

READING HEALTH & WELLBEING BOARD MINUTES - 14 JUNE 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
Ishak Nadeem	Chair, South Reading CCG
David Shepherd	Chair, Healthwatch Reading

Also in attendance:

Jo Hawthorne	Head of Wellbeing, RBC
Kevin Johnson	Integration Programme Manager, RBC
Tom Lake	South Reading Patient Voice
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Sarita Rakhra	Carers/Voluntary Sector/Mental Health and Learning Disability Commissioning Manager, Berkshire West CCGs
Nicky Simpson	Committee Services, RBC
Catherine Williams Councillor Stanford- Beale	Healthwatch Officer, Healthwatch Reading RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

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
Mandeep Sira	Chief Executive, Healthwatch Reading
Ian Wardle	Managing Director, RBC

The Chair welcomed those present and thanked them for attending the extra meeting of the Board, called at short notice.

1. BETTER CARE FUND 2016/17 FINAL SUBMISSION

Further to Minute 10 of the meeting held on 18 March 2016, Wendy Fabbro and Kevin Johnson submitted a report on the 2016/17 Better Care Fund (BCF) submission. The BCF Vision from the submission "Our Vision: A Healthier Reading - Better Care Fund Plan 2016/17" was attached at Appendix 1.

The report explained that, at the Board meeting held on 18 March 2016, authority had been given to the Director of Adult Care & Health Services to formally sign the agreement for the 2016/17 BCF submission for Reading, in consultation with the Chair and members of the Board, in order to meet the April 2016 submission deadline (Minute 10 refers). The BCF submission had been submitted and was now awaiting full assurance from NHS England, which was expected in the next few weeks.

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The report set out the following seven key areas of challenge outlined in the BCF submission, which were the main drivers for change in the local economy, and gave further details of these challenges:

1. An increasing population, particularly in those over the age of 65
2. Increasing growth in non-elective admissions
3. Increasing A& E attendances, and pressure on urgent and emergency capacity
4. Delayed transfers of care, and subsequent bed days lost
5. Increasing pressures on adult social care for community packages and care homes
6. Increasing demand for planned (elective) care
7. Improving but remaining inequality of access to services across the "whole system: the whole week"

The report gave summary details of the following BCF commissioned programmes for 2016/17:

- Connected Care
- Community Re-ablement Team
- Discharge to Assess
- NHS Commissioned Out of Hospital Services:
 - Adult Speech & Language
 - Community Geriatricians
 - Intermediate Care
 - Health Hub

The report also addressed the need to improve engagement and co-production approaches with patients and service users in relation to the BCF, and gave financial details of the final submission.

It was reported at the meeting that there had been significant system pressures in recent weeks, including in Delayed Transfers of Care, and that partners were working together on these. It was also noted that the BCF was just one part of integration; not all elements of integration were included in the BCF (for example other initiatives such as the Frail Elderly Pathway) and the pressures and issues in all areas needed attention to ensure that health and social care services were able to support Reading residents.

The meeting discussed the information available on hospital admissions and accident and emergency (A&E) attendances and it was noted that historic Hospital Episodes Statistics (HES) data on patients admitted to NHS hospitals was being analysed by the Shared Public Health team, and that the CCGs had commissioned the Commissioning Support Unit to look at live data on non-elective admissions. However, this data was from the health side, the HES data only covered the presenting condition and the work was focused on preventing unnecessary and often expensive hospital admissions. It was also noted that Healthwatch was currently carrying out a project looking at the reasons why patients attended A&E, information from which could help provide information on people's behaviour and why and how they changed it, from a social perspective, not just the health aspect. David Shepherd reported that the project had another month or so to go, but that 45% of the 260 people interviewed so far had contacted their GP surgery before attending A&E, and the project would identify how the patients had arrived at A&E.

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It was reported at the meeting that officers would be meeting with Healthwatch to discuss commissioning some work to support the BCF in community engagement.

Resolved - That the submission of the 2016/17 BCF be noted and acknowledged.

2. BERKSHIRE TRANSFORMING CARE PLAN

Sarita Rakhra submitted a report presenting the Berkshire Transforming Care Joint Health and Social Care Plan (TCP), which was appended to the report.

The report explained that NHS England had set up a series of boards across the country to oversee the reforms required by the post-'Winterbourne View' National Review "Transforming Care for People with Learning Disabilities and/or ASD and/or Mental Health problems whose behaviour challenges others and services". The Berkshire Transforming Care Board consisted of all the CCGs and Local Authorities in Berkshire and it had drafted the Berkshire TCP which had been submitted by the CCGs to NHS England on 16 May 2016, but the TCP also needed to be agreed for each local authority area through its Health and Wellbeing Board.

The plan outlined a proposal to reduce the number of inpatient Assessment and Treatment Unit beds for this cohort of people with challenging behaviour, and to use the resulting resource to provide an intensive intervention service to support this cohort to live safely in the community and reduce admissions to Assessment & Treatment Units. This change would require better specialised care provision in the community and affordable accommodation for a small increase of very high needs individuals.

The Berkshire TCP had been jointly developed by key stakeholders including the six local authorities and the seven CCGs and showed how services would be transformed for people of all ages with a learning disability and/or autism who displayed challenging behaviour, including those with a mental health condition. It was aligned to the national plan 'Building the Right Support - to develop community services and close 50% of the inpatient facilities by March 2019'. The vision was to improve the pathway for people with learning disabilities and challenging behaviour by reducing reliance on inpatient beds and increasing access to intensive specialist community services.

Some inpatient beds would be retained to provide therapeutic inpatient support for planned and emergency day and overnight services to individuals for whom it was clinically indicated. A specialist multi-disciplinary team would assess needs and design and implement therapeutic programmes of care that required the physical environment a building-based unit could offer. A therapeutic inpatient unit would also act as a resource hub for the intensive intervention service and sessional activity, such as Sensory Integration, could be provided. This cohort of people usually required intensive support in the community and high cost packages of care. There was a high risk of breakdown of care package and it was difficult for this cohort to acquire and maintain housing tenancies.

The Plan aimed to close 50% of the inpatient beds by March 2019 and use the same staff resource to provide an intensive support service in the community to prevent further admissions and support on discharge. Therefore, suitable affordable accommodation in the community would need to be identified and either specialist care providers brought into the area or existing providers would need specialist

training to be able to meet the needs of these people. The specialist providers could be third sector or commercial. A public request for Expressions of Interest would be published which it was hoped would attract a good range of providers to work with to develop the specification.

Sarita reported that the Berkshire TCP submission had been rated green by NHS England and would be published on 11 July 2016. An easy-read version and a summary would need to be produced and there was further work to be done, including aligning financial processes, exploring joint commissioning across Berkshire for complex needs, and working out how to co-produce an implementation plan.

It was noted that, whilst everyone supported the principle behind the vision, as the affected individuals desperately needed better pathways, there was a national discussion and debate about the funding for achieving the aims of the TCP, as there would be a significant increase in costs to local authorities, both in social care and in housing, and there were already significant pressures on local authority budgets. Previously, when long-stay hospitals had been dismantled, the individuals who had moved to being cared for in the community had come with funding to support them, but no money had yet been identified to ensure that the new community provision was in place prior to the closure of the beds.

Resolved -

- (1) That the Berkshire Transforming Care Board's vision to close down 50% of the inpatient service and develop an intensive intervention service in the community, thus reducing the reliance on Assessment and Treatment units to support people with a learning disability and/or autism and mental health conditions, be supported;
- (2) That the Board work with the West Berkshire and Wokingham Health and Well Being Boards to identify resource and budget to ensure the transformation took place by March 2019.

3. WEST OF BERKSHIRE, OXFORDSHIRE AND BUCKINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN

Further to Minute 5 of the previous meeting, Wendy Fabbro submitted a report on the development of the five year Sustainability and Transformation Plan (STP) for BOB (West of Berkshire, Oxfordshire and Buckinghamshire) for submission at the end of June 2016. The report had appended:

- Appendix 1 - Motion on Local NHS Reorganisation agreed at Council on 22 March 2016
- Appendix 2 - BOB STP Submission to NHS England - 15 April 2016

The report explained that the NHS England Planning Guidance in December 2015 had asked all health and care systems to develop a five year Sustainability and Transformation Plan (STP) for submission at the end of June 2016. Over the following months a footprint had emerged which comprised the West of Berkshire, Oxfordshire and Buckinghamshire (BOB). The footprint did not include the East Berkshire area. The BOB STP footprint would encompass a population of 1.8m people, with a £2.5bn 'place-based' budget for spending on local services. Within the footprint there were the following organisations:

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- 7 NHS Clinical Commissioning Groups
- 6 NHS Hospital Provider Trusts
- 14 Local Authorities

The Council meeting on 22 March 2016 had debated the NHS England decision to define the footprint in this manner and had relayed concerns about the proposals to decision makers in the Department of Health, NHS England, the Local Government Association and local MPs and CCGs (Minute 60 refers). The Council motion which had been agreed was attached at Appendix 1.

An STP Plan had been submitted to NHS England by BOB at the end of April 2016 and a copy of the submission was attached at Appendix 2. This had the following emerging priorities:

- Tackling inefficiencies and reducing variation between organisations and geographical areas
- Urgent and emergency care
- Mental health
- Improving outcomes in cancer and maternity services
- Focus on developing the workforce, particularly with regard to General Practice

It had been communicated from NHSE that the BOB April 2016 submission was low risk within the overall national context. However, it was also clear that all organisations were facing significant budget deficit and financial challenge (£150m for Berkshire West, £511m for BOB). It was anticipated that there could be opportunities for financial reconciliation across the BOB health community footprint, ie any underspends could be contributed to tackle overspends elsewhere, although this did not have a direct impact on Local Authorities.

A further submission containing a revised draft of the STP was due to be submitted to NHS England at the end of June 2016, and work was ongoing on producing this, which would then be submitted to the next Board meeting.

In early June 2016, Sustainability and Transformation Plan (STP) leads had received further guidance on what to include in their 30 June 2016 submissions, which included a template that asked how each footprint would achieve financial balance by 2020/21. The template covered most CCG and NHS England commissioning activity, as well as Better Care Fund income and expenditure and asked for voluntary information on additional impacts arising from social care or non-NHS providers where it had been modelled.

For the end of June 2016, the submission was to cover:

- Three to five critical decisions which would be required to implement the strategic priorities identified
- An explanation of the anticipated benefits, with a focus on specific outcomes against health, quality and finance (Five Year Forward View triple aim)
- The proposed activities to be undertaken by specific geographic/organisational members
- Detailed modelling of the local activity, workforce and finance

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- An early calculation of how the 2021 funding allocation would be spent within the footprint

The report gave further details of the current position, listing the following issues:

- The East of Berkshire did not reside within the footprint of the BOB STP and it was not yet understood what challenges this might present to the West of Berkshire, particularly in respect of Berkshire-wide services.
- The impact on emerging models of shared financial governance for the acute, community and primary care in West of Berkshire through an Accountable Care System (ACS) and how this was presented within the STP was not yet clear.
- Changes in the organisation of acute services with respect to operational and financial sustainability, improvements in outcome, networks, outreach etc could potentially impact on Reading residents.
- Any changes to the provision of Specialised Services (which were commissioned by NHS England rather than local CCGs) had not yet been fully scoped and might operate over an even larger footprint.
- Mental health had a significant spend (over £100m) out of area, and several Trusts operated within BOB, which would require further work to understand.
- Although in principle all areas' integration plans included stimulating and facilitating more individual accountability for health and sustainable resilient communities, it was currently unclear what the full extent of these initiatives might be. However, driving change via prevention services at the scale of BOB might not facilitate a community co-production model.
- Releasing the level of financial savings required for all organisations with the footprint would continue to be extremely challenging, and could well include organisational change.
- There was an ongoing requirement to ensure that the governance of the STP took into account the statutory functions of all member organisations; with particular reference to democratic accountability and compliance with the Health and Social Care Act 2012. It was not yet clear how Health and Wellbeing Boards would be engaged in forming plan and policies, approving, and monitoring progress.

The report also proposed that:

- All the stakeholders in the system needed to have a clear understanding of the drivers for new care models that had the potential to deliver a better user experience, higher quality and the potential to lower costs.
- All partner organisations needed to support the vision and direction of travel.
- Consideration was needed of each member organisation's statutory functions and the role of its local residents.
- Partner organisations should consider how services could be delivered closer to home and community.
- There was a greater understanding and clarity around the resourcing and funding implications for each organisation of the STP process.

The report provided an opportunity for the Board to discuss the potential impact of the STP in Reading and asked it to consider what criteria it wished to be used to evaluate, approve or challenge the STP submission due by the end of June 2016 and to delegate authority to the Director of Adult Care and Health Services and the Chief Officer of the Berkshire West CCGs, in consultation with the Chair of the Health and

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Wellbeing Board, to provide any approval or challenge on behalf of the Board. It also asked the Board to consider how it wished to be engaged in the future governance of the STP implementation.

Wendy Fabbro gave an update at the meeting on the latest position on the development of the STP, noting that the challenge was to focus on the activities in the Plan where there was an advantage in working at the BOB scale, as there were many other areas where it would be better to operate within communities within the primary care structure and to the existing Berkshire West Better Care Fund plans; the STP seemed to be creating a very complicated organisation. She said that the latest draft had just been produced, and explained that the three key themes were prevention, urgent care and workforce development, but there was still work to be done to finalise the STP.

In accordance with Standing Order 36B, Tom Lake, from South Reading Patient Voice, addressed the Committee on this item, including expressing concerns about the BOB area not being a good basis for place-based care as there were few natural affinities, and about the lack of publicity to and consultation and dialogue with patients and public on the STP proposals. He expressed support for the plans for the ACS and the opportunities for working together, noting that the ACS had quoted transparency as a criterion for success and that David Smith, Chief Executive of Oxfordshire CCG and lead for the BOB STP, had said that consultation would continue locally, even on issues decided at the BOB level.

The meeting discussed the issues raised in the report and the points made included:

- Although there could be benefits of organisation of Prevention at scale, it would be better if this could be consistent at an even greater scale than BOB, such as Public Health England being responsible. It was also not yet clear how some of the BCF projects would connect to the STP prevention work.
- For urgent care, Reading people should be able to look to the acute sector for help within the Borough boundary and there should be good standards across the region and services available in Reading.
- Although Frimley was in the East of Berkshire, provision would be on a Berkshire-wide footprint and so it was not expected that the West of Berkshire would be adversely affected.
- It was explained that NHS England was clear that Berkshire West was one of the economies within the BOB footprint and that the Berkshire West 10 plans for an Accountable Care System should be pursued.
- The commissioning of specialised services by NHS England was currently across the Thames Valley and Wessex and it was not proposed to change this, although it was expected that gradually some specialised commissioning might come back to the CCGs.
- With regard to Mental Health, there were currently two providers within BOB, and a bigger footprint could be considered to provide more local services in BOB at a reduced cost.

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- In response to a query about a potential £9M loss to the CCGs budget it was explained that the CCGs already knew their indicative allocation to 2021 and would not lose funding from their allocation to the STP.
- The South Reading CCG had the lowest funding allocation in the country due to the National Allocation Formula and it was not expected that the STP would change this, although it was noted that, as there was differential growth year on year, the four CCGs in the Berkshire West Federation shared risk, so the Reading CCGs had benefited from this.
- For urgent care, there were a few major emergency centres with all specialist expertise and lower tier centres with less specialist services but other additional services because of quality or locality, and the important thing was to ensure that the right specialists were in the right places.
- The Board was being asked to make a decision without knowing the full details of the proposal and there should be a formal public meeting about the proposal. The way the STP proposal was being handled by NHS England did not seem to be in line with the spirit of the NHS constitution in terms of engagement with the public. Currently members of the public had no idea what the STP was or what its implications would be and big changes were being planned to the health system out of sight.
- Once the priorities within the June 2016 submission had been agreed by NHS England in July 2016, there would be public consultation on the STP proposal.
- The way the STP was being developed by imposition did not imply any real intention of partnership and the development of priorities across the BOB could lose the emphasis needed in Reading on health inequalities due to its different population profile. There were no links with Buckinghamshire currently and this linking did not seem logical.
- It was not clear how the development of the STP would be of benefit to Reading residents, as it did not seem to represent local interests and it was being developed without the desire or knowledge of the people of Reading. The Council was not happy about the way the STP had been developed but it seemed to have very little control or input.
- It was suggested that the Sustainable Transformation Plan should be evaluated against the following criteria:
 - Democratic accountability and transparency;
 - A focus on a neighbourhood place-based and person-centred approach rather than on pathways and processes;
 - The language used within the submission;
 - Reflection of local priorities, especially in relation to the health inequalities in Reading and protection of the interests of Reading residents.
- Members of the Board said that they would like to be engaged in the development of the STP as much as possible.

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- Berkshire Healthcare NHS Trust, which provided mental health services, was expecting to provide services on a Berkshire-wide basis, but this could be more difficult as East Berkshire was not part of the BOB. It was noted, however, that the STP geographical area was for planning, not for providers.
- The BOB STP should only be planning services to serve the large 1.8m population and should not be involved in neighbourhood working - the local work should continue and it was not intended that the STP would take this over. The three key priorities had been discussed at a high level, but there would be opportunities for the local needs of the seven Health and Wellbeing Boards involved to be reflected, as it was understood that there would be different answers for each area.
- In terms of governance arrangements, there was a BOB STP Leadership Group which was open to all members in the STP, including the Council, and was the method for influencing. This Group had met once and would be meeting again on 20 June 2016, and a programme of meetings for the year had been requested.

Resolved -

- (1) That the progress made in the development of the BOB STP for submission by 30 June 2016 be noted;
- (2) That the criteria set out above be used to evaluate the BOB STP submission;
- (3) That the Director of Adult Care and Health Services and the Chief Officer of the Berkshire West CCGs, in consultation with the Chair of the Health and Wellbeing Board, be authorised to provide any approval or challenge on the BOB STP submission on behalf of the Board;
- (4) That, if necessary, a small group of members of the Board be convened after 30 June 2016 to further discuss plans for the BOB STP, and the latest STP submission be presented to the 15 July 2016 Board meeting.

(The meeting started at 6.00pm and closed at 7.45pm)