

READING HEALTH & WELLBEING BOARD MINUTES - 22 JANUARY 2016

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Lise Llewellyn	Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
David Shepherd	Chair, Healthwatch Reading

Also in attendance:

Andrew Burnett	Interim Consultant in Public Health, RBC
Helen Clark	Assistant Chief Officer, Berkshire West CCGs
Andy Fitton	Acting Head of Early Help and Family Intervention, RBC
Fran Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Victoria Hunter	Equalities Coordinator, Alliance for Cohesion & Racial Equality
Tom Lake	Member of the Public and Elected Governor of Berkshire Healthcare NHS Foundation Trust
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Janette Searle	Preventative Services Development Manager, RBC
Melanie O'Rourke	Head of Adult Social Care, RBC
Mark Sellman	IM & T Programme Manager, NHS South Central & West Commissioning Support Unit
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC

Apologies:

Ishak Nadeem	Chair, South Reading CCG
Fiona Slevin-Brown	Director of Strategy, Berkshire West CCGs
Brian Walsh	Independent Chair, West of Berkshire Safeguarding Adults Partnership Board
Ian Wardle	Managing Director, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 9 October 2015 were confirmed as a correct record and signed by the Chair.

Further to Minute 1 of the meeting on 9 October 2015, it was reported that the report containing full year data on Abdominal Aortic Aneurysm (AAA) screening in South Reading had still not been received, but would be shared once received.

Resolved - That the position be noted.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

(a) Health Visitors

The Health Visiting service is an essential element in giving everyone a good start in life.

Is Reading now achieving appropriate universal coverage for new-borns with follow-up for vulnerable infants? Will this be maintained?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

Thank you for your very important question about Health Visitor service universal coverage. The Health Visitor service is contracted to lead on the delivery of the mandated Healthy Child Programme which includes the universal offer. They ensure that every new mother and child has access to a health visitor, receives development checks and receives good information about a healthy start to life such as parenting and immunisation. The latest available monitoring data show that 98% of new mothers and their babies receive a New Born Visit in an acceptable time frame. Any delays could be due to complications meaning the child has to stay in hospital for an extended period of time. Parental choice also plays a part. In other words, if they decide to take up the offer or not.

Any identified vulnerable infants and/or families are offered additional services and support as part of the Universal Plus and Universal Partnership Plus offer. Early interventions are encouraged to help prevent problems from developing or worsening.

The commissioning responsibility of the Health Visitor contract transferred over from NHS England to Reading BC on the 1st October 2015 and will be delivered as per the agreed existing service specification until 30th September 2016. Ongoing service monitoring will continue to ensure the current high standards are maintained for new mothers and their children in Reading.

We are currently reviewing how best to commission both health visiting and school nursing services (which are also now part of local authorities' responsibilities) with other local authority children's services to support all children and families in getting not just the best start in life but in having the best opportunities for adulthood as well. Ensuring universal coverage for new born babies will be an important aspect of this.

(b) Hospital at Home Programme

The Hospital at Home programme appears to have been terminated. Can you explain what has been learned from the experience and what differences might have made it successful?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

Thank you for your question. As I expect you'll be quick to notice this following answer is very similar to the one you received at a recent South Reading NHS Clinical Commissioning Group (CCG) Board Meeting and has, indeed, been provided by the

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CCG. It is very important that we fully learn the lessons from both the successful and less successful projects that form our Health and Care Integration work and the Better Care Fund. This learning will be crucial as we develop further plans for integration and for this year's Better Care Fund submission.

The Hospital at Home project has been paused and the lessons learnt assessed and we will use these to inform our future plans. On reflection there was no one thing that we could have changed. The staff employed to work on Hospital at Home have been redeployed to support the work with Care Homes through the provision of a Rapid Response and Treatment Service.

3. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2014-15

Wendy Fabbro submitted a report presenting the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2014-15, which had been approved by the SAPB on 1 December 2015, a copy of which was attached to the report at Appendix 1.

The SAPB Annual Report 2014-15 gave details of:

- Key achievements in 2014-15;
- Partners' contributions to the delivery of the Board's goals;
- Information on the one Safeguarding Adult Review carried out in 2014/15;
- The Board's priorities for 2015-16;
- Combined headline data for 2014/15.

The covering report highlighted key information and also drew out information in relation to Reading from the combined headline data.

It was noted that, in the table listing numbers of staff attending Safeguarding Adults training in 2014/15, there was no information on staff training at the Royal Berkshire NHS Foundation Trust. It was reported that the CCGs did monitor this information and so it could be provided and appropriate links made for future years' reports.

Resolved -

- (1) That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2014-15 be noted;
- (2) That Eleanor Mitchell provide members of the Health and Wellbeing Board with the missing information on staff attending Safeguarding Adults training from the Royal Berkshire NHS Foundation Trust and make appropriate links with those producing the SAPB Annual Report for providing the information for future years.

4. READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15

Fran Gosling-Thomas submitted a report presenting the annual report of the Reading Local Safeguarding Children Board (LSCB) 2014/15, which was appended to the report.

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The report explained that the Reading LSCB was the key statutory mechanism for agreeing how the relevant organisations would co-operate 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 2015.

The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading; this report had a wide distribution and was sent to key stakeholders and partners so that they could be informed about the work and use the information in planning within their own organisations to keep children and young people safe. It was being presented to the Health and Wellbeing Board and had also been presented to the Children's Trust Board and the Adult Social Care, Children's Services and Education Committee (ACE).

The report explained that, unlike in previous years, the Annual Report had focused on the achievements and ongoing challenges for the LSCB and partners specifically against priorities. The achievements were set out under the following headings:

- Domestic Abuse;
- Strengthening the Child's Journey and Voice;
- Child Sexual Exploitation and other Particularly Vulnerable Groups;
- Neglect;
- Effectiveness and Impact of the LSCB.

Key ongoing challenges had been identified and captured in the risk/concern log and included the following:

- Multi-agency and community informed approach to Female Genital Mutilation was required.
- The numbers of known privately fostered children remained extremely low.
- Children's Social Care staffing concerns remained.
- Significant progress was required to address the issue of neglect.
- Young people's involvement with the Board needed to be strengthened.
- LSCB communication needed to be improved to ensure the right safeguarding information got to the right people.
- Concerns remained about partner contribution to the LSCB both financially and engagement in meetings and auditing.
- Clear and meaningful data, with commentary, was required to ensure effective review and challenge.

The covering report explained that the Annual Report related specifically to the 2014/15 year and gave details of a number of developments since March 2015, including progress made in tackling Female Genital Mutilation (see also Minute 5 below).

The report explained that one of the Young Carers groups had produced a young person's version of the annual report in video form. This video could be seen on the LSCB website home page (www.readinglscb.org.uk) and was shown at the meeting.

In response to a query about how Councillors, as Corporate Parents, could be more engaged in dialogue with young people, Fran Gosling-Thomas said that officers were investigating the whole area of social media and use of IT for communication with

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young people and that they would share any experience and lessons learned with Councillors.

It was noted that there was still an issue with GPs not attending Child Protection Conferences and often not supplying reports, although an action plan was in place and would continue to be reviewed by the LSCB. It was acknowledged that GPs were busy and under pressure, but the value of their input and knowledge to the process was stressed, and Fran Gosling-Thomas explained that arrangements were being made to be as flexible as possible, such as carrying out conferences in GP surgeries, or by Skype.

Resolved - That the annual report of the Reading Local Safeguarding Children Board 2014/15 be noted.

5. UPDATE ON TACKLING FEMALE GENITAL MUTILATION (FGM)

Further to Minute 11 of the meeting on 30 January 2015, Andy Fitton and Victoria Hunter submitted a report giving an update on work undertaken since January 2015 and planned in relation to tackling Female Genital Mutilation (FGM).

The report explained that two strands had been identified to organise the response to FGM:

- Strand 1 - Prevention and Education
- Strand 2 - Protect and respond

Strand 1 had been led by the Alliance for Cohesion & Racial Equality (ACRE) with partnership support, including sponsorship from the Local Strategic Partnership (LSP) that had accepted FGM as one of its three priorities in June 2015. The report listed key achievements in the last six months, including community engagement work started by ACRE, involving a community working group and two further initiatives; the organisation of a well-attended partnership symposium on FGM; and the provision of sessions on FGM for school staff by Forward UK, a Foundation for Women's Health Research and Development. The report gave details of further plans for prevention and education work up to April 2016.

Strand 2 had been led by Children's Services in Reading Borough Council, with support from the LSCB (Local Safeguarding Children Board). A partnership action plan had been devised, primarily with Reading in focus. However, the LSCB Chair had organised for the action plan to be adopted by all three West of Berkshire Local Authorities, which enabled particular partner organisations who worked across the West of Berkshire, eg the CCGs, to work effectively on the implementation of the plan.

The report stated that the action plan had six actions relating to protection, and two key actions relating to response, and gave details of the primary focuses of the actions. It also gave details of plans for protection and response work up to April 2016, which included identifying current resources and services and noting gaps in service offers for women and children to discuss with commissioners.

It was noted that the funding from the LSP to ACRE for community engagement would end in March 2016 and so alternative funding would need to be found to continue this work, and that it was hoped to establish a specialist clinic in Reading to provide both

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clinical services and support, similar to a project in Oxford called "Oxford Rose". It was reported at the meeting that the Police & Crime Commissioner (PCC) was keen to fund FGM prevention work in Reading and so partners would need to work together, including with the PCC, to ensure that funding could be secured to continue work on tackling FGM.

Resolved -

- (1) That the work undertaken so far and the proposed next steps be endorsed;
- (2) That the progress made be noted, especially the work of ACRE;
- (3) That all partners involved work together, including with the Police & Crime Commissioner, to secure funding to continue work on tackling FGM in Reading;
- (4) That a further report be submitted to the Board in six months' time to give an update on progress.

6. ALIGNMENT OF COMMISSIONING INTENTIONS 2016-17

Wendy Fabbro submitted a report summarising the key themes, features and potential areas for alignment across the Health and Social Care Commissioning Intentions of the Council and the Berkshire West Clinical Commissioning Groups (CCGs) for 2016-17. The report had appended a table grouping the elements of the intentions into key themes, which were summarised as:

- Prevention
- Choice & control
- 7 day working
- Community resilience/social capital
- Efficient use of resources

The report stated that commissioning intentions had been drafted by each commissioning authority (and for the CCG Commissioning Ambitions, had already been approved by the CCG Board), and were presented to the Board in the next four agenda items.

It explained that respective schedules for submission of key documents to NHS England and the Council's relevant meetings were difficult to align and it tended to be the case that NHS England required submission of Commissioning Intentions ahead of Council deadlines. It was therefore unfortunate that each document had been separately drafted this cycle, but hopefully with the benefit of the Officers' Integration Programme activities to influence alignment, this would be more coordinated in future years. It explained that there was potential for greater synergy if, at a local level, all Commissioning authorities and stakeholders, including Healthwatch, representatives of the Voluntary and Community Sector and major healthcare providers, worked together more closely to develop joint commissioning plans and to jointly operationalise those plans.

The report stated that a more in depth analysis would be undertaken to inform future commissioning, and proposed that a workshop be convened by the Board in early

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autumn 2016 to ensure co-creation of commissioning intentions based on Health and Wellbeing Board strategic aims and priorities.

It was noted at the meeting that it needed to be considered how the Voluntary and Community Sector would feed into the work on co-creation.

Resolved -

- (1) That the report be noted;
- (2) That the Health and Wellbeing Board convene a workshop in early autumn 2016 to ensure co-creation of commissioning intentions based on Health and Wellbeing Board strategic aims and priorities and it be considered how the Voluntary and Community Sector should feed into the co-creation work.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

7. BERKSHIRE WEST CCGS COMMISSIONING AMBITIONS 2016-17

Helen Clark submitted the Berkshire West CCGs Commissioning Ambitions for 2016-17, which had been agreed and published by the CCG Board. The ambitions outlined the strategic interventions that were planned to improve the way the CCGs commissioned, reviewed and transformed local services.

Resolved - That the Commissioning Ambitions for 2016-7 be noted.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

8. ADULT SOCIAL CARE COMMISSIONING INTENTIONS 2016-17

Wendy Fabbro submitted a report presenting the draft Adult Social Care Commissioning Intentions for 2016-7, for review and comment by the Board. The appended document was a high level indicator of the key commissioning priorities for adult social care and the strategic direction that commissioning activities would take over the coming year and it would be supported by an operational commissioning work plan, which was currently under development.

The report stated that, once the intentions had been approved and alignment had been agreed by the Board, the document would be published and shared with partners and providers to assist in service planning for the coming year.

Resolved - That the Adult Social Care Commissioning Intentions for 2016-7 be endorsed and a final version be published and shared with partners and providers.

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(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

9. CHILDREN'S SERVICES COMMISSIONING INTENTIONS UPDATE 2016-17

Wendy Fabbro submitted a report giving an update on the development of a set of Commissioning Intentions for children's services for 2016-7, for noting and comment by the Board. The report gave an initial indication of the key priority focus areas and the strategic direction that commissioning activities would take over the coming year and said that the intentions would be supported by an operational commissioning work plan, which was also currently under development. It had appended information on the Short Breaks Process 2016/17, which was one of the priorities in the commissioning intentions.

The report stated that a full set of commissioning intentions would be developed for the beginning of the new financial year and, once the intentions had been approved and alignment had been agreed by the Board, the document would be published and shared with partners and providers to assist in service planning for the coming year.

Resolved - That the current position regarding the development of Commissioning Intentions for Children and Young People be noted and the indicative priority areas for commission during 2016-7 be endorsed, so that a final version of the intentions could be published and shared with partners and providers.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

10. PUBLIC HEALTH COMMISSIONING INTENTIONS - INITIAL PROPOSALS 2016-17

Wendy Fabbro submitted a report setting out an initial prioritisation of current areas of public health services commissioning for probable continuation in 2016/17 in order to contribute to improving the health of local residents and reducing health inequalities. Appendix 1 to the report contained a prioritisation framework for health improvement initiatives and Appendix 2 set out the initial outcome of an assessment of public health-commissioned population interventions.

The report explained that further work on the assessment of current public health-commissioned interventions was required, especially in terms of matching population-level interventions with need. The report noted the government's cuts to the Public Health Grant and other financial pressures that the Council was under and stated that, notwithstanding these, it was prudent to review the appropriateness of current public health-commissioned services and further work would be carried out to develop proposals to ensure that (i) what was commissioned could reasonably be expected to have a significant beneficial impact and that (ii) public health reduced or stopped commissioning less effective services in order to free up resources to concentrate population-level interventions where they would have the greatest benefit for the greatest number of people.

Resolved - That the current position regarding the development of Commissioning Intentions for Public Health be noted and further work be endorsed.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

11. BERKSHIRE WEST PRIMARY CARE STRATEGY 2015-19

Further to Minute 5 of the meeting held on 17 July 2015, Helen Clark submitted a report presenting the final Berkshire West Primary Care Strategy 2015-19, a copy of which was appended to the report. The Strategy had been agreed by the Joint Primary Care Co-Commissioning Committee (JPCCC), on which the Health and Wellbeing Board was represented, and the wider Board was now asked to endorse the principles set out in the strategy.

The Five Year Strategic Plan described how, by 2019, enhanced primary, community and social care services in Berkshire West would work together to prevent ill-health within the local populations and support patients with complex needs to receive the care they needed in the community, only being admitted to hospital where this was absolutely necessary.

The Primary Care Strategy built on the overarching Strategic Plan by describing a more detailed vision for primary care services in Berkshire West, anticipating that primary care would play a pivotal role in delivering new models of care and in ensuring the sustainability of the broader health and social economy in the light of increased demand and financial pressures. In order to deliver this vision, the following five strategic objectives had been developed for primary care:

- Addressing current pressures and creating a sustainable primary care sector;
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting;
- Managing the health of a population in partnership with others to prevent ill-health. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home;
- Using new approaches and technologies to improve access and patient experience, ensuring that the needs of patients requiring urgent primary care were met appropriately and appointments were available in the evening and at weekends;
- Making effective referrals to other services when patients would most benefit.

Each of these objectives would be supported by specific workstreams, details of which were set out in the report. The report gave details of community engagement in the development of the strategy and further details of engagement with the public were set out in Appendix 1 to the Strategy. Appendix 2 to the Strategy set out Information Management & Technology investment plans to support the Strategy.

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The report highlighted that the CCGs had been approved to jointly commission primary medical services with NHS England from 1 May 2015, with responsibilities discharged through the JPCCC. Delivery of the Strategy would be overseen by the JPCCC, which would develop an implementation plan to form the basis of a strategic programme for primary care. Further engagement would be undertaken with patients around the workstreams in the Strategy and a communications plan would be developed for each workstream.

The report explained that the CCGs had now applied to move to a fully delegated co-commissioning arrangement for primary care with effect from 1 April 2016, which it was believed would have a positive impact on the development of local primary care services, putting the CCGs in a stronger position to implement the vision described in the strategy. It was reported at the meeting that in-principle approval had been given for the fully delegated arrangement.

Dr Andy Ciecierski and Eleanor Mitchell addressed the Board on the work the CCGs were doing in looking at how to address the workforce issues to create a sustainable primary care service for the future, dealing with such problems as difficulties in finding new partners for practices following GP retirement in North & West Reading and the challenges of a large number of small single-handed GP practices in South Reading. New ways of working and new models were being investigated in order to provide the full range of primary care services across the area across the whole week.

The meeting discussed the importance of effective consultation with patients and the benefits of involving Healthwatch and local Ward Councillors in community engagement. It also noted that the Strategy was focused on Primary Care and it was acknowledged that there was more work needed on how GPs worked collaboratively with other agencies and different parts of the health and social care system. This would need to dovetail with the work on alternative models of care.

Resolved - That the Berkshire West Primary Care Strategy be noted and endorsed.

12. URGENT AND EMERGENCY CARE REVIEW - PROGRESS REPORT

Maureen McCartney submitted a report on an "Urgent and Emergency Care Review" (the Review) and the action being taken at national and local level in implementing this review. The report had appended an Urgent and Emergency Care Route Map for delivery of the Review.

The report explained that Urgent and Emergency Care was one of the new models of care set out in the NHS Five Year Forward View in November 2013. "The Urgent and Emergency Care Review" proposed a fundamental shift in the way urgent and emergency care services were provided, and would be the first major practical demonstration of these new models of care.

The vision was for a future system which was safer, sustainable and capable of delivering care closer to home, helping to avoid unnecessary journeys to, or stays in hospital unless clinically appropriate. The report gave further details of the vision and the changes required to implement the Review to create the new approach to delivering urgent care. It stated that NHS England had developed a Route Map which outlined high-level expectations to support new Urgent and Emergency Care Networks and System Resilience Groups in prioritising their delivery of the review, and a copy

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was appended to the report. The Route Map would be supported by a detailed implementation plan.

The report also gave details of the current position in relation to implementation of the Review at a local level. It noted that the local health and social care system currently worked in partnership to support good patient flow around the system, which was critical to the success of the local urgent and emergency care system. Maintaining patient flow through hospitals relied on a dynamic equilibrium between admissions and discharges and it was therefore imperative that the Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust and Reading Social Care continued to work closely together to prioritise activities aimed at achieving the earliest possible discharge of patients from hospital.

The report stated that the patient offer for urgent and emergency care for 2020 would be:

- A single number - NHS 111 - for all your urgent health needs
- Be able to speak to a clinician if needed
- That your health records were always available to clinicians treating you wherever you were (111, 999, community, hospital)
- To be booked into right service for you when convenient to you
- Care close to home (at home) unless need a specialist service
- Provide specialist decision support and care through a network

It was queried at the meeting whether the section in the Route Map on Mental Health Crisis included children and young people or if it was only for adults.

Resolved -

- (1) That the report and the action being taken nationally and locally to deliver the objectives of the Urgent and Emergency Care Review be noted;
- (2) That Maureen McCartney confirm whether the Section in the Route Map on Mental Health Crisis included children and young people or if it was only for adults;
- (3) That the Board receive a report back to a future meeting on progress against the aims of the Urgent and Emergency Care Review.

13. READING INTEGRATION UPDATE & CONNECTED CARE PRESENTATION

Melanie O'Rourke submitted a report giving an update on Health and Social Care Integration in Reading to date, highlighting the requirements for the 2016/17 Better Care Fund (BCF) and seeking approval to a process for BCF sign-off.

The report gave details of the BCF schemes for 2015/6, some of which were Reading-specific and some of which covered the whole of the West of Berkshire. It listed performance against key performance indicators for the BCF in 2015/16, which included a reduction in those fit to leave hospital but still in hospital to below the target, a reduction in the time people who were fit to leave were still in hospital (though not yet to below the target) and a reduction in those formally reported as Delayed Discharges from hospital. The performance on Non-Elective Admissions had

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not reached the target, but it was reported at the meeting that an in-depth piece of work was being carried out to understand what had happened on this target, as it was possible that some of the increase was due to a coding issue.

The report gave further details of progress on integration, giving an update on the work of the Reading Integration Board and on progress on the local schemes and the West of Berkshire schemes. It noted that the Hospital at Home service which had been in the initial BCF submission had now been revised into a new Rapid Response and Treatment Service for care homes.

The report also gave details of plans for the 2016/17 BCF, noting that the technical guidance had not been published at the time of writing the report, but the timescales which had been issued by the BCF taskforce were provisionally:

8 February 2016 - high level objectives submitted

Mid-March 2016 - first draft submission

Mid-April 2016 - final version submitted

The report explained that, due to the challenging timescales and to meet deadlines, authority was being sought for the Director of Adult Care & Health Services to sign off the BCF quarterly report and the first two BCF submissions, in consultation with the Chair of the Board. Depending on the final confirmed submission deadlines, or if the final version could not be completed for sign-off at the next Board meeting on 18 March 2016, it might be necessary to seek further delegation or organise an extra meeting of the Board for sign-off. It was reported at the meeting that the national guidance had now been received and officers were working through the details.

Members of the Board expressed concern about the late notice of guidelines and deadlines for the BCF by the Government, which meant that it was difficult for Health & Wellbeing Boards and officers to carry out the necessary work in time. It was suggested that partners could discuss how to make representations about this.

Mark Sellman gave a presentation on the details of and progress on the Connected Care scheme, which was one of the BCF schemes which spanned the West of Berkshire, with the aim of procuring and implementing a solution to enable information and data sharing across health and social care organisational boundaries, resulting in a person-held health and social care record for the citizens of Berkshire. He said that an autumn 2016 implementation was anticipated, when all health and at least two social care systems would feed into the full portal solution.

Resolved -

- (1) That the progress on the Better Care Fund to date be noted;
- (2) That the requirements for the 2016/17 BCF submission and sign-off be noted;
- (3) That the Director of Adult Care & Health Services be authorised to sign-off the quarterly BCF report, in consultation with the Chair of the Board;
- (4) That the Director of Adult Care & Health Services be authorised to sign-off the first two submissions of the 2016/17 BCF report, in consultation with the Chair of the Board;

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- (5) That it be noted that, depending on the timescales for the final BCF submission, sign-off might need to be done at the next Board meeting, by delegation, or through an extra Board meeting;
- (6) That partners discuss, outside the meeting, the best way to make representations to the Government about the problems created by late notice of guidelines and deadlines for the BCF;
- (7) That Mark Sellman be thanked for his presentation on the Connected Care project.

14. READING HEALTH & WELLBEING STRATEGY - NEXT STEPS

Andrew Burnett submitted a report giving a summary of proposals for the next steps in producing the next Reading Health and Wellbeing Strategy.

The report explained that a clear understanding was needed of key health improvement priorities for all stakeholders who supported the people of Reading. It was proposed to engage with stakeholders by jointly developing and conducting a survey to inform priorities. The survey would help to:

- seek views of members on what services were required for the people of Reading in the context of the full Joint Strategic Needs Assessment (JSNA) due to be considered by the Health and Wellbeing Board in March 2016;
- clarify the local CCGs' priorities and objectives to improve health and reduce health inequalities;
- present the views of the voluntary community sector and local action groups;
- demonstrate the priorities of internal and external colleagues.

The survey would also be made available online to enable the public to make comments if they wished. Findings from the survey would be used, along with the JSNA and Primary Care Commissioning Plans and the Council's new Wellbeing Strategy (see Minute 15 below) to inform the production of a new Health & Wellbeing Strategy for 2016 and beyond. It was expected that 'prevention' would be a key message and the JSNA update summary, presented in October 2015, had identified mental health, physical activity and cost of social care as key priorities. Emphasising the preventative message by encouraging local people to make healthier lifestyle choices would help to prevent and reduce incidence of illnesses and reduce the cost of providing social care.

The report stated that there was an opportunity to engage with other Health & Wellbeing Boards across the West of Berkshire. This could be useful to identify potential shared health priorities that might be delivered in partnership as some interventions were currently, such as health visitor and school nursing, smoking cessation services, breastfeeding and domestic abuse. It could be worth exploring further shared priorities and continued joint commissioning of preventative services where mutual benefits could be achieved.

It was suggested at the meeting that the CCGs could assist with raising awareness of the survey with patient groups.

Resolved - That the proposals for the next steps in developing the Reading Health and Wellbeing Strategy Action Plan be endorsed.

15. ADULT WELLBEING POSITION STATEMENT

Janette Searle submitted a report presenting a draft 2016 Adult Wellbeing Position Statement for public consultation on Reading's approach to promoting adult wellbeing, as required by the Care Act 2014. The draft Position Statement was attached at Appendix 1.

The report explained that the Care Act 2014 had created a new statutory duty for local authorities to promote the wellbeing of individuals. This duty - also referred to as 'the well-being principle' - was a guiding principle for the way in which local authorities should perform their care and support functions, not confined to the Council's role in supporting those who were eligible for Adult Social Care, but including all assessment functions, the provision of information & advice, and the local offer of 'preventative' services. The Care Act also required councils to have a wellbeing strategy.

The report stated that a 'position statement' had been prepared to cover this responsibility whilst an updated version of the Health and Wellbeing Strategy for 2016-2019 was prepared, which would be based on the revised JSNA (due to be presented to the Health & Wellbeing Board in March 2016). The Care Act 'wellbeing principle' responsibilities would be incorporated in the new Health and Wellbeing Strategy.

The Care Act also gave the local authority a responsibility to provide or arrange services that reduced needs for support among people and their (unpaid/family) carers in the local area, and contributed towards preventing or delaying the development of such needs. This was a corporate responsibility, and not one which rested entirely with the Adult Social Care service.

The report set out Reading's local approach to prevention in the form of a draft Adult Wellbeing Position Statement and proposed that the Council's approach to promoting adult wellbeing was developed through an eight week public consultation on the draft Position Statement, to include the addition of an Action Plan based on priorities agreed with stakeholders.

Resolved - That the proposal to launch a public consultation on Reading's approach to promoting adult wellbeing, based on the draft 2016 Adult Wellbeing Position Statement set out at Appendix 1 to the report, be endorsed.

16. MENTAL HEALTH CHALLENGE

Melanie O'Rourke submitted a report which had been submitted to the Policy Committee on 18 January 2016 proposing that the Council take up the Mental Health Challenge Programme and appoint a Mental Health Champion.

The report explained that the Mental Health Challenge was a national initiative and had been set up by a group of key mental health organisations. It was funded by the Department of Health, Public Health England and NHS England through the 'Voluntary Sector Strategic Partnership Programme', and the initiative was asking local authorities to promote awareness and create challenge for issues related to Mental Health through the Mental Health Champion role.

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The report proposed that the Lead Councillor for Health be the Council's Mental Health Champion and that a lead officer and a person with experience of using mental health services to form part of the 'challenge group' be identified.

It was reported at the meeting that the Policy Committee had agreed the recommendations in the report and had made the following resolutions (Minute 61 refers):

"Resolved -

- (1) That the Council participate in the Mental Health Challenge programme, led by the Lead Councillor for Health, Councillor Graeme Hoskin;
- (2) That the Head of Adult Social Care act as lead officer for the initiative, and a person with experience of using mental health services to form part of the 'challenge group' be identified;
- (3) That the Council work with existing strategies and initiatives across the system, such as CAMHs Transformation and future strategies in development to promote Mental Health issues."

Resolved - That the report and the decision by Policy Committee be noted.

17. DRUG & ALCOHOL MISUSE NEEDS ASSESSMENT

Andrew Burnett submitted a report, which had also been submitted to Policy Committee on 18 January 2016, setting out for endorsement a drug and alcohol misuse needs assessment, a precursor to a revised strategy for drug and alcohol services in Reading. Policy Committee had agreed the recommendations in the report (Minute 63 refers).

The report explained that the drug and alcohol misuse needs assessment quantified the extent of misuse of alcohol and drugs in Reading; the effect this was likely to have on people and consequently on health and social care and other services; information on prevention and early interventions; the nature of current services and treatment demand for substance misuse; and what might be done to better meet identified needs. The needs assessment was a precursor to a revised strategy for drug and alcohol services in Reading which would be developed in the near future.

The report noted that in Reading, as in many other places, there had until now been a greater emphasis on the treatment of drug misuse rather than alcohol misuse. Whilst drug-related death rates in the local population were higher than other Berkshire local authorities and the England average, the numbers remained small. In contrast, the needs assessment showed that the effects on health and social care and wider society of alcohol misuse were substantially greater than those of drug misuse.

The full Reading Drug & Alcohol Misuse Needs Assessment was attached to the report at Appendix A.

Resolved - That the Drug & Alcohol Misuse Needs Assessment and recommendations be endorsed.

18. SMOKING CESSATION SERVICE RE-PROCUREMENT

Further to Minute 24 of the Policy Committee held on 8 October 2015, Andrew Burnett submitted an information report on the outcome of a joint tendering exercise carried out with all other Berkshire unitary authorities (except the Royal Borough of Windsor and Maidenhead) to commission an evidence-based smoking cessation service aimed to help smokers quit.

The report stated that the contract had been awarded to 'Solutions 4 Health' for a period of three times one year with options to extend for up to a further two years. The investment required by Reading was up to £355,000 per annum, and the contract start date was 1 April 2016.

Resolved - That the report and position be noted.

19. CHILD HEALTHY LIFESTYLE AND WEIGHT MANAGEMENT CONTRACT AWARD - UPDATE

Further to Minute 25 of the Policy Committee held on 8 October 2015, Andrew Burnett submitted an information report on the outcome of a joint tendering exercise with West Berkshire, Wokingham and Slough Councils to commission an evidence-based children's healthy lifestyle and weight management programme to help families with overweight or obese children in Reading.

The report stated that the contract had been awarded to 'Solutions 4 Health' for a period of three years with options to extend for up to a further two years. The investment required by Reading was up to £25,700 per annum and the contract start date was 1 January 2016.

Resolved - That the report and position be noted.

20. REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS

Wendy Fabbro submitted a report which summarised current governance arrangements and suggested issues for the Reading Health and Wellbeing Board to consider for development of the Board following the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards due to take place in March 2016. Wendy Fabbro also tabled an update report at the meeting which gave further details of the methodology and process for the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards, which would involve 'on-site' visits from 1-4 March 2016, with Reading's date provisionally being 3 March 2016.

The first report gave details of current governance arrangements for the Reading Health and Wellbeing Board and said that there was an opportunity to review, and potentially to establish ways of improving, joint working between key stakeholder organisations to break down silo working within the respective constraints of budget management and good use of resources and statutory accountabilities. The review might also be able to identify different ways of commissioning together that would deliver simpler and better connected pathways for achieving outcomes for patients/customers. This could be managed by a sub-group of the Board to include development issues arising from the LGA Peer Review.

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The report noted that, as the strategic owner of the Health and Wellbeing Strategy, the Board had governance of the monitoring of achievement of strategic outcomes. The line between monitoring of key performance indicators and outputs, and the monitoring of achievement of strategic outcomes was a rich source of debate, and the report proposed reviewing the current positions.

Appendix A to the report illustrated the current alignment of bodies overseeing health and wellbeing. The chart described relationships between groups in terms of authority and decision making, periodic information sharing, and joint membership (suggesting potential for alignment). The report suggested that the Board might wish to set up a small group to consider if the required information was available to enable the Board to focus on its core purpose.

The report suggested that the Board might wish to establish a task and finish group, to complete the work on recommending the protocol to guide which outcome measures and performance indicators would enable the Board to best monitor its strategic aims, and which measures and concerns were more appropriately directed to Healthwatch or to Health scrutiny (delivered via the Adult Social Care, Children's Services & Education Committee). Appendix B to the report suggested initial information on performance indicators to start the task group work.

The second report outlined the review methodology for the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards on 1-4 March 2016, giving details of the challenge questions, pre-review and on-site processes and setting out the following next steps:

- Draft Summary position statement (Health and Wellbeing Board task and finish group)
- Pre site survey of Board members (dates to be confirmed)
 - Start on 18 January 2016
 - Deadline 29 January 2016
 - Final report and data distributed 8-10 February 2016
- Agree timetable for on-site visit on 3 March 2016
- Collate and send pre-site reading by 8 February 2016
- Feedback session on 4 March 2016

Resolved -

- (1) That a small task and finish group be established to review then consider the key measures to be prioritised for monitoring achievement of strategic outcomes;
- (2) That a small task and finish group be established to review the relationships between key bodies involved in Health and Wellbeing, and propose protocols for reporting and sharing information;
- (3) That the Health and Wellbeing Board consider establishing a sub group to continue development of the Board once feedback from the LGA Peer Review had been delivered;
- (4) That volunteers be sought to be members of the Task & Finish Groups above;

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- (5) That the requirements of the Health and Wellbeing Board LGA Peer Review taking place from 1-4 March 2016 and on site in Reading on 3 March 2016 be noted;
- (6) That members of the Board endeavour to be available to participate in interviews/focus groups as required on 3 March 2016.

21. DATE OF NEXT MEETING

It was reported at the meeting that the date of the next meeting in the agenda had been included in error as 15 April 2016 and that the Board had previously agreed the meeting date of 18 March 2016.

Resolved - That the next meeting be held at 2.00pm on Friday 18 March 2016.

(The meeting started at 2.00pm and closed at 4.55pm)