

READING HEALTH & WELLBEING BOARD MINUTES - 14 FEBRUARY 2014

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.

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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;

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- (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.

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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)