-type: none"> <li>Sharing existing directories of services for families - RBC, RVA, Your Options</li> <li>Ensure RBC's Reading Services Guide covers support available across agencies</li> </ul>	N&W Reading CCG South Reading CCG Reading Borough Council (Children's Action Teams)	January (completed) March	
6	Exploring the opportunity for pharmacies to focus on children and families, signposting and advising about local services	<ul style="list-style-type: none"> <li>Explore potential for a "campaign slot" in pharmacies to be used for promoting services</li> <li>Follow-up with local pharmaceutical lead on partnership working</li> </ul>	N&W Reading CCG South Reading CCG	April	

7	Making the most of the role of Health Visitors to link families into support available	<ul style="list-style-type: none"> <li>Ensure 6-8 week visit (introduced in January) promotes children's centres and other services</li> <li>Jointly develop and provide a consistent programme of support between health visitors and children's centres</li> </ul>	Public Health Reading Borough Council (Children's Centres)	April	Increased children's centre registrations from Health Visitors
<b>Theme Four - Promotion of Immunisations</b>					
8	Exploring further opportunities for children's centres to promote immunisations in areas where this is a priority, particularly to families who are difficult to reach	<ul style="list-style-type: none"> <li>Immunisations nurse to do information session for children's centre staff - case studies, FAQs - to ensure they are informed and can support signposting of families</li> </ul>	Public Health Reading Borough Council (Children's Centres)	March	Meeting target of 95% of children under 1 immunised
<b>Further opportunities</b>					
9	Working with RBH A&E department to explore opportunities to reduce inappropriate A&E attendances for under 5s	<ul style="list-style-type: none"> <li>Explore filming of GP "talking heads" with Reading University, as a resource for Health Visitors and Children's Centres to provide minor illness/injury support</li> <li>Organising GP/Community Pharmacist to do evening talks for parents</li> </ul>	South Reading CCG N&W Reading CCG RBH Paediatric A&E	Project in place for March, to progress beyond this	Reduced inappropriate attendance at A&E
10	Improving identification of vulnerable families through simplified referral routes, alongside promotion of single telephone line for GPs	<ul style="list-style-type: none"> <li>Introduce revised request form for CAT services &amp; increase use by health visitors</li> <li>Continue to promote Children's Action Team phone number as route in for GPs</li> <li>Longer-term - One Front Door development for children's services</li> </ul>	Reading Borough Council (Children's Action Teams) Public Health	March  End of 2014	Increased referrals to CCs and CATs from GPs and health professionals
11	Closer joint working between children's centres and both midwives and health visitors, including co-location within children's centres	<ul style="list-style-type: none"> <li>Roll-out midwifery services to further children's centres</li> <li>Ensure IT access is available to partners in children's centres</li> <li>Health Visitors increasingly hot-desking in children's centres</li> </ul>	Reading Borough Council (Children's Centres) Public Health RBH Midwifery Services	April	Increased number of vulnerable families receiving support pre-birth
12	More joint working to address high levels of obesity	<ul style="list-style-type: none"> <li>Ensuring link to Healthy Weight Strategy group as Strategy is developed</li> <li>Support the Beat the Street project taking place in Spring 2014</li> </ul>	Public Health	Summer 2014 Spring 2014	Reduced reception age obesity



13	Potential to offer Health Activist training for volunteers who work with parents, to provide greater support and signposting	<ul style="list-style-type: none"> <li>Identifying training offer</li> <li>Offering training (as appropriate) to existing volunteers at children's centres and partners</li> </ul>	Reading Borough Council (Children's Action Teams) Public Health	Summer 2014	
<b>Held for later work</b>					
14	Working with schools to support health outcomes for children, including further investigation of potential use for the resources packs	TBC	TBC		
15	Joining up of ways to capture the views of families on services that are currently provided	TBC	TBC		

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ENVIRONMENT & NEIGHBOURHOOD SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	21 MARCH 2014	AGENDA ITEM:	6
TITLE:	BEAT THE STREET UPDATE		
LEAD COUNCILLOR:	GRAEME HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	TRANSPORT	WARDS:	ALL
LEAD OFFICER:	HANNAH BUDNITZ	TEL:	0118 937 2653
JOB TITLE:	SENIOR TRANSPORT PLANNER	E-MAIL:	HANNAH.BUDNITZ@READING.GOV.UK

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide feedback to the Health and Wellbeing Board on the 'Beat the Street' Caversham project that was funded by a Transport service grant awarded to the company Intelligent Health to run a community-wide walking challenge throughout Caversham in summer 2013. This report also provides an outline of a further 'Beat the Street' project as proposed by the North & West CCG, and funded mainly by the North & West and South CCGs. This further project has been developed based on the positive reception of the Caversham project and a workshop provided by Intelligent Health to the CCGs.

#### 2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board note the background to the Beat the Street walking challenges and the feedback and evaluation results for the Caversham Beat the Street Project as summarised.
- 2.2 That the Health and Wellbeing Board note the proposal for a further, expanded challenge funded primarily by the North & West and South CCGs with support from the Transport Strategy and Public Health teams within the Council(s).

#### 3. POLICY CONTEXT

- 3.1 Transport budget for Beat the Street Caversham and earlier pilots was made available from the Local Sustainable Transport Fund (LSTF). This is a £560m fund made available by the DfT with the aim of implementing local sustainable

transport measures that will deliver lasting benefits to support the local economy and reduce carbon.

- 3.2 Reading successfully secured £4.9m funding in July 2011 for a LSTF Small Project to deliver a package of transport investment measures which are complimentary to those already being progressed through the implementation programme of the Council-approved Local Transport Plan 2011-2026 (LTP). The LTP incorporated input from public health using data that had been applied to undertake a Health Impact Assessment of the strategy document.
- 3.3 In partnership with Wokingham Borough Council, West Berkshire Council, the Thames Valley Local Enterprise Partnership (LEP) and the NHS Berkshire West Primary Care Trust (public health function now located within the Local Authority), Reading secured a further £20.692m for an LSTF Large Project in June 2012 to deliver a package of transport investment measures to benefit the wider urban area. Core objectives of this bid included helping to deliver wider social and economic benefits and actively promoting increased levels of physical activity.
- 3.4 Under the new structure of the NHS, the Clinical Commissioning Groups have a responsibility to make efficiency savings and improve care for patients through a plan for 'Quality, Innovation, Productivity and Prevention' (QIPP) that has a budget attached to it. Beat the Street has been accepted as a preventative project to change habits and behaviours, particularly by targeting certain groups. The Health and Wellbeing Strategy identifies promoting health-enabling behaviours & lifestyle tailored to the differing needs of communities as one of its four main goals within its Delivery Plan, making promotion of physical activity an appropriate target for prevention and behaviour change programmes.

## 4. THE PROPOSAL

### 4.1 Background

Intelligent Health is a company founded and directed by Dr William Bird, a local GP. The company focuses on promoting physical activity to improve health outcomes and has two main products. The first is a training package for GPs on the health benefits of physical activity. This was first implemented in a number of London boroughs. The second product encompasses the organisation of challenges to promote walking for health, using technology to foster competition and record participants' walks. Many of these challenges have been branded 'Beat the Street'. The technology involves RFID (radio frequency identification) cards or keyfobs and strategically located readers called 'beatboxes' and was trialled at Stormont in Belfast.

Reading's first involvement with Intelligent Health was a pilot 'Beat the Street' project in Whitley in June/July 2012, funded by the initial Local Sustainable Transport Fund award (Tranche 1 or Key Component Bid). Intelligent Health engaged with three primary schools in the area: Christ the King Catholic Primary School, Geoffrey Field Primary School, and George Palmer Primary School. Over 1000 keyfobs were distributed to the children and beatboxes purchased by the Transport team were placed along the children's routes to school.

During the four-week competition, over half of students at the three schools participated by walking to and from school, particularly in the first week. Numbers declined to about 20% participation by the end of the competition, but it was noted

that this was during a period of record rainfall for the time of year. Feedback was very positive from children, parents and schools and the pilot did test the technology and the organisation of the challenge. There was a leaderboard competition between the schools, and this fostered community spirit. Christ the King won £500 for charity at the end, and the children who had participated most received certificates.

A further competition was held in October 2012 between secondary schools in London, Vancouver, Shanghai and Reading, funded by Coca-cola Foundation, although using the Council's 30 beatboxes. Children in years 7 and 8 from Blessed Hugh Faringdon, Highdown and Reading Girls schools were invited to participate, and 528 students did so. A detailed post-challenge survey indicated that the number of children who had walked to school at least once in the past week rose from 75% to 92%. Half of the participants said that they walked more by the end of the competition and a tenth cycled more. Children also enjoyed the additional time with friends secured by walking to and from school.

## 4.2 Caversham Project

In January 2013, the Transport team launched a 'Challenge Fund' open to any business, charity, community group or other organisation with an idea to promote and increase sustainable transport. Grants of up to £50,000 were available on a competitive basis, with the budget allocated from the Local Sustainable Transport Fund partnership bid. Intelligent Health bid for and won a grant of £49,700 to run Beat the Street in Caversham.

The project aimed to engage the entire community to collectively 'walk around the world' between June and September 2013 in the biggest-ever 'Beat the Street'. It also included training for local GP practices to encourage participation of their at-risk patients. Individual prizes donated by local businesses were available, plus £3000 of books donated to local schools and the library. There was a leaderboard for the 8 primary schools in the area, allowing children's points to be pooled into team scores. Beatboxes were set up at 46 locations by the schools and other destinations in Caversham, as well as on the two bridges, at the northern entrance to the railway station and at John Lewis.

In total, 5,651 people took part, walking twice round the world in the three-month period. Of these, 2,627 school children participated from all the primaries as well as a limited number from secondaries. The leaderboard was won by Caversham Park Primary. The importance of school involvement was demonstrated by the reduction in journeys per week from 20-30,000 over the first 6 weeks of the challenge to 7-10,000 journeys per week over the 6 weeks of the summer holidays.

Just under 3,000 adults participated, recruited through GP surgeries, local chemists and other businesses, Caversham library and at school gates and community events. An after survey of adults who had registered with an email gained 250 responses. These were positive about the challenge, reflecting the separate feedback gathered from teachers and GPs and reported by local press and community groups: people enjoyed Beat the Street and were particularly pleased to be invited to be part of an activity that gave something back to the community.

In the survey, two thirds said they walked more and 29% that they cycled more during the challenge and 81% said they aimed to continue these behaviours after the challenge ended. Participants were also asked how often they walked, cycled, travelled by bus or by car before the competition compared to during. The responses

showed that those who walked daily rose from 50% to 62% and those who drove daily decreased from 34% to 20%.

Limited analysis of the swipe data, the survey and anecdotal feedback made up the evaluation of the Caversham project. Therefore, there is no evidence of sustained behavioural change or health outcomes, as these were not measured. However, the project's success in terms of participation, community engagement and enthusiasm is undeniable. And this caught the attention of local GPs.

### 4.3 CCG Project

The North & West and South CCGs have decided to fund Beat the Street for the entire areas covered by the CCGs as a preventative project to change habits and behaviours and increase physical activity in their patients. The project board also includes representatives from Reading Borough Council's transport and public health teams.

The project is proposed to run throughout all of Reading Borough and into parts of West Berkshire covered by the North & West CCG. The population of the area is estimated at approximately 180,000. The challenge is scheduled for the month of May 2014 and will be open to all, although children under 12 and certain categories of high risk patients will be targeted. The aim is to engage 20% of the total local population (a similar percentage to that achieved in Caversham) to participate in 'walking to the moon'. Up to 60,000 smartcards will be issued through schools, GP practices, workplaces, community groups and at local shops and events.

A communications plan has been developed, which utilises a combination of approaches, from letters to all parties to attending arranged meetings, briefings and workshops throughout March to present to key groups, such as primary school headteachers, GPs and the voluntary sector. Contacts throughout Reading, including at the local media have been engaged. GP training at the area's 10 largest surgeries has also been programmed for March and April. In parallel, the placement and mapping of the beatboxes are being organised. The CCGs are funding the lease of 50 beatboxes and the operational costs of these, plus the 30 Reading Borough Council transport-owned beatboxes. Intelligent Health is seeking further funding from Reading Borough Council or business sponsors for an additional 50 beatboxes.

A more thorough scope for evaluation is being developed based on 'lessons learned' from the Caversham project, to reflect the additional health goals and to enable an understanding of the longer-term outcomes. The potential for legacy projects post June 2014, using the beatboxes and/or the back-office system, is also on the agenda. Certain simple alterations that would support these tasks have already been identified, such as allowing all participants to register with up to 50 'teams' similar to those formed by the primary schools in Caversham. This will enable different sectors of the population to be evaluated as groups, potentially by their shared characteristics (e.g. all patients of a particular surgery). Another alteration is that all participants will be allowed to retain their smartcards after the challenge, so that they can be involved in any legacy schemes.

### 4.4 Other Options Considered

The CCGs have indicated that they have not had many similar options coming forward to meet their QIPP criteria and that the success revealed in Beat the Street Caversham in terms of engagement and feedback from local GPs has made this a worthwhile use of the QIPP budget.

## 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 This project contributes to the following of the Council's strategic aims:
- To Develop Reading as a Green City with a sustainable environment and economy at the heart of the Thames Valley
  - To promote equality, social inclusion and a safe and healthy environment for all

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Community engagement was at the heart of the Beat the Street Caversham project, and substantial project resources were spent on engaging different groups within the community. The Reading-wide challenge will use similar techniques, engaging with multiple user groups and, as there are more hard-to-reach groups in other areas of Reading, will also work through additional channels with the assistance of appropriate contacts within the Council.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 The aim of this type of programme is to reach entire neighbourhoods and communities, with no regard to race, gender, disability, sexual orientation, age or religious belief. Walking is seen as an activity in which everyone can participate, even if through assisted means, and the design of the project aims to engage all groups to give them equal opportunity to participate. Therefore, an EIA is not relevant to this decision.

## 8. LEGAL IMPLICATIONS

- 8.1 All prior Beat the Street projects have followed appropriate standing orders and procedures and have been approved through relevant Council committees and the LSTF Steering Group. The upcoming project is being commissioned by the CCGs under their QIPP procedure. Any additional spend by Council public health or transport functions will be approved through relevant committees or procedures.

## 9. FINANCIAL IMPLICATIONS

- 9.1 Previous budget has been documented through previous committee reports. Intelligent Health have delivered all interventions thus far on-time and within budget. The CCGs' budget is £122,340. Any additional budget contributed by the Public Health or Transport teams will be sourced from existing unallocated budgets. If the proposals achieve engagement at the levels forecast (20%), the cost per participant is relatively low. Furthermore, considering the cost of key diseases and conditions attributable to inactivity in Reading is estimated at over £1.6million per year, relatively low levels of ongoing behaviour change among the target high risk patients could result in substantial savings to the NHS over time.

## 10. BACKGROUND PAPERS

- 10.1 Traffic Management Advisory Panel Report March 2013; Traffic Management Sub-Committee Reports June and November 2013.

# Beat the Street in Reading

Health and Wellbeing Board  
21<sup>st</sup> March 2014

Hannah Budnitz

Supported by the Local Sustainable Transport Fund



## Local Sustainable Transport Fund

- £4.9m awarded July 2011
- £20.69m awarded June 2012
- 25+ individual projects
- Health sub-objective; partnership with health
- Active Travel theme revenue projects
- Incentives and Applications project

## Intelligent Health

- Founded by Dr William Bird, local GP
- Promote walking for health and physical activity
- GP training in benefits of fitness as treatment
- Walking challenges using on-street readers and RFID to record trips

## Primary School Pilot

- June/July 2012
- Whitley Primaries:
  - Christ the King
  - Geoffrey Field
  - George Palmer
- 1035 key fobs
- Over 50% participated in first week







*I have 2 sons at the school who would always come in the car with me but now I drop them off by the Blandford Road unit and they walk in every day. They love it! They drop into their Gran on the way. And they walk back too.*

*My son was really excited about this. He's talked about it all weekend. He loves the keyring!*



## Global Schools Competition

- October 2012
- Secondary Schools:
  - Blessed Hugh Faringdon
  - Highdown
  - Reading Girls
- 528 participants
- Half said they walked more afterwards – and spent more time with friends!

*"I walked to school much more because it was fun to go with my friends to swipe my card and hear beeps."*



## Caversham Beat the Street

- June-September 2013
- Community-wide
- 5,650 participants split adults & children
- Walked twice round the world
- Increased walking during challenge & people said intended to change behaviour long term
- Positive feedback from schools, GPs, press, local businesses

## Caversham Beat the Street

- Fun
- Exercise
- Support community



## Caversham Beat the Street

- The final primary school leaderboard:

	School Name	Average number of points per student
1st	Caversham Park Primary School	656
2nd	Micklads Primary School	540
3rd	The Hill Primary School	484
4th	St Martin's Catholic Primary School	396
5th	Thameside Primary School	381
6th	Emmer Green Primary School	320
7th	St. Anne's Catholic Primary School	301
8th	Caversham Primary School	276

## Caversham Beat the Street

- *This encouraged my daughter to start to walk to school more and she now walks every day.*
- *The whole family got caught up in the excitement and it brought out a somewhat dormant competitive spirit in all of us, but particularly the adults.*
- *Realising that shops are just a walk away will help in changing attitudes and improving choices concerning environmentally friendly travel.*
- *[A benefit was] being part of a community project that was accessible to all and had a healthy initiative that didn't cost anything.*
- *It certainly encouraged me to take more exercise and made me think about whether or not I needed to take the car.*
- *We would go cycling and plan our route around the Beatboxes.*
- *Beat the street really changed our habits around walking to school.*

## Caversham to Reading-Wide

- North & West and South Reading Clinical Commissioning Groups decide to fund Reading-wide challenge thru 'Quality, Innovation, Productivity and Prevention' (QIPP) stream
- 180,000 people, target to engage 20%
- Focus on children and 'at-risk' patients



READING BOROUGH COUNCIL  
REPORT BY MANAGING DIRECTOR

TO:	Health and Wellbeing Board		
DATE:	21st March 2014	AGENDA ITEM:	7
TITLE:	Tackling Poverty In Reading		
LEAD COUNCILLOR:	Cllr Lovelock	PORTFOLIO:	Leader
SERVICE:	Corporate Support Services - Policy	WARDS:	Borough-wide
LEAD OFFICER:	Clare Muir	TEL:	0118 9372119
JOB TITLE:	Acting Policy Manager	E-MAIL:	Clare.muir@reading.gov.uk

**1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 To report on the Tackling Poverty in Reading Event 19<sup>th</sup> November 2013 at which 7 Council pledges and over 50 community and partner pledges were made.
- .2 A draft Tackling Poverty in Reading strategy and action plan is prepared based on those priorities and pledges.
- .3 It is proposed that the Health and Wellbeing Board be the lead on the Health and Well-being theme of the tackling Poverty strategy.
- .4 The Tackling Poverty Delivery Partnership oversees and monitors the development of the strategy and action plan; and the delivery of the priorities and pledges made at the event.
- .5 The Health and Wellbeing Board is invited to recommend health service representatives to join the Tackling Poverty Delivery Partnership
- .6 Appendix 1 provides a report on the event.
- .7 Appendix 2 provides a list of the priorities identified through the event and the pledges made.

**2. RECOMMENDED ACTION**

- 2.1 That the board note the report.
- 2.2 It is proposed that the Health and Wellbeing Board be the lead on the Health and Well-being theme of the tackling Poverty strategy.
- 2.3 The Health and Wellbeing Board is invited to recommend health service representatives to join the Tackling Poverty Delivery Partnership

**3. POLICY CONTEXT**

- 3.1 In June 2006 Reading Borough Council's Cabinet agreed a "Framework for Eliminating Poverty in Reading".
- 3.2 Under the Child Poverty Act 2010, local authorities and named partner authorities have a statutory duty to co-operate to reduce and mitigate the impacts of child poverty in their area (these named partner authorities to whom the duty applies include health, the police, youth offending teams, probation and Jobcentre Plus); to prepare and publish a local child poverty needs assessment and prepare a joint child poverty strategy for the local area.



### 3.3 The national Child Poverty Strategy focuses on 4 key areas:

1. Life Chances - breaking the cycle.
2. Those who can't work - income maximisation.
3. Employability / Low Income - up-skilling and support.
4. Sustainable Communities - improving quality of life in more deprived neighbourhoods.

3.4 In 2011 the Local Strategic Partnership (LSP) adopted a new Sustainable Community Strategy based around an agreed vision for Reading in 2030. This Strategy identified breaking the cycle of poverty, early intervention and building capable communities as key policy priorities to address inequality and create the conditions for the longer-term socio-economic success of the town.

3.5 LSP Delivery groups are working on these three priorities.

3.6 The Council holds an annual community engagement event. The aim of the Council's 2013 annual event on 19<sup>th</sup> November 2013 was to initiate the development of a strategy to tackle poverty in Reading in a context where welfare reforms, reducing public sector expenditure and the slow economic recovery are creating increasing hardship for many of residents, including some of the most vulnerable; and where there is an increasing negative public perception about people in poverty.

## 4. THE PROPOSAL

### 4.1 Event Report

4.1.1 A report on the 'Tackling Poverty in Reading' event is attached at Appendix 1. The event was designed and delivered in partnership with key organisations working at the frontline of poverty in Reading: Reading Citizens Advice Bureau, Reading Community Welfare Rights Unit, Christian Community Action, the Council's own Financial Crisis Support Scheme and Reading UK CIC.

4.1.2 It aimed to give an insight into the current situation on poverty in Reading and identify specific practical actions that partners and the community will work on together. It presented key current local data, testimonies of people in poverty in Reading and perspectives from the organisations working with people in poverty in Reading.

4.1.3 The main focus of the event was participation in workshops to ensure the attendees had an opportunity to contribute to the development of the key priorities and take responsibility for action. When participants registered for the event they were asked to say what their main concern was about poverty in Reading. This gave us a good insight into the main issues for Reading. Their responses were used to theme the workshops which were:

1. Advice on Tax credits and Entitlements
2. Affordable Credit
3. Support into Work
4. Best start in life
5. In work poverty
6. Affording Basic Needs
7. Disabled People
8. Older People
9. Tackling Poverty in a Multicultural Community
10. Health and Wellbeing

4.1.4 There has been a general consensus that the event went well with good engagement, sharing and networking. Most of all the high attendance (over 200) and number of pledges (over 50) showed the level of concern about poverty in Reading and the desire to work constructively to tackle it.

## 4.2 Priorities and Pledges

4.2.1 The priorities and pledges from the event are provided at Appendix 2. They are set out by theme of the workshop that they were identified in. However there are occasions where priorities or pledges under one theme cross-reference to those in another theme. Where this is the case this noted and will be picked up by the appropriate theme lead.

4.2.2 In most cases the workshops were led by a partnership or organisation that would be a natural lead for each theme so that the actions will be taken forward as a matter of course by each partnership.

4.2.3 In this way the following partnerships will take responsibility for specific themes:

- Advice on Tax credits and Entitlements - lead Advice Services Partnership
- Affordable Credit - lead Berkshire Community Savings and Loans
- Support into Work - lead LSP Productive Pathways group
- Best start in life - lead LSP Breaking the Cycle of Poverty group
- In work poverty - lead Reading UK CIC
- Affording Basic Needs - lead Tackling Poverty Delivery Partnership
- Regarding Disabled People, Older People, and Tackling Poverty in a Multicultural Community, there are a number of options for leads but the Alliance for Cohesion and Racial Equality has remit to champion across all equality groups.
- Health and Wellbeing -lead Health and Well-being Board.

## 4.3 The Council's Pledges

4.3.1 Seven pledges to tackle poverty in Reading were made by Reading Borough Council at the event.

1. Help reduce fuel poverty and help to keep people warm in winter by installing solar panels on 500 of Reading's Council houses and bid for 'Green Deal' funding to target households in most need in the private sector.
2. Tackle fuel poverty and its impact on health this winter by using £75k of the public health budget to provide a Winter Watch Programme, which has not been funded by the Government this year. This would include home energy checks, draught proofing, access to grants for insulation, boiler replacement and repairs, and providing heaters, bedding and emergency payments.
3. Ban advertising on Council property by pay day loan companies who target the vulnerable by charging exorbitant rates of interest on short term loans. This will be

achieved through the adoption of a new Council Advertising Policy.

4. Organise a proactive and effective benefits take up campaign, particularly targeting older people who at the moment are missing out.
5. Build on successful schemes such as SITE at Southcote to provide education, employment and training to lone parents who face particular barriers to employment. City Deal funding will help deliver advice and guidance to build skills and confidence and will include childcare support.
6. Use our City Deal to further enhance schemes to ensure our young people have the skills that employers need.
7. Continue to work towards “Living Wage Accreditation”, working where possible with contractors and other employers to achieve the “Reading Living Wage” of £7.71 per hour, which the Council as an employer already guarantees to its own workforce.

#### 4.4 Implementation of the Council' Pledges

4.4.1 The Council's pledges have been implemented as follows:

1. Solar panels

Policy Committee on 2<sup>nd</sup> December agreed to a programme to install solar panels in 500 Council properties. Installation will take up to nine months to complete.

2. Winter Watch Programme

The Winter Watch 2013 programme is in place, running from December 1st 2013 until 31st March 2014 and offers the following services:

- A home energy check and advice on how to keep warm and healthy at home.
- Draught proofing/ Handyman Service
- Information on and help in accessing energy efficiency grants for loft insulation, cavity wall insulation and boiler replacements/ repairs.
- Help to access an emergency payment where there is severe hardship.
- Emergency equipment - such as heaters and bedding.

The Council has produced and sent leaflets and posters to all surgeries, pharmacies and RBC venues, and community events are being organised to make sure they identify and inform local residents about help they can get.

The Council has teamed up with Reading CAB to increase front line capacity on fuel poverty for 6 months and is working with Aster Living to provide a draught proofing service.

3. Ban advertising on Council property by pay day loan companies

The Council's Policy Committee on 2nd December passed a policy that any advertising or sponsorship on Council assets would have to adhere to a number of basic principles. These are:



- Legal, decent, honest and truthful
- Created with a sense of responsibility to consumers and to society
- In line with the principles of fair competition

#### 4. Benefits take up campaign

Take up of tax credits and benefits is vital in order to maximise income for those unable to work and those in low paid work. The Advice Services Partnership is leading on this strand of tackling poverty and the Council will work with the partnership to ensure a coordinated approach that develops capacity for support and training for people on claiming. Plans for a Benefit take-up campaign are underway.

The Council's immediate priority is to ensure take up of Winter Watch (detailed in 2. above) and the Financial Crisis Support Scheme.

Following a review of the Financial Crisis Support Scheme we are providing specific staff information sessions to increase staff knowledge and understanding of the scheme and make appropriate referrals.

#### Education, employment and training to lone parents

The Thames Valley Berkshire City Deal, of which Reading is part (see 6. below), includes, as a key element of the deal, employment brokerage including intensive caseworker support for lone parents. The deal will pilot a new approach targeting lone parents to help them to develop their skills and move them into, or closer to, employment. Building on existing work in development with Job Centre Plus on improving engagement with lone parents and better understanding issues affecting them, we will develop and deliver a lone parent „traineeship“. This will combine high quality personalised information, advice and guidance with help to build skills and confidence, and including a work experience placement. Additional support will be offered to deal with childcare commitments and other challenges faced by lone parents. The target for the deal is to secure employment outcomes for 40% of the pilot group and move a further 60% closer to the labour market through improving skills, confidence and work readiness.

#### 5. City Deal

The Thames Valley Berkshire City Deal focuses on increasing the participation of 16-24 year olds in education, training and work, to develop work-related skills and to streamline the pathway to employment for young people. It was accepted by government and launched on 28 October 2013 with the signing of the deal document by all six unitary authorities and the LEP. The deal will run from 1 April 2014 for a period of three years with the aim to deliver whole system change which will make a difference for young people and businesses in the longer term.

Key outcomes will be:

- Achieve 50% reduction in youth unemployment within 3 years;
- Secure £1.5 million of private sector investment to support employment and up skilling of young people;
- Generate 1,300 new employment opportunities for young people including helping 800 sustain work for at least six months;

- Develop new approaches to help more young people into sustainable employment ensuring 900 young people do not make a repeat claim within 9 months of their last, and increasing the earnings of 450 young people;
- Deliver improvements in existing schemes including 1,500 new work experience placements; create 300 additional Apprenticeships and 800 new Youth Contract Wage Incentives.

## 6. “Living Wage Accreditation”

The Council is working towards meeting the conditions required to obtain accreditation as a living wage employer. There remain some issues with a few contracts that have not yet been resolved. We intend to work with the Living Wage Foundation to review all our contracts as part of the drive towards accreditation. The Council recently signed up to the Ethical Care Charter as one step on the way to implementing the Living Wage in a significant contract area.

Reading Borough Council has had Low Pay Policy for its own workforce since the late 1980s. However since the living wage used by the Living Wage Foundation is calculated in a different way to our Low Pay Policy benchmark there is a real likelihood that the living wage will exceed the Council’s low pay threshold in about 12months’ time. This is something that will need to be addressed as part of next year’s budget planning. Council officers will be providing a further report to Councillors on the options available in relation to pursuing ‘Living Wage Accreditation’.

Following the Council’s Tackling Poverty in Reading event on 19<sup>th</sup> November, Reading UK CIC, the Economic Development company for Reading, has taken responsibility for the promotion of the Living Wage campaign in Reading. Its eNewsletter in December which has a circulation list of 600 carried an article promoting the Living wage campaign. Many of the major employers in Reading are already signed up, including Deloitte, Hibu, Kyocera, Lush, Olswang, PWC, and SSE. The Employment and Skills Group has agreed to make the campaign for a Living Wage one of its priorities.’

## 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 This decision contributes to the Council’s strategic aims to develop a sustainable economy at the heart of the Thames Valley; and to promote equality, social inclusion and a safe and healthy environment for all because the strategy and plan will address support into work, low pay and in work poverty, health inequality and will specifically address poverty faced by disabled people, children, older people and ethnic minority communities.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The Tackling Poverty in Reading event was an open event. Invitations went out to public service providers, businesses, employers, schools, providers of employment, training, voluntary and community organisations, trades unions, faith organisations and residents involvement databases, through both the Council’s and partners’ routes. The event was promoted through the website, twitter and press release. Around 200 people attended on the night.

- 6.2 Participants were invited, when registering, to say what their main concern was about poverty in Reading. This survey gave a good indication of the key Poverty issues for Reading. Their responses were used to theme the workshops.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 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.
- 7.2 The Equality duty is relevant to the decision to develop a strategy and action plan on tackling poverty in Reading and an Equality Impact Assessment was provided to Policy Committee, 20th January 2014.

## 8. LEGAL IMPLICATIONS

- 8.1 Under the Child Poverty Act 2010, local authorities and named partner authorities have a statutory duty to co-operate to reduce and mitigate the impacts of child poverty in their area (these named partner authorities to whom the duty applies include health, the police, youth offending teams, probation and Jobcentre Plus); to prepare and publish a local child poverty needs assessment and prepare a joint child poverty strategy for the local area.

## 9. FINANCIAL IMPLICATIONS

- 9.1 The development of a Tackling Poverty strategy and action plan will be met within existing budgets.
- 9.2 The Council pledges will be met within existing budgets.
- 9.3 There is likelihood that the national living wage calculation will exceed the Council's low pay threshold in about 12month's time.

## 10. BACKGROUND PAPERS

- 10.1 ADVERTISING AND SPONSORSHIP POLICY, Policy Committee, 2<sup>nd</sup> December 2013, Reading Borough Council
- 10.2 PHASE 2 SOLAR PROGRAMME - LOCAL AUTHORITY HOUSING, Policy Committee, 2<sup>nd</sup> December 2013, Reading Borough Council
- 10.3 Tackling Poverty in Reading event Participant Pack, 19<sup>th</sup> November 2013, Reading Borough Council

# 'Tackling Poverty in Reading' event, 19<sup>th</sup> November 2013 - report

## 1. Introduction

The aim of the Council's 2013 annual event on 19<sup>th</sup> November 2013 was to initiate the development of a strategy to tackle poverty in Reading in a context where welfare reforms, reducing public sector expenditure and the slow economic recovery are creating increasing hardship for many of residents, including some of the most vulnerable; and where there is an increasing negative public perception about people in poverty.

The Local Government Association estimates that as a result of welfare reforms, households claiming benefit in Reading will see their income drop by £1,665 a year. Many of those affected are people who are in work but have incomes that cannot meet the rising costs of living. 1 in 5 children are deemed to be living in poverty in Reading.

Calls to Reading Citizens Advice Bureau have almost doubled since June 2012. Reading Community Welfare Rights Unit reported that during the same period the number of people attending the open door drop in sessions had doubled, food parcel referrals had increased by 200%.

It was felt that whilst it may not be possible to change government policy or macro-economic conditions, it was important to seek to provide the best possible, coherent, local response in order to support Reading's residents.

This would include providing more opportunities for local people to benefit from what remains a strong local economy with good prospects for growth; using what resources there are available to gain maximum impact; and working together in partnership.

## 2. Design of the Event

A core group of partners were brought together to deliver the event:

- Reading Borough Council
- Reading Citizens Advice Bureau
- Reading Community Welfare Rights Unit
- Christian Community Action,
- Reading UK CIC

The event was designed to achieve the following outcomes:

- Understanding of what Poverty is and what it is like in Reading
- Understanding that poverty is everyone's business
- Identification and best use of the resources that are available
- Maximum benefit from the areas we can influence
- Specific practical actions that we will work on together.



[www.reading.gov.uk](http://www.reading.gov.uk)



**Reading**  
Borough Council  
Working better with you

The programme for the event was designed to provide current facts along side the lived experience of poverty in Reading. Participants were each provided with a participant pack of facts.

Time	What	Who
<b>Chair: Professor Gavin Brooks, Pro-Vice-Chancellor (Teaching and Learning) University of Reading</b>		
6.00	Leaders Welcome	Cllr Jo Lovelock
6.10	Key note address	Alison Garnham, CEO, Child Poverty Action Group
6.30	What does poverty look like in Reading	RBC Reading CAB Welfare Rights Unit CCA and Readifood Reading UK CIC
6.40	What does Poverty Feel like in Reading	Zoe Brown - mother of 3 'My story' - single mum, W. Reading 'Poverty Rules My Life' Rosalyn and Grant's story
7.00	Group Sessions based on your feedback	Participants
7.45	Pledges of Action and Way Forward	Gavin Brooks / Cllr Lovelock

Alison Garnham, CEO, Child Poverty Action was invited to give the keynote address to provide a national overview, drawing on CPAG's 'People Like Us' campaign and their report 'Local authorities and child poverty: balancing threats and opportunities'.

Local partners provided short perspectives on 'What Poverty Looks Like in Reading. This was followed by a series of first hand-accounts on 'What Poverty Feels Like in Reading'. Two mothers provided written statements, a young man made a film called 'Poverty Rules My Life' and video was shown of an interview with a couple who volunteered with Christian Community Action.

The main focus of the event was participation in workshops to ensure the attendees had an opportunity to contribute to the development of the key priorities and take responsibility for action.

When participants registered for the event they were asked to say what their main concern was about poverty in Reading. Their responses were used to theme the workshops which were:

1. Advice on Tax credits and Entitlements
2. Affordable Credit
3. Support into Work
4. Best start in life
5. In work poverty
6. Affording Basic Needs
7. Disabled People
8. Older People
9. Tackling Poverty in a Multicultural Community
10. Health and Wellbeing

The task of each workshop was to come up with 3 priority actions that they would sign up to and for participants to make individual pledges.

To ensure that action would be driven forward, the workshops (in most cases) were led by a partnership or organisation that would be a natural lead for each theme so that the actions will be taken forward as a matter of course by each partnership.

### 3. Participants

Invitations went out to public service providers, businesses, employers, schools, providers of employment, training, voluntary and community organisations, trades unions, faith organisations and residents involvement databases, through both the Council's and partners' routes. The event was promoted through the website, twitter and press release.

Around 200 people attended on the night.

### 4. Priorities and Pledges

Over 50 pledges were made on the night. All the priorities and pledges made on the night are posted on our website at <http://www.reading.gov.uk/news/2013/nov/tackling-poverty-reading>

An invitation was provided to join the conversation on Twitter and Facebook #povertyrdg. Several participants and partners used this to generate interest prior to the event and to share pledges and information during and after the event.

### 5. Media Coverage

The event drew substantial media interest with a BBC South Today news item on the evening and large spreads in both the Reading Chronicle and Evening Post. BBC Radio Berkshire also conducted interviews in the following Monday with the council and a number of the partners.

### 6. Next steps

The priorities and pledges made will contribute to a new strategy to tackle poverty in Reading. This strategy will be overseen by the Tackling Poverty Delivery Partnership.

# TACKLING POVERTY IN READING

## Tackling Poverty in Reading Priorities for Action and Pledges

### Best Start in Life

#### Priorities for Action

1. Working together in partnership especially with Reading's schools to provide enrichment opportunities for all children.
2. Recruitment of musical volunteers who have energy and passion to generate an interest in rhyme and communication to support the poorest children to learn from an early age
3. More resources to do home-visiting to improve the learning environment of the poorest children.

#### Lead Partnership: LSP Best Start in Life

#### Pledges

Help to volunteers to run early years music sessions.	Nicky Jerrome	
Continuing partnership working, signposting services, community engagement & supporting our residents. Out of the box thinking to engage with those residents who need the most support, but don't ask for it.	Kim Jakubiszyn	Southern Housing Group
To break the cycle of domestic abuse through facilitating therapeutic groups for children who have experienced domestic abuse.	Kathryn Warner	PACT
Making a proposal about the importance of getting volunteers to support early learning of rhyme.	Grant Evans	ABC to Reading, Boys Brigade, Christ Church Woodley
Visiting 3 families in Reading who are living in poverty for a couple of hours a week, helping the parents to address their complex problems and support them in encouraging their children's educational opportunities.	Jackie Oversby	Home Start Reading
Continuing to work with partners such as New Directions, Children Centres, schools and local community at SITE to give hope, opportunity and aspirations to local families.	Debs Edwards	Councillor
Talking to Parent and Toddler Group Network about capacity building around music and rhyme times volunteers	Ben Cross	RCVYS

## Affordable Credit

<b>Priorities for Action</b>		
<ol style="list-style-type: none"> <li>1. Money management education for parents and schoolchildren*</li> <li>2. Increase advertising for alternatives offering affordable credit</li> <li>3. Increase visibility of credit unions, e.g. in town centre</li> </ol>		
<b>Lead Partner: Community Savings and Loans Berkshire</b>		
<b>Links: *Advice Services Partnership</b>		
<b>Pledges</b>		
Telling my friends and family about affordable credit and using my social media to spread the word and to teach my children about finance.	Sarah Hacker	RBC Councillor
Raising greater awareness in our community of Christians Against Poverty's free money education courses for adults, students and youth.	Suzanna Mitchell	Christians Against Poverty
Publicise the Credit Union as a source of loans.	Ricky Duveen	
Continuing to work as a councillor with credit unions in Reading to make them viable, visible and effective.	Richard Davies	RBC

## Affording Basic Needs

<b>Priorities for Action</b>		
<ol style="list-style-type: none"> <li>1. Improved communication of what agencies are providing with a new signposting directory*</li> <li>2. Run training sessions for agencies to come together (Reading Voluntary Action)</li> <li>3. Draught proofing and insulating homes and providing funding to do so</li> </ol>		
<b>Lead Partnership: Tackling Poverty Delivery Partnership</b>		
<b>Links: *Advice Services Partnership</b>		
<b>Pledges</b>		
Convening a meeting of local trusts and funders to help ensure funding which tackles poverty in Reading is focused and groups with initiatives that tackle poverty are aware of funding sources available. (And can maximise funding available to those initiatives).	Andrew Middleton	Berkshire Community Foundation
Affirming the commitment of the Charity's Trustees to maximise the value of the Charity's resources for the benefit of the people in need with the Charity's area of operation.	Colin Cairns, Chairman of Trustees	Tilehurst Poor's Land Charity
1. Inviting trusts which are local to Reading to meet and agree: -strategic coverage of rising issues in Reading - deadlines staggered so charities can apply throughout the year. 2. To send my MTF staff to RVA's signposting session.	Lorraine Briffit	Mustard Tree Foundation & The St. Laurence Churchlands Trust
Ensuring that all our staff and volunteers are aware of the other agencies in Reading who our clients could access with regards to the poverty situation.	Nicola Bell	The Rahab Project
Helping make residents aware of service available, so they know what support is out there.	Ruth Martin	Catalyst Housing



Lobbying and encouraging the Council to rid our community of the blight of 'payday loan providers' from our town.	Tony Cowling	Frontline Debt Advice
Making it easier for individuals and agencies to approach the charity for grants.	Giles Winter	Tilehurst Poor's Land Charity
Helping those in fuel poverty to draught proof their homes. Specifically 30 last winter and 50 this winter.	Tony Cowling	Draught Busters
To run a second food bank in Reading	Salim Yakub	Private individual

## Health and Well-being

<b>Priorities for Action</b>		
<ol style="list-style-type: none"> <li>1. Health and wellbeing - to more effectively work together across sectors</li> <li>2. To promote closer working between agencies*</li> <li>3. To improve access to information on health services e.g. homeless*</li> </ol>		
<b>Lead Partnership:</b>		
<b>Links:</b> *Advice Services Partnership		
<b>Pledges</b>		
Working with CCG's voluntary sector colleagues and RBC to focus on the three key priorities as determined by the Health and Wellbeing group.	David Harper	Reading CAB
Improve early intervention access to mental health assistance or counselling, to under represented groups e.g. ethnic minorities.	K Thresher	No.5/ BHFT
Making it easier for to register with GPs	Rod Smith	North and West Reading CCG
Providing health and wellbeing through growing food and having access to horticultural therapy. Nutrition, exercise, breaking down barriers, providing services so people can learn to grown veg in their garden and through a community growing project.	Sara Kopp	Sara's Gardens

## Advice on Tax credits and benefits

<b>Priorities for Action</b>		
<ol style="list-style-type: none"> <li>1. Develop capacity for support and training for people on claiming</li> <li>2. Provide venues and facilities</li> <li>3. Co-ordinate the approach</li> <li>4. Design a template for claiming</li> </ol>		
<b>Lead Partnership: Advice Services Partnership</b>		
<b>Pledges</b>		
Supporting/helping coordinated local capacity building to assist claimants.	Mark Walker	RBC
Tool Pack Help	Maureen McSevney	Hexham Residents
Working with elderly ethnic minority residents to make sure they get their entitlements (especially in Katesgrove.)	Rose Williams	Councillor RBC

## Tackling in work poverty

<b>Priorities for Action</b> <ol style="list-style-type: none"> <li>1. Scheme for promoting ethical employer awards</li> <li>2. Contractors paying the living wage</li> <li>3. Focus on hospitality industry to explore why they use zero hour contracts</li> </ol>		
<b>Lead Partner: Reading UK CIC</b>		
Working in my job to encourage the living wage and to end zero-hours contracts and phoney self-employment/	Kevin Jackson	Unison
Carrying on my advice work. Helping more people do return to work benefit checks and forcing my volunteers to do it.	Lynn Mann	Communicare
Championing the positive decision of employers and boycotting the negative by rallying those in my influence. Using social media to spread awareness and support for local movement.	Rowan Constantinou-Stygal	Hamble Court
At work at RBC: Support Council Tenants that I work with by continuing to provide training, support and confidence to them. In UNISON: campaign locally and nationally for the living wage.	Antoinette Earl	RBC
Presenting a regular radio programme on developments in 'Tackling Poverty in Reading', including interview with employers, politicians and working class people locally and nationally.	Eddie Winship	Blast Radio
Investigate setting up an ethical award scheme for businesses. Work with CIPD to raise awareness of local labour market and understanding of flexible working.	Clare Wright	Connect Reading

## Disabled People

<b>Priorities for Action</b> <ol style="list-style-type: none"> <li>1. Finding ways of improving images of disabled people locally</li> <li>2. Help and encouragement to claim 'benefits' people are entitled to<sup>*^</sup></li> <li>3. Breakdown barriers to employment and volunteering.</li> </ol>		
<b>Lead Partnership:</b>		
<b>Links:</b> *Advice Services Partnership; ^Universal Credit delivery partnership (Tackling Poverty Delivery Group)		
<b>Pledges</b>		
Use the next meeting of the Access and Disabilities Working Group (in Disability History Month) as an open forum to allow disabled people to talk of their experience.	Pete Ruhemann	RBC
Making disability a far lesser taboo in regarding to poverty and raising the aspirations in all aspects of the employment spectrum.	Chukuemeka Obiorah	Field Network Social Enterprise Co.
Learning how to help disabled and sick people fill in benefit application forms.	Merry Cross	Berks DPAC
Engaging employers in employing, providing work placements, traineeship, for people with a disability.	Nigel Horton Baker	Reading UK CIC

1. Finding ways of improving images of disabled people locally. 2. help and encouragement to claim benefits people are entitled to (welfare/entitlement) 3. Breakdown barriers to employment and volunteering. 4. Achievement of what disabled people have done is sport and achieved.	J Dem
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## Tackling Poverty in a multicultural community

<b>Priorities for Action</b>		
1. Pooling knowledge of best practice 2. Empowering volunteers from ethnic minorities* 3. Linking skills and language and training*		
<b>Lead Partnership: Alliance for Cohesion and Race Equality</b>		
<b>Links:</b> *LSP Productive Pathways group		
<b>Pledges</b>		
Joining a follow up group on tackling poverty in a multicultural community.	Jan David	RCAB
Joining a follow up group on tackling poverty in a multicultural community.	Sarah del Tufo	Reading Community Learning Centre
	Krishna Neupane	Nepalese Community Association
Trying to find the people in our area who need the most help and match them to services if they exist or try to create a service if not. To try to create a friendlier more inclusive community and remove barriers and isolation so people can be helped.	Abby Knowles	Katesgrove Residents Association
Hold consultation events with community organisations, individuals or focus groups as a means of following up the debate	Victor Koroma	Acre

## Older People

<b>Priorities for Action</b>		
1. Awareness - a community newspaper developed by the community* 2. Fuel poverty awareness campaign based on a fuel allowance amnesty^ 3. Healthy eating - using lunch clubs to improve the social experience**		
<b>Lead Partnership:</b>		
<b>Links:</b> *Advice Services Partnership; ^Universal Credit delivery partnership (Tackling Poverty Delivery Group); **Health and Well-being		
<b>Pledges</b>		

## Support into Work

<b>Priorities for Action</b> 1. Providing volunteering and support for volunteers 2. Provide holistic linked up support mechanisms 3. Training to build skills and help for applying for jobs*		
<b>Lead Partnership: LSP Productive Pathways group</b>		
<b>Links: *Reading UK CIC</b>		
<b>Pledges</b>		
Offering 12 free places a year on Level 2 food safety course for NEETs only	Pol Exeter	RBC
Sharing accreditation toolkits for up to 24 year olds. Sharing training tool kits to use with young people or adults that can be accredited.	Tina Heaford	RBC Youth Service
Focusing on poverty as part of preaching and prayer to highlight the needs of people in poverty and their right to equal respect, and to counteract myths about the 'undeserving' poor. Campaigning for more generous between rich and poor both through voluntary giving and taxation/benefits.	Robert Dimmick	Third Order of the Society of St Francis
Work with local business to provide training, advice and problem solving in learning disability and autism.	Leslie Macdonald	Reading Mencap
Identifying volunteering opportunities in my service & share current best practice with learning volunteers.	Barry Wren	RBC- New Directions
Exploring work experience opportunities with local employers for women being supported at/by Alana House.	Natausha Van Vliet	PACT/ Alana House
Working with local businesses to 'upskill' current employees.		Reading UK CIC
Working to join up the job club that Andy Dickens is running with the other parts of the picture in Reading.	Alan Magness	Reading BC
Provide support to graduates who find themselves unemployed after university. Support- Showing graduates more volunteering opps.-Provide help in CV writing interview skills etc.	Katy Ashford	Reading Student Union
I will assist where possible to do mock interviews.	Paul Lyden	Early Community Centre
Continuing to support young people in to work via mentoring and work experience.	Rachel Green	Starting Point Reading/ The Mustard Tree Foundation

**READING BOROUGH COUNCIL  
REPORT BY COUNCIL MANAGING DIRECTOR**

<b>TO:</b>	<b>HEALTH &amp; WELLBEING BOARD</b>		
<b>DATE:</b>	<b>21 MARCH 2014</b>	<b>AGENDA ITEM:</b>	<b>8</b>
<b>TITLE:</b>	<b>SEXUAL HEALTH PROCUREMENT</b>		
<b>LEAD COUNCILLOR:</b>	<b>COUNCILLOR HOSKIN</b>	<b>PORTFOLIO:</b>	<b>HEALTH</b>
<b>SERVICE:</b>	<b>PUBLIC HEALTH</b>	<b>WARDS:</b>	<b>BOROUGH-WIDE</b>
<b>LEAD OFFICER:</b>	<b>LISE LLEWELLYN</b>	<b>TEL:</b>	<b>01344 355206</b>
<b>JOB TITLE:</b>	<b>STRATEGIC DIRECTOR OF PUBLIC HEALTH BERKSHIRE</b>	<b>E-MAIL:</b>	<b>Lise.llewellyn@bracknell-forest.gov.uk</b>

**1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 This report is to update the Health and Well being board on the sexual health procurement process being led by Public Health Berkshire on behalf of the six public health teams based in each locality including Reading Borough Council .

**2. RECOMMENDED ACTION**

- 2.1 For information and comment on the process to procure sexual health services for Reading BC

**3. POLICY CONTEXT**

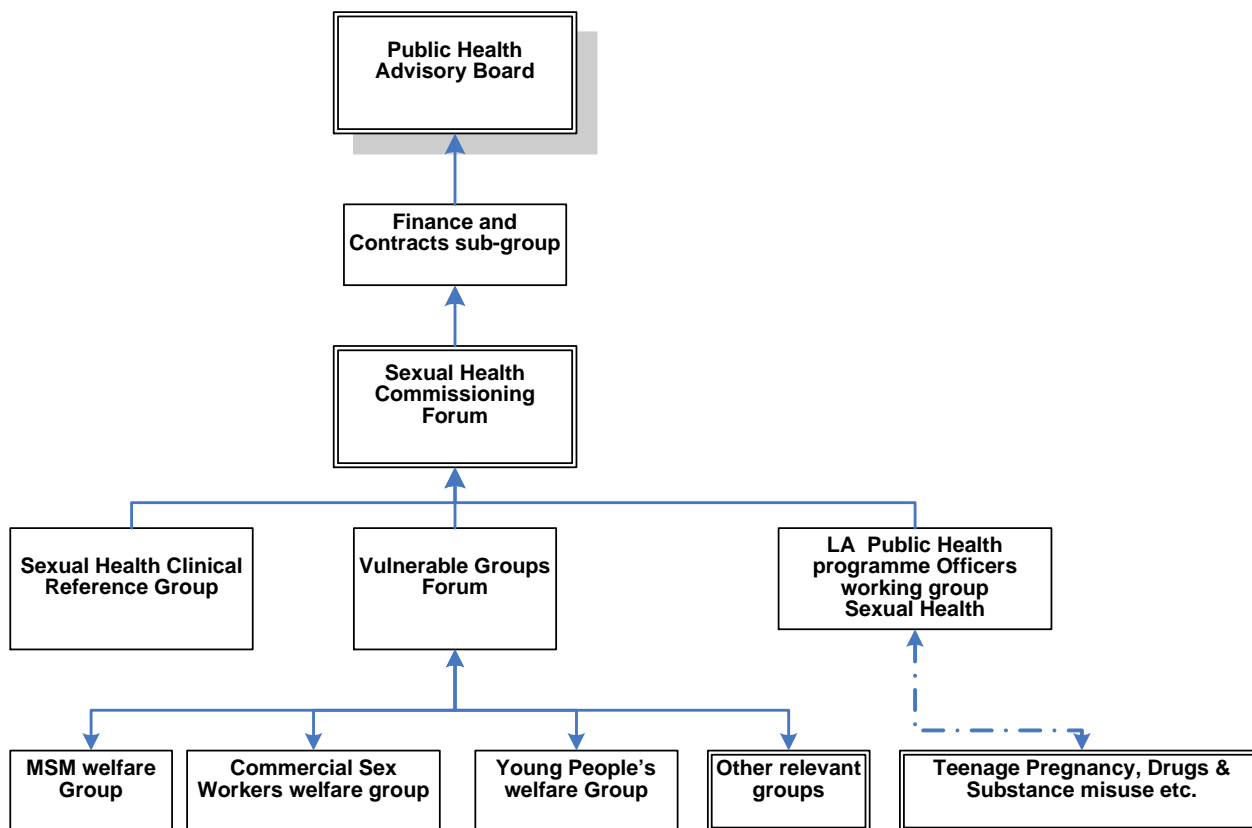
- 3.1 The purpose of this paper is to update the Health and well being board on the process to procure sexual health services for Reading residents and to share emerging findings.
- 3.2 Sexual Health Services are a mandatory service that each Unitary authority must ensure it commissions . See appendix 1 for general description.
- 3.3 Following the transfer of public health functions to local government in April 2013, it was necessary to review all public health contracts. The sexual health contract was subject to this review and it was agreed by Chief Executives and leaders to put the contract out to tender in a collaborative approach across Berkshire. The sexual health contract, as with the other shared contracts, is managed on behalf of Reading BC by the shared team as part of the memorandum of understanding.
- 3.4 The project is led by the shared Consultant for health protection and supported by an interim project manager recruited for this work and to ensure close collaboration with the Reading public health team. The procurement process ensures that the new specification not only builds on national best practice but ensures that the Berkshire service will be suitable for the varying needs of the communities with Berkshire.

*Needs assessment (see Appendix 2)*

- 3.5 The Sexual Health Needs assessment has been completed, which includes the findings from a local consultation with young people aged 16- 25 years, who are the main users of services across Berkshire.
- 3.6 The health needs assessment (HNA) shows 11, 579 GUM (genito urinary medicine) clinic attendances by Reading residents in 2012, 99% of these at Royal Berks services. In addition there are:
- Higher than England average rates of sexually transmitted infections - ranked 26th out of 326 LAs rate of 1265.6 STI per 100,000 higher than national rate of 803.7
  - Higher than England average rates of diagnosed HIV 2.9 per 1000
  - Late HIV diagnosis in line with National rates, 50% of HIV diagnoses were made at a late stage of infection compared with 50% nationally.
  - Higher than England average teenage pregnancy rates, despite a major reduction since 1999 - 34.1 per 1000 females 15 to 17 in 2011 compared to national rate of 30.9 Higher than England average conception rates (all ages) 89.2 cper 1000 women aged 16 to 44 c in 2011 compared with 80.7 in England
- 3.7 This needs assessment was presented to Reading stakeholders as one of six local stakeholder events to obtain feedback. Part of the workshop then allowed stakeholders to review the current service and identify any gaps and issues to be incorporated into the specification going forward. (see appendix 3 for summary of points raised)
- 3.8 A Berkshire wide event was held on the 26<sup>th</sup> February which highlighted key themes and gaps raised across the six local authority areas, and specifically gained the views from voluntary and community groups on the issues of sexual health in Berkshire (see appendix 3)
- 3.1 Following these meetings, the outcomes will be fed into the draft specification. The draft specification will be circulated and consulted upon in Reading. The aim is to then progress a pan Berkshire procurement.

#### Governance of procurement

- 3.10 In order to ensure a collaborative approach that has ownership from the 6 unitary authorities, a robust workshop and planning process to ensure local suitability of services has been coupled with a multi UA approach for the oversight of this project . The key decision making groups - PHAB, commissioning forum and the finance and contracts sub group has representation from Reading. Indeed the UA lead for financial modelling work is Reading.



*Project Milestones*

ID	Tasks	Start	Finish	2013												2014			2015			
				Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
1	Review of current service specs	26/11/2013	31/01/2014	█																		
2	Review of current LES specs	26/11/2013	01/01/2014	█																		
3	Contract sign off for 2014/15	17/03/2014	28/03/2014				█															
4	Sexual Health Needs Assessment - consultation	26/11/2013	29/11/2013	█																		
5	Sexual Health current service- Gap analysis	26/11/2013	15/01/2014	█																		
6	Relevant Groups set up & drafting TOFs	01/01/2014	14/02/2014		█																	
7	Consultation of re-designed service with LA and other stakeholders	03/02/2014	30/04/2014			█																
8	Drafting new service specifications	01/04/2014	30/04/2014				█															
9	Approval from Finance & Contract Group	02/06/2014	26/06/2014						█													
10	Approval from PHAB	01/07/2014	08/07/2014							█												
11	Procurement of new service	09/07/2014	10/11/2014								█											
12	Preparation and start of new service	03/11/2014	01/04/2015																			█

## 4 Risks

### *Procurement process*

- 4.1 The proposal is for sexual health services to be jointly procured by all six of the Berkshire Unitary Authorities i.e. providers will be requested to tender on the basis that a contract will be entered into with each of the Unitary Authorities on the basis of the same terms and conditions albeit that the specification for service may vary slightly for each Unitary Authority.
- 4.2 In order to avoid compliance with six separate sets of Contract Standing Orders it has been proposed that the procurement is conducted in accordance with the standing orders of Bracknell Forest B.C. This is in order to avoid fragmentation and delay in the procurement process which would be a likely consequence if each stage of the procurement process required decisions by six separate decision makers. It has also been proposed that authority to take decisions in relation to the procurement be delegated to key officers in Reading Borough Council (to be agreed at policy committee - an update will be given at the HWB board meeting)
- 4.3 Notwithstanding the proposal that the decision making is delegated within Reading Borough Council, key decisions will in practice be signed off by the Sexual Health Commissioning Forum, the Finance and Contract Sub-Group and the Public Health Advisory Board all of whom have Reading representation.
- 4.4 (Although each Unitary Authority will have a direct contractual relationship with the provider the administration of the contracts will be undertaken by the “core” public health team based at Bracknell. As the existing Inter-Authority Agreement only covers the administration of contracts vesting in local authorities on the transfer of the public health function a further short Inter-Authority Agreement/variation to the existing Agreement will be necessary.)

### *Service disruption*

- 4.5 Sexual health services are commissioned by several commissioners–  
The NHS Commissioning Board and clinical commissioning groups will commission related services including:
  - NHS Commissioning Board: HIV treatment and care, health services for prisoners, sexual assault referral centres, cervical screening
  - clinical commissioning groups: community gynaecology, vasectomy and sterilisation and abortion services.
  - General practitioners will be commissioned by the NHS Commissioning Board to provide standard contraception services under the GP contract.
- 4.6 This can be an integral part of the pathway of sexual health care for an individual therefore in each workshop and in our ongoing process we are involving these commissioners to ensure alignment of service objective. In addition the specification developed will stress the need to demonstrate how the provider will link and coordinate with these services

### *Financial*

- 4.7 When neighbouring authorities have tendered the services there has been an increase in price. The finance and contracts sub group are developing a financial model to predict the risk inherent in our process and options will be developed for the contract structure to minimise the risks form a payment by activity contract, one that ensures value for money and also promotes sexual health promotion in the longer term.

### *Conclusion*

The health and well being board is asked to note and comment on this paper



## 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.
- 5.2 The Health and Wellbeing Strategy sets out sexual health as a key priority area for the residents of Reading. This procurement and future service will be integrated across Berkshire that will be beneficial for the residents of Reading.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 A stakeholder event was held on 4<sup>th</sup> February 2014 in Reading to present the sexual health needs assessment to key stakeholders. This included statutory providers and voluntary representative organisations. The Berkshire wide event on 26<sup>th</sup> of February will add to this engagement process by actively involving vulnerable groups from Reading such as black and minority ethnic communities.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 An equality impact assessment is being developed as part of the wider procurement and service model options process that is aligned to the needs of the protected characteristic populations.

## 8. LEGAL IMPLICATIONS

- 8.1 There is a requirement under the health and social care act 2012 and the transfer of responsibilities for local authorities to provide sexual health services as a statutory function. Local authorities will be tasked with making decisions about local provision based on need. However they must concurrently adhere to defined legal requirements to ensure the provision of core services set out in the Local Authorities Regulations (Public Health Functions and Entry to Premises by Local Health watch Representatives).

## 9. FINANCIAL IMPLICATIONS

- 9.1 Financial modelling of the future service is currently being undertaken led by the Reading finance lead and will be presented when complete. The total value of the contract will be developed within this scope and the specific contribution of the authority. This is being assessed by the Reading Borough Council finance team in liaison with the Consultant in Public Health.

## 10. BACKGROUND PAPERS

Appendix 1 Description of Sexual Health services

## Appendix 1

### 1 Sexual Health / Genitourinary Medicine (GUM) Services

#### 1.1 What are GUM services?

Sexual health or genitourinary medicine (GUM) clinics offer a range of services, that may include:

- testing and treatment for sexually transmitted infections (STIs)
- advice and information about sexual health
- free condoms
- contraception, including emergency contraception such as the morning-after pill
- pregnancy testing
- HIV testing, including rapid tests that give results in about 30 minutes and counselling for people who are HIV positive
- PEP (post-exposure prophylaxis) – medication that can help prevent people from developing HIV if they've been exposed to it
- hepatitis B vaccination
- advice about abortion
- help for people who have been sexually assaulted
- if necessary, a referral to a specialist

In addition we provide services which provide access to contraception outside the mainstream GUM services to ensure ease of access and flexibility of care. These type of services support achievement of a range of aims e.g. our teenage pregnancy targets. They may be stand-alone services e.g. Thames Valley positive support or part of other service specifications e.g. school nursing

1.2 *Sexual Health Services are a mandatory service – each Unitary authority must ensure access to these*

#### 1.3 Provision : the current market for Berkshire residents

There is a mixed portfolio of Providers delivering Sexual Health services to different specifications. In 2013/14, the current expected spent £6.5m on GUM outpatient appointments (excluding those from other areas outside the main Berkshire Providers) and other Sexual Health services.

Providers for Berkshire West	Expected cost in 2013/14
RBH	£3,267,586
Frimley	£28,252
St Peters	£5,249
Oxford	£25,606
total	3,326,693

Providers for Berkshire East	Expected cost in 2013/14
RBH	£253,916
Frimley	£122,602
St Peters	£58,167
BHCT	£2,815,000
Bucks Hosp	£30,130
total	3,279,815

2013/4 Activity by Unitary Authority to end of month 9

**period: Year to date Month 9**

<b>Local Authority</b>	<b>Royal Berkshire Hospitals Trust</b>	<b>Berkshire Health Care Trust</b>	<b>total -year to date</b>	<b>Predicted Year end spend</b>
Bracknell	£131,793	£353,614	£485,407	£647,210
Reading	£1,322,838	£123,959	£1,446,797	£1,929,062
Slough	£12,351	£636,254	£648,605	£864,807
West Berkshire	£439,370	£72,735	£512,105	£682,806
RBWM	£52,681	£407,264	£459,945	£613,260
Wokingham	£589,993	£63,724	£653,717	£871,623
<b>Total</b>	<b>£2,549,026</b>	<b>£1,657,550</b>	<b>£4,206,576</b>	<b>£5,608,767</b>

## **Appendix 2**

### **Appendix 2**

#### **Sexual Health in Reading – key facts**

##### **GUM clinic attendances**

11, 579 GUM clinic attendances by Reading residents in 2012, 99% of these at Royal Berks services

##### **STI's**

Higher than England average rates of sexually transmitted infections – ranked 26th out of 326 LAs  
rate of 1265.6 STI per 100,000 higher than national rate of 803.7

Higher than England average rates of diagnosed HIV  
2.9 per 1000 compared to 2/1000 in England

Late HIV diagnosis in line with National rates,  
50% of HIV diagnoses were made at a late stage of infection - 50% nationally

##### **Conceptions**

Higher than England average conception rates (all ages)  
89.2 cper 1000 women aged 16 to 44 in 2011 compared with 80.7 in England

##### **Teenage conceptions**

Higher than England average teenage conception rates, but a major reduction since 1999 –  
34.1 per 1000 females 15 to 17 in 2011 - national rate of 30.9

## Current Pattern of services In Reading

**Table 1: Sexual Health Services - Reading (In addition to GP services provided as part of main GMS and PMS contracts - NHS England )**

Type of service	Service	Provider	Any data you have on level of service use
<b>Sexual Health Promotion (level 1)</b>	<ul style="list-style-type: none"> <li>Florey clinic hub &amp; three CASH spokes</li> <li>10 young peoples drop in sites (including 8 juice points)</li> <li>School nurse input</li> </ul>	<ul style="list-style-type: none"> <li>RBH</li> <li>RBH</li> <li>BHFT</li> </ul>	•
<b>Young peoples drop-in (level 1 / 2)</b>	10 young peoples drop in sites (including 8 juice points)	See above	
<b>Condoms (level 1)</b>	<ul style="list-style-type: none"> <li>Florey clinic hub &amp; three CASH spokes</li> <li>10 young peoples drop in sites (including 8 juice points)</li> <li>C-Card scheme</li> <li>HIV patients through Thames Valley Positive Support</li> </ul>	<ul style="list-style-type: none"> <li>RBH</li> <li>RBH</li> <li>BHFT / Public Health</li> <li>TVPS</li> </ul>	•
<b>Emergency Hormonal Contraception (level 2)</b>	GPs plus 12 pharmacies (others have attended refresher training)		
<b>LARC provision (level 2)</b>	<ul style="list-style-type: none"> <li>Some GP provision</li> <li>CASH &amp; specialist outreach nurses for young people &amp; vulnerable women</li> </ul>	•	•
<b>GUM (level 3)</b>	<ul style="list-style-type: none"> <li>Florey clinic, Whitley clinic, West Berkshire Community Hospital</li> </ul>	•	•

<b>HIV testing</b>	<ul style="list-style-type: none"> <li>• GPs screen risk groups and all new registrants</li> <li>• HIV testing available at GUM.</li> <li>• Routine HIV testing for all general medical admissions</li> </ul>	•	•
<b>Chlamydia screening</b>	•	• Operated by Berkshire Healthcare Trust, based at Reading CASH	•
<b>Termination of Pregnancy</b>	•	• Marie Stopes	•

## **Appendix 3 Reading sexual health stakeholders' workshop – some key findings**

### **What's working well?**

- Partnership working, holistic support
- Florey unit - sexual health centre, specialist service plus easy access
- Florey - good brand, Adult service users.
- Sexual health link with school nurses –young people engagement Fast track pathways for HIV support
- Outreach sexual health nurses for specialist clients
- Juice points in schools (sexual health drop ins)
- Ease of access - especially vulnerable and hard to reach groups
- Peer to peer support - champions model

### **What's not working well and how to improve it?**

- Education for specific communities / groups - need to use IT / other routes more :more targeted messages
- Poor HIV testing
- Education and awareness of services
- sexual health promotion in schools needs to be more visible
- co-ordination of c-card scheme

### **New ideas - blue sky thinking**

- Highlighting SH in other agencies - skilling other agency partners e.g youth services, voluntary agencies, churches community leaders
- Mobile sexual health services e.g. bus offering SH services
- IT platform - sharing services, all SH services listed and how to access services
- Resource wider community youth settings to enable to deliver positive SH work. Inc vulnerable and BME etc, balance of male and female workers
- Need for professionals to have knowledge of other agencies and protected time to develop professional links

READING BOROUGH COUNCIL  
REPORT BY MANAGING DIRECTOR

TO:	HEALTH AND WELLBEING BOARD		
DATE:	21 MARCH 2014	AGENDA ITEM:	9
TITLE:	HEALTH & WELLBEING BOARD - TERMS OF REFERENCE AND POWERS AND DUTIES		
LEAD COUNCILLOR:	GRAEME HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	CORPORATE SUPPORT SERVICES- PUBLIC HEALTH	WARDS:	ALL
LEAD OFFICER:	ZOE HANIM	TEL:	01189372173
JOB TITLE:	HEAD OF CUSTOMER SERVICES	E-MAIL:	zoe.hanim@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To agree the following changes to the terms of reference and powers and duties of the Reading Health & Wellbeing Board:

- 1) To give the Board additional powers and functions, concerning the local pharmaceutical needs assessment and the integration of health and social care functions.
- 2) To agree that the Chair of the Board be transferred to the Lead Councillor for health from the Leader of the Council, and that the Vice-Chair be appointed from the remaining councillors who are members of the Board.

1.2 The terms of reference and powers and duties of the Board are set out at Appendix A. These have been updated in a number of places, where the new text is shown *in italics*. If agreed, they will be introduced at the Annual Council Meeting, on 11 June 2014.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board approves the following amendments to the terms of reference and powers and duties of the Board:

- 1) To give the Board additional powers and functions, concerning the local pharmaceutical needs assessment and the integration of health and social care functions.
- 2) To agree that the Chair of the Board be transferred to the Lead Councillor for health from the Leader of the Council, and that the Vice-Chair be appointed from the remaining councillors who are members of the Board.

3. PROPOSAL

3.1 Since the Board was first set up formally in April 2013, the Government has identified further functions where it sees the local Health and Wellbeing Boards as playing a key role. These are the integration of health and social care functions, and the undertaking of the local pharmaceutical needs assessment for Reading. Both were



envisaged by the Health & social Care Act 2012. It is therefore necessary to update the powers and duties of the Board to include these functions.

3.2 The Board's terms of reference currently specify that the Board should be chaired by the Leader of the Council. The Leader has now indicated that this might usefully be modified to offer more flexibility, and to allow the Lead Councillor for Health to chair the Board. It is therefore recommended that the provisions in the terms of reference relating to Chairing Board meetings be amended, to substitute the Lead Councillor for Health in place of the Leader. In addition the Vice-Chair will be appointed from the remaining Councillors who are members of the Board.

3.3. To effect the changes proposed above, the Annual Council Meeting, in June 2014, will be required to make the following changes to the Constitution:

- Article 8 - Regulatory and Other Committees - paragraph 4 - update the terms of reference and powers and duties of the Health & wellbeing Board

#### 4. CONTRIBUTION TO STRATEGIC AIMS

4.1 By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services. The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for Reading, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

#### 5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 The Health & Wellbeing Board has an ongoing commitment to engaging and involving local people, communities and partners so that the Health and Wellbeing Strategy and future delivery plans represent the needs and priorities of Reading residents.

5.2 At the beginning of 2012, Reading Borough Council led the 'Let's Talk Health' community involvement programme. Reading residents gave their feedback on what 'health' means to them and what they think needs to happen to make Reading a healthier place.

5.3 The Health & Wellbeing Board has been and will continue to be informed by a range of Reading forums which give different communities the opportunity to comment on health and care services and contribute to their development.

#### 6. EQUALITY IMPACT ASSESSMENT

6.1 This report has no decisions which require an Equality Impact Assessment

#### 7. LEGAL IMPLICATIONS

7.1 The Board is set up under Section 194 of the Health & Social Care Act 2012 (the 2012 Act). Under S194(11), the Board must be treated as if it were a committee appointed by the authority under S102 of the Local Government Act 1972. This is subject to the application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations), which have been issued under S114(12) of the 2012 Act.

7.2 The Board's powers and duties in 2013/14 are those given to it by statute, primarily SS195-196 of the Health & Social Care Act 2012 and SS116 and 116A of the Local Government & Public Involvement in Health Act 2007 (as amended by the 2012 Act) (the 2007 Act).

8. FINANCIAL IMPLICATIONS

8.1 There are none arising from this report.

9. BACKGROUND PAPERS

Article 8 of Council Constitution - Para. 4 - Terms of reference and Powers and Duties of Health & Wellbeing Board

## APPENDIX A

As agreed at Health and Well Being Board 21 June 2013

### HEALTH AND WELL-BEING BOARD TERMS OF REFERENCE AND OPERATIONAL ARRANGEMENTS READING BOROUGH COUNCIL

This is set up under section 194 of the Health and Social Care Act 2012. Under section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

#### The profile of Reading Health Wellbeing Board

The Health and Well-being Board (HWB) aims to improve health and well-being for people in Reading. It is a partnership that brings together the Council, NHS and the local Healthwatch organisation.

By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services. The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for Reading, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

The Board is responsible to the Council and will reflect the need to promote health and well-being across health and Council departments, including housing, social care, schools, community services, environment, transport, planning, licensing, culture and leisure.

The Board will be expected to improve outcomes for residents, carers and the population through closer integration between health services and the Council. Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.

The Joint Strategic Needs Assessment (JSNA) provides the framework for considering the wider determinants of health, including employment, education, housing and environmental factors that impact on the health and well-being of people in Reading. The JSNA will inform the development of the Health and Well-Being Strategy and Action Plan and alongside other intelligence, especially the views of local people, help define priorities for the strategy that in turn will influence commissioning priorities.

The powers and duties of the Board are set out in Article 8 of the Council's Constitution, and are attached as an appendix to this Terms of Reference. The Health & Wellbeing Board is a Committee of Reading Borough Council. It is subject to Article 8, and the Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4, of the Council's Constitution. Subject to Standing Order 23, it has delegated authority from the Council to discharge the functions set out in the Appendix to these terms of reference.

#### ROLE AND PURPOSE OF THE BOARD:

The Health and Well-Being Board (H&WB) acts as the high-level strategic planning partnership to develop the provision of integrated health and social care services in Reading Borough. The H&WB for Reading is established to oversee the health improvement and well-being of those who live and work in the Borough.

1. To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes
2. To provide the collective leadership to improve health and well being across the local authority area, enable shared decision making and ownership of decisions in an open and transparent way
3. To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making
4. To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the local area.

## KEY FUNCTIONS

1. Ensure the preparation and publication of a JSNA for the area.
2. Develop an action plan to deliver the health and well-being strategy with clear priorities, objectives for delivery and measurable milestones.
3. Support the participation of the community and voluntary sectors, and other non-statutory agencies in the delivery of health and social care outcomes as a shared endeavour.
4. Ensure health & social care improvement in Reading is developed within the context of Best Practice and Clinical Governance.
5. Establish time limited working groups to assist it to deliver any of its key responsibilities.
6. Work with key providers to provide strategic 'problem solving' to unlock potential, resources or improved practice
7. Co-ordinate work with neighbouring H&WBs where appropriate to ensure effective commissioning decisions that deliver value for money in support of improved outcomes.

## TIMING AND MEETINGS

The Board will, as a minimum, meet four times a year and may meet more often if the Board so decides.

The Board is subject to the access to information provisions of Section 100A of the Local Government Act 1972. It is committed to the principles of transparency and all meetings will be open to the public.

In order to accommodate confidential and exempt matters, particularly regarding commercially sensitive issues linked to commissioning and providers, the Board will hold two-part meetings with such matters being considered in Part 2 (without the press and public present) as necessary. The Council's Access to Information Procedure Rules will apply, to ensure that the principles of transparency remain central to these arrangements.

Agendas and papers for Board meetings will be made public no less than 5 working days prior to the date of the meeting.

## Quorum

The quorum of the board will be no fewer than three of its voting membership; if fewer voting Members than this attend, then the meeting will be deemed inquorate.

## Decision Making

Decisions at meetings will be achieved by consensus of those present. If a vote is required then, if there is an equal number of votes for than against the proposal, the Chair will have a second, casting vote.

## MEMBERSHIP

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, *under Section 194(2) of the Health & Social Care Act 2012*, is as follows:

- 4 Councillors - ie the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, Children's Services and Families (the Act requires at least 1 Councillor to be on the Board)
- The Director of Education, Social Services and Housing \*
- Director of Public Health for the Local Authority or his/her representative \*
- A representative from each of the two Clinical Commissioning Groups (CCGs)
- A representative from the Local Healthwatch organisation

(\* the Members asterisked will not have voting rights, as explained below)

### Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989
- To treat the following as non-voting members of the Board:
  - The Director of Education, Social Services & Housing (or her representative)
  - The Director of Public Health (or her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, i.e. the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, and Children's Services and Families
- 1 named Local Healthwatch representative
- 2 named local CCG representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

### Co-opted Members

The following will be co-opted as non-voting additional members:

- The Managing Director of Reading Borough Council (or his representative)

## Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board  
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

### *CHAIR*

*The Lead Councillor for Health will chair the Board.*

### *VICE-CHAIR*

*A Councillor member of the Health and Wellbeing Board will be Vice-Chair.*

## ACTIONS TO BE TAKEN BY MEMBERS OF THE BOARD

The Board is a decision-making body of the Council. Therefore the voting Members from other organisations must have authority from the bodies that they represent to make decisions at Board meetings. Accountability should be clear, without superseding the responsibilities of any participating agency. Board Members attending any working group should have the delegated authority to commit the body they represent to specific courses of action, including committing resources.

As a Statutory Board of Reading Borough Council the H&WB may report to Council as appropriate including recommending the Health and Wellbeing Strategy for approval and support the alignment of the Council's plans with the priorities identified in the Health and Well-being Strategy and Action Plan.

GP Clinical Commissioning Groups will consult with the H&WB when drawing up their own annual plans.

The H&WB will include a statement in CCG's plans confirming whether or not the plans align with the JSNA and the priorities identified in the Health and Well-being Strategy and Action Plan.

The Board should receive the input and information it needs from partner bodies to support effective prioritisation and strategic decision making.

Members of the Board will hold themselves and partners to account for the delivery of agreed outcomes as set out in the action plan.

The Board will inform local commissioners of key decisions that may impact on the provision of services.

## Appendix

The Powers and Duties of the Health and Wellbeing Board were agreed at the Council's Annual General Meeting on *11 June 2014* in line with statutory requirements.

### Powers and duties of the Health and Well Being Board

- (1) To discharge the functions of the Health & Wellbeing Boards as set out in Sections 195-196 of the 2012 Act, ie:
  - Duty to encourage integrated working in health and social care under the National Health Service Act 2006
  - Power to encourage closer working in relation to wider determinants of health
  - Power to give its opinion to the authority on whether the authority is discharging its duty to have regard to the Joint Strategic Needs Assessment and Strategy and Joint Health & Wellbeing Strategy for its area
  - Duty to provide an opinion - to its partner clinical commissioning groups CCGs and/or the NHS Commissioning Board - about whether the local commissioning plans have taken proper regard of the Joint Health & Wellbeing Strategy
- (2) To discharge any other health functions delegated to it by the authority.
- (3) To ensure that the authority meets its duties as a relevant authority, under Section 116 of the Local Government & Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by Sections 192 and 193 of the Health & Social Care Act 2012:
  - (a) to prepare, with its partner CCGs, and publish a Joint Strategic Needs Assessment for the area, involving the local Healthwatch and local people living or working in the area;
  - (b) to prepare, with its partner CCGs, and publish a Joint Health & Wellbeing Strategy to meet the health needs of the area included in the Joint Strategic Needs assessment, relating to the exercise of public health functions by the authority, the NHS Commissioning Board or the CCGs, involving the local Healthwatch and local people living or working in the area;
  - (c) to ensure that the local authority, and its partner CCGs, have regard to these documents.
- (4) *To promote health care, health improvement and the reduction of health inequalities for all local people, including children and vulnerable adults, and to exercise the following statutory duties on behalf of the authority:*
  - a) To improve the health of people in its area under Section 28 of the National Health Service Act 2006, including:
    - any public health functions of the Secretary of State which s/he requires local authorities to discharge on his/her behalf
    - dental health functions of the Council
    - the duty to co-operate with the prison service to secure and maintain the health of prisoners
    - the Council's duties set out in Schedule 1 of the National Health Service Act 2006, which include medical inspection of pupils, the weighing and measuring of children and sexual health services
    - arrangements for assessing the risks posed by violent and sexual offenders
  - (b) To improve public health under Sections 2B and 111 of the National Health Act 2006 (as amended by Section 12 of the Health & Social Care Act 2012), including:

- (i) under Section 2B(3):
  - Providing information and advice
  - Providing services or facilities designed to promote healthy living (including helping individuals address behaviour that is detrimental to health or in any other way)
  - Providing services for the prevention, diagnosis or treatment of illness
  - Providing financial incentives to encourage individuals to adopt healthier lifestyles
  - Providing assistance (including financial) to help individuals minimise any risks to health arising from their accommodation or environment
  - Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
  - Making available the services of any person or any facilities
- (ii) Under Section 2B(4), providing grants or loans on such terms as the local authority considers appropriate.
- (iii) Under Section 111 and Schedule 1:
  - Dental public health (S111)
  - Medical inspection of pupils (Paras 1-7B)
  - Research for any purpose connected with the exercise of the authority's health functions (Para 13)

(5) *To discharge health and social care functions identified by the Government and/or the National Health Service for exercise by the Board, including the integration of health and social care functions within Reading;*

(6) *To approve and publish a Pharmaceutical Needs Assessment for Reading*

(7) To oversee and implement the following joint arrangement and partnerships in which the authority is involved:

- Berkshire Public Health Joint Arrangement
- Berkshire Public Health Joint Advisory Board

(8) To make representations to the Adult Social Care, Children's Services and Education Committee as the authority's health scrutiny committee.