

## READING HEALTH & WELLBEING BOARD MINUTES - 18 JULY 2014

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Councillor Gavin Elizabeth Johnston	Lead Councillor for Children's Services & Families, RBC Chair, South Reading Clinical Commissioning Group (CCG)
Lise Llewellyn	Director of Public Health for Berkshire
David Shepherd	Chair, Healthwatch Reading
Rod Smith	Chair, North & West Reading CCG
Ian Wardle	Managing Director, RBC

### Also in attendance:

Ramona Bridgman	Chair, Reading Families Forum
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Vicki Lawson	Head of Children's Services, RBC
Jeanette Longhurst	Berkshire West Integration Programme Director, Berkshire West CCGs
Eleanor Mitchell	Operations Director, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Sarita Rakhra	Carers/Voluntary Sector/Mental Health and Learning Disability Commissioning Manager, Berkshire West CCGs
Tara Robb	Parent, Reading Families Forum
Nicky Simpson	Committee Services, RBC
Fiona Slevin-Brown	Director of Strategy, Berkshire West CCGs
Councillor Stanford- Beale	RBC
John Taylor	Commercial Director, Royal Berkshire NHS Foundation Trust
Nicky Wadely	Contract Manager, Thames Valley Area Team, NHS England
Suzanne Westhead	Head of Adult Social Care, RBC

### Apologies:

Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor D Edwards	RBC
Councillor Lovelock	Leader of the Council, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Louise Watson	Director of Operations & Delivery, Thames Valley Area Team, NHS England
Avril Wilson	Director of Education, Adult and Children's Services, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

## 1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 21 March 2014 were confirmed as a correct record and signed by the Chair.

Further to Minute 53 of the last meeting, Rod Smith reported that the second phase of the 'Beat the Street' project outlined at that meeting was currently running and was expected to meet the target of 'walking to the moon' on 19 July 2014. The

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project would be evaluated and the results brought to the Board. It was hoped to repeat the Beat the Street project in 2015 if the evaluation was positive.

**Resolved** - That the position be noted.

### 2. UPDATE ON CHANGES TO SEN PROVISION 2014-16

Vicki Lawson submitted a report by the SEN Service Manager with, attached at Appendix 1, a report which had been submitted to the Adult Social Care, Children's Services and Education (ACE) Committee on 24 April 2014, on changes to Special Educational Needs (SEN) provision 2014-16. These changes were in relation to national changes due to start from September 2014, which would take up to three years to implement, and the report outlined the direction of travel required in order to meet the short and medium requirements of the Children and Families Bill, which included a requirement for statements to be converted into Education, Health and Care Plans by September 2017. ACE had agreed that the report should be submitted to the Health and Wellbeing Board and that representatives of the Reading Families' Forum should be invited to attend the meeting (Minute 33 refers).

The report stated that the opportunity for improved partnership with parents would be at the heart of the work to implement the local systems which would be developed to meet the needs of local children and comply with national requirements. Ramona Bridgeman and Tara Robb, of Reading Families' Forum, had given a presentation on the parental perspective of having a child with special needs at ACE on 24 April 2014, and they attended the Board and repeated the presentation. They also presented a number of key points about how health practitioners could support families, how to support children to achieve at school and ideas for joint commissioning. Copies of the presentation slides and key points were tabled at the meeting.

The report also had attached at Appendix 2 an update report on progress that had been made on the development of the Special Educational Needs (SEN) strategy, which had been submitted to the ACE Committee at its meeting on 7 July 2014. There had been extensive consultation and four priority areas had been agreed by Parents Forum, Schools, Practitioners and the Independent and Voluntary sector. An Action Plan had been drafted with officers and representatives of Parents' Forum, which had been signed off by the SEN strategy group. The fully populated SEN strategy Action Plan would be circulated for information during September 2014.

The meeting discussed the reports and presentation and the points made included:

- There were long waits of up to ten months for CAMHS (Child and Adolescent Mental Health Services) assessment appointments and children could end up permanently excluded from school in the meantime. However, if parents got private assessments, schools were told these were not relevant and another assessment was required. There was a need for escalation points within the system, as well as for more training in schools for Teachers, Teaching Assistants and SEN Coordinators so that they could recognise problems early.
- It was reported at the meeting that a joint review of CAMHS was currently being carried out by health and social care colleagues, in order to map pathways better and with the aim of improving the service, and the issues raised above could be addressed within the review. It was suggested that a

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report on the review be submitted to the Board in six months' time, to check that the issues had been addressed.

- The meeting was reminded that Healthwatch was available to assist with individual cases.
- It was suggested that it would also be useful for Ramona and Tara to give their presentation at the system-wide Children, Maternity, Mental Health & Voluntary Programme Board.
- It was noted that a report on the implementation of the Education, Health & Care Plans would be going to ACE Committee and could also be submitted to the Board.

### Resolved -

- (1) That the reports be noted;
- (2) That Ramona Bridgman and Tara Robb be thanked for their presentation and be asked to also give the presentation to the system-wide Children, Maternity, Mental Health & Voluntary Programme Board;
- (3) That a report on the outcome of the CAMHS Review be submitted to the Board in six months' time;
- (4) That the report on the implementation of the Education, Health & Care Plans going to ACE Committee also be submitted to the Health and Wellbeing Board.

### 3. BETTER CARE FUND AND WIDER INTEGRATION AGENDA: UPDATE

Further to Minute 51 of the last meeting, Melanie O'Rourke and Jeanette Longhurst submitted a report on the work of the Berkshire West Integration Programme and in particular developments with the Reading-specific projects which were described in the Reading Better Care Fund (BCF) Submission. The report also noted the revised submission of the Better Care Fund based on the fact that Reading had been identified as a possible exemplar site and gave details of a proposal for the transfer of funds from the NHS to Reading Borough Council, setting out how the fund would help enable further integration. Appendix A set out the full schedule of Health and Social Care integration projects and work streams in which Reading was involved.

The report explained that the Government had made available £2.513m, which would be transferred from NHS England, to support the Council and the CCG in the delivery of the BCF objectives in 2014/15, an increase of £475k compared to 2013/14. This additional money would be spent on the following:

- Intermediate Care Team - additional capacity to support the Full Intake Model
- Additional staffing for the Reablement Team
- Project support for the CCG and the Council to model the new Time to Decide beds and the full integration of the Intermediate Care Service

The remainder of the funding was planned to be allocated on the same basis as in 2013/14, as set out in Appendix B.

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### Resolved -

- (1) That the progress made to date on the development of Reading's Integration Programme be noted and the further proposed integration work, as set out in the report, be supported;
- (2) That the revised submission of the Better Care Fund as of 9 July 2014 be noted;
- (3) That the transfer of funds from the local NHS to Reading Borough Council be agreed, in order to deliver the integration projects described in Appendix B to the report and set out above, pursuant to Section 256 of the National Health Service Act 2006.

### 4. SOUTH READING & NORTH & WEST READING CCG QUALITY PREMIUM TARGETS 2014/15

Elizabeth Johnston and Rod Smith submitted a report on the South Reading and North & West Reading Clinical Commissioning Group (CCG) Quality Premium Targets for 2014/15 and seeking retrospective approval of four of the six targets.

The report explained that NHS England had produced "Quality Premium Guidance" for CCGs for 2014/15. The Quality Premium was intended to reward CCGs for improvements in the quality of the services that they commissioned and for associated improvements in health outcomes and reducing inequalities. The Quality Premium measures agreed in 2014/15 would be paid to CCGs in 2015/16 - to reflect the quality of the health services commissioned by them in 2014/15 - and would be based on six measures that covered a combination of national priorities and one local priority. Four of these measures were required to be signed off by the Health and Wellbeing Board. The report outlined the measures and the targets that had been set by the individual CCGs.

### Resolved -

- (1) That the following four Quality Premium measure targets set for North & West Reading CCG (NWRCCG) and South Reading CCG (SRCCG) for 2014/15 be noted and agreed:
  1. Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people. Target 10.2% (NWRCCG) and 16.2% (SRCCG) reduction from baseline;
  2. Improving access to Psychological Therapies: A 3% increase to 17.1% (NWRCCG) and 18.2% (SRCCG);
  3. Patient experience: Chosen indicator "Improved Patient experience of Hospital Care";
  4. Medication Errors: A 10% increase in reporting at Royal Berkshire Hospital (RBFT).
- (2) That the following two additional measures for 2014/15 be noted:

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5. Reducing Avoidable Emergency Admissions (nationally pre-determined): A 2.8 % (NWRCCG) and 3.9% (SRCCG) decrease over 2014/15 in avoidable emergency admissions (certain specific conditions only);
6. Local CCG Priorities (as previously presented to the Health and Wellbeing Board): To increase the number of patients with an End of Life Care Plan in place by 10% (NWRCCG). To ensure 25% of Diabetics have care plans in place by 31 March 2015, from a baseline of 0% (SRCCG).

### 5. HEALTH & WELLBEING STRATEGY AND ACTION PLAN

Asmat Nisa submitted a report giving an update on the review of the Reading Health and Wellbeing Strategy and Action Plan following a joint workshop on 2 April 2014 and subsequent feedback from local commissioners of health and social care, elected members and representatives of partners. The report had appended:

Appendix 1 - Outcomes of the Health and Wellbeing Action Plan Workshop

Appendix 2 - The updated Health and Wellbeing Action Plan

The workshop on 2 April 2014 had been attended by 25 representatives from across health and social care, including attendees from Healthwatch and the voluntary sector. Each of the Strategy's four goals had been reviewed and some overall feedback had also been captured. A main theme had been that the action plan required clear leads and a better understanding of roles and responsibilities.

The outcomes of the workshop showed that there was still some way to go in the development of robust ways to plan and monitor activity across the health provision where many organisations contributed to delivery. Each organisation had their own methods of managing and tracking progress with areas of delivery, and delivery had continued without there being firm joint arrangements in place.

The following key areas had been highlighted in the overall feedback from the session and subsequent feedback received:

- Action plan needed ownership, names, role, leads & agencies;
- Stakeholders understanding their roles and responsibilities;
- Greater need to involve the public and voluntary sector;
- SMART targets and clear measures should be included;
- Achievements need to be publicised to raise awareness.

Actions and timescales to respond to each of the key areas were outlined in Appendix 1. The report stated that Public Health would lead the response, but would need the support of stakeholders and officers across the Council to deliver to the timescales detailed.

Where possible, the activity for each objective had been ranked with red, amber or green (RAG) status, areas for improvement and what the first step might be to achieving that improvement. A plan with timescales to respond to feedback on the goals and the activity within the action plan would be developed once leads had been identified.

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The meeting discussed the Action Plan and the points made included:

- There had been work on Long Term Conditions and there was other information from the CCGs which needed to be added to the Plan;
- The Plan needed to be updated with what had been done so far;
- More work needed to be done on the Plan before it could be agreed as a baseline for monitoring of future progress.

**Resolved -**

- (1) That the updated Health & Wellbeing Strategy Action Plan be noted, updated in line with the comments made above and re-submitted to the next meeting to provide a baseline, and then an update on overall progress on the Action Plan be submitted to the Board every six months;
- (2) That action to deliver the Health & Wellbeing Strategy be managed and monitored centrally by the Public Health Team in Reading.

### **6. WINTERBOURNE VIEW PROGRAMME UPDATE**

Brigid Day and Sarita Rakhra submitted a report giving an update on progress made on the joint improvement programme to support the discharge of people with a learning disability and/or challenging behaviour from NHS in-patient settings, initiated in response to the Department of Health report "Transforming Care; A National Response to Winterbourne View". The report had appended a draft Joint Commissioning Plan for Services for People with Learning Disabilities and Challenging Behaviour 'Transforming Care' which had been drafted by the Berkshire West Councils and CCGs.

The report stated that there were now only three affected people in Reading (as compared with the eight initially identified) and gave details of their situations.

**Resolved -**

- (1) That the progress made be noted;
- (2) That the draft Joint Commissioning Plan 'Transforming Care' be agreed.

(Councillor Stanford-Beale declared an interest in this item as she was a member of the Berkshire Autistic Society.)

### **7. BRIEFING ON REVIEW OF FUTURE NEED FOR SERVICES CURRENTLY DELIVERED AT THE READING WALK-IN HEALTH CENTRE**

Nicky Wadely and Helen Clanchy submitted a report outlining the review and evaluation process of the Reading Walk-In Health Centre in Broad Street Mall being undertaken and seeking the Board's views on any extra areas that should be considered in the review.

The report explained that the Reading Walk-In Centre in Broad Street Mall had opened in August 2009, providing an 8am to 8pm, 7 days a week service to registered patients

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(like a conventional GP practice) and a walk-in service for registered and non-registered patients. In the last year, 38,085 walk-in consultations had taken place and, as at 1 April 2014, 6,632 patients had registered at the Centre.

The Centre had opened following a competitive tender process that had offered a contract on a five year term with the option to extend for a further two years. The initial five year term would expire in August 2014 and discussions were currently taking place with the Provider, Assura Reading LLP, to extend the contract until August 2016 in order to allow time for the review. The report outlined the proposed review and evaluation process being undertaken jointly with Reading Clinical Commissioning Groups prior to a decision on whether to re-commission the service provision post-August 2016.

An assessment was being made of:

- Patient and population need (current and future)
- Value for money of the current contract
- Impact assessment if the service were decommissioned at the end of the contract period, including capacity of current services to meet the needs of the population
- Quality of service provision and Patient experience of current services
- Strategic Alignment with CCG and NHS England commissioning plans and the Local Authority's JSNA, gap analysis of services and Health & Wellbeing strategy
- Alternative service models to meet the needs of the population resulting in the development of a consultation proposal and paper to be presented to appropriate decision-making forums.

The needs assessment had been carried out in January-July 2014, the consultation was being developed from July-September 2014 and the consultation on options would take place in October-December 2014. Decision-making would happen in December 2014 and the Re-procurement commencement or De-commissioning of service would happen in early 2015.

Patients who used the Walk in Centre would be asked to take part in a survey to help understand how the service was utilised and get their views of the current service provided. In addition, as part of the consultation phase of the review, views of wider stakeholders will be collected and considered, including:

- Berkshire West CCGs
- Berkshire West Urgent Care Board
- Public Health
- Health and Wellbeing Board
- Overview & Scrutiny Committee
- Local Medical Committee
- GP Practice patient and public groups
- Healthwatch
- Local healthcare providers

The meeting considered the review process and the points made included:

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- The views of local GP practices and the impact on them if the service were not re-commissioned should be considered as part of the review;
- It would be useful to also get the views of those not using the service and there might be a need for NHS England to look creatively with stakeholders at how to achieve this;
- There was anecdotal evidence that patients would ring the Walk-In Centre, ask how long the wait was and, if the Centre was busy, go straight to A&E; it was suggested that it should be investigated how this behaviour could be discouraged;
- Information from the national GP survey carried out regularly on GP practices could be useful for the review.

### Resolved -

- (1) That the review process for the Reading Walk-In Health Centre be noted and the Board's engagement as a key stakeholder in the proposed consultation on the future of the service be endorsed;
- (2) That the points made above be submitted to NHS England, to be taken into account when carrying out the review and consultation.

(Elizabeth Johnston declared an interest in this item as the University Medical practice had formerly been a member practice of Assura Reading LLP.)

### **8. PROTOCOL AGREEMENT BETWEEN READING LOCAL SAFEGUARDING CHILDREN'S BOARD, HEALTH AND WELLBEING BOARD AND CHILDREN'S TRUST BOARD**

Councillor Gavin submitted a report by the Business Manager for Reading Local Safeguarding Children Board (LSCB) and Children's Trust Partnership which presented a copy of the Protocol Agreement that set out the expectations of the relationship and working arrangements between Reading LSCB, Reading Health and Wellbeing Board (HWB) and Reading Children's Trust (RCT).

The report sought the HWB's endorsement of the Protocol, which had already been agreed by both the LSCB and the RCT.

The report outlined the statutory framework, current role and the responsibilities for all three Boards and the shared principles for consideration within a working protocol. The shared principles were detailed as follows:

- The Boards would work together to minimise the duplication of reports and actions and to ensure that there were no unhelpful strategic or operational gaps in policies, protocols, services or practice;
- The Boards would share a commitment to a strategic approach to understanding needs that included analysis of data and effective engagement with practitioners and service users;



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- The Partnerships were committed to developing a joined up approach to understanding the effectiveness of current services and identifying priorities for change;
- All three Boards would work together to provide constructive challenge to Partners and to each other.

### Resolved -

That the protocol agreement between the Children's Trust, the Health & Wellbeing Board and the Reading Safeguarding Children Board be agreed.

### 9. ROYAL BERKSHIRE NHS FOUNDATION TRUST'S STRATEGIC PLAN 2014-19

John Taylor gave a presentation summarising the contents of the Royal Berkshire NHS Foundation Trust's (RBFT's) Strategic Plan 2014-19. The presentation slides and the summary version of the Strategic Plan were included in the papers.

The presentation explained that the Trust's vision to provide sustainable, and improving, high quality care for its local community had not changed, but what had changed was how they intended to achieve this. There was an acknowledged uncertainty as to how the local health economy would develop and the challenges faced by not only the Trust, but also partner providers, including primary care and their commissioner. The Trust was therefore refreshing both its vision and its strategic objectives to reflect the ongoing changes in the local health economy. The strategic objectives were based on the following overarching aims:

- A commitment to high quality care that was safe, compassionate, effective and provided a positive experience for patients through better integration.
- Meeting the needs of the local population: a) by aligning and influencing commissioner's intentions and local developments; and b) improvement of their capability, capacity and leadership.
- Ensuring financial stability, resilience and sustainability in the longer term, allowing for investment in frontline services that were fit for the future.

The Trust's summary aims were:

- To remain a major provider of A&E and medical and surgical emergency access services on the RBH site.
- Being committed to development of more integrated care across both local hospital, community-based and primary health services in order to deliver, with partners, best care for patients throughout their healthcare journeys.
- Focus on prevention, early intervention and keeping people healthy, as well as to provide excellent care for people who need treatment.
- Continue to develop as a centre of excellence for cancer, critical care, renal, heart attack management, stroke, trauma, spinal surgery, paediatric and neonatal services.

Details of the key changes from the Integrated Business Plan agreed in July 2013 to the Strategic Plan agreed in June 2014 were set out. A review of services had been undertaken and it had been concluded that downsizing was not a viable option. The strategic options that the Trust was planning for were moderate growth in elective surgery to ensure sustainability, with limited growth in other areas, and integration at

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a service level only where it would improve quality or financial viability. Details of service developments, involving investment in the Urgent Care Floor and the Elective Orthopaedic Centre, as well as other plans, were set out and a five year financial plan was included, with a plan to return to surplus in 2015/16, following the £6.5m deficit in 2013/14. Details of the likely impact on delivery of CCG and Trust QIPPs were also set out. There were a number of areas where improvements were needed, such as management of estates and data, and the presentation gave further details of some of these areas.

The meeting discussed the Plan and the points made included:

- Fiona Slevin-Brown expressed concerns about the sustainability of the RBFT's plans to be growing their estate in the context of the CCGs strategic plans. There was a divergence of planning in years three to five of the different plans as the CCGs wanted investment in out-of-hospital care and in supporting people to stay well, whilst still providing acute care for patients who needed it.
- The Strategic Plan had been developed by the RBFT for submission to Monitor by their 30 June 2014 deadline and work now needed to be done with stakeholders across the health economy to find solutions and the plan could form the basis of ongoing discussions on strategic development. For example, the CCQ QIPPS needed to be reflected in more detail.
- There was reference in the presentation to a Car Park Management Plan and it was requested that this be developed into an Integrated Transport Strategy. John Taylor said that a more detailed Transport Strategy was being developed and RBFT would work with the Council on developing this.
- It was reported that it was likely that Frimley Park Hospital NHS Foundation Trust would be acquiring Heatherwood and Wexham Park Hospitals NHS Foundation Trust, which could create significant risks for RBFT, and these were not referred to in the Plan. It was stated that clinical discussions had not yet been started on these proposals.
- Suzanne Westhead expressed disappointment that the principle of patient-centred planning and the joint working on integration of health and social care that had already been carried out, including in preparation for the Better Care Fund submission, did not seem to be reflected in the RBFT's plan. John Taylor said that he would be happy to meet with Council officers to discuss these concerns in more detail.
- Councillor Hoskin also expressed concern at the lack of focus on working around the patient, as it was important that the RBFT was a key partner in the integration of services and planning of whole person care.

**Resolved -**

That the position be noted.

## 10. ROYAL BERKSHIRE NHS FOUNDATION TRUST - CQC INSPECTION REPORT

John Taylor submitted a report by the Director of Nursing on the outcome of an inspection of the Royal Berkshire NHS Foundation Trust (RBFT) by the Care Quality Commission (CQC) and the Trust's plans for implementing a CQC Improvement Plan in response to the findings.

The report stated that the RBFT had now received the final CQC report detailing the findings from its inspection on 24-26 March 2014 (attached at Appendix 1). An overall rating of 'Requires Improvement' had been given to the Trust, with separate ratings given for each CQC domain (safe (requires improvement), effective (good), caring (good), responsive (requires improvement), and well-led (requires improvement)) and for each core service.

The Trust had been able to challenge many of the findings within the report that had been felt to be inaccurate or out of context, and the majority of these had been successfully upheld by the CQC and reflected in the final report. The report findings had included a total of 13 actions the Trust had to take and a further 14 actions that the CQC suggested the Trust should take. These actions had been amalgamated into seven 'Compliance Actions' (regulatory legal actions that confirmed the essential standards the Trust had to meet through delivery of the action plan).

The Trust was now finalising a detailed Improvement Plan to address all of the key actions within the report and this was being submitted to the CQC for sign-off by the deadline of 18 July 2014.

An overall Trust Improvement Plan had been developed, pulling all of the Improvement projects together, including the Board Evaluation and Quality Governance Framework action plans. Additional project management resource had been agreed to support staff in delivering the actions over the next few months.

It was noted that the Adult Social Care, Children's Services and Education Committee, as the Council's Health Overview and Scrutiny Committee, was keen to be involved in scrutinising the Trust's Improvement Plan.

### Resolved -

- (1) That the report be noted:
- (2) That a further report on progress against the Improvement Plan be submitted to a future meeting of the Board and to the Adult Social Care, Children's Services and Education Committee.

## 11. DATE AND TIME OF NEXT MEETING

### Resolved -

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 10 October 2014.

(The meeting started at 2.00pm and closed at 4.18pm)