

## READING HEALTH & WELLBEING BOARD MINUTES - 15 JULY 2016

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Councillor Lovelock	Leader of the Council, 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
Lois Lere	Operations Director, Wokingham CCG
Jill Marston	Senior Policy Officer, RBC
Kim McCall	Performance & Data Analyst, Wellbeing Team, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Janette Searle	Preventative Services Manager, RBC
Jenny Scott	Senior Policy Officer, RBC
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Councillor Stanford- Beale	RBC
Kim Wilkins	Senior Programme Manager, Public Health, RBC

### Apologies:

Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Andy Fitton	Acting Head of Early Help and Family Intervention, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Helen McMullen	Director of Children, Education & Early Help Services, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

The Chair referred to a terrorist attack carried out in Nice, France on 14 July 2016, which had resulted in a large number of deaths and injuries. The meeting stood in silence as a sign of respect.

### 1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 18 March 2016 were confirmed as a correct record and signed by the Chair.

#### a) Youth Cabinet Campaigns

Further to Minute 2 (2), regarding the Youth Cabinet campaigns, it was reported that members of the Youth Cabinet had been invited to present their campaigns to the Special Educational Needs Coordinator and Head Teacher meetings as proposed and that, although attending the recent meetings had not been practical because of exams, the Youth Cabinet members hoped to attend at a future opportunity. Cllr

Hoskin also reported that he would be meeting with the Youth Cabinet about their campaigns.

**b) Sustainable Transformation Plan (STP)**

Further to Minute 5, regarding the Sustainable Transformation Plan (STP), and following the discussion at the extra Board meeting on 14 June 2016 (Minute 3 refers), Wendy Fabbro gave a verbal update on the latest situation. She reported that a draft STP submission for the West of Berkshire, Oxfordshire and Buckinghamshire (BOB) region had been submitted by 30 June 2016, but this was still considered a work in progress and would not be released for the public until the early autumn and there might still be some amendments. She said that she was about to go to a meeting with Simon Stevens, Chief Executive of NHS England, to discuss this first stage of the STP screening.

She explained that the following major themes within the STP had been developed, but there was still a great deal of detail to come:

- Prevention - child & adult obesity
- Urgent Care
- Acute Services
- Mental Health, with the aim to eliminate suicide
- Workforce
- Enabling Digital Interoperability

She said that it was being suggested that there could be a closed session consulting with stakeholders on the STP over the summer, but not in public, and that further work was being done by the leadership group about the ongoing governance of the STP and, in particular, the role of local democracy.

Councillor Hoskin reported that the Adult Social Care, Children's Services and Education (ACE) Committee, at its meeting on 4 July 2016 (Minute 15 refers), had also received a verbal update on the latest situation with the STP and had registered its concerns about the failure of the BOB STP to meet the following four criteria, against which Sustainable Transformation Plans should be judged:

- (a) Are they transparent?
- (b) Are they democratically accountable?
- (c) Are they person-centred?
- (d) Do they reflect local priorities?

He proposed that the offer of a closed session to discuss, be briefed on and input to the STP be taken up, but expressed concern about not being able to do this in public.

It was reported that there would be extensive public consultation on the STP after the main themes had been firmed up, but it was queried who would be organising and carrying out the consultation and it was also suggested that, once the key areas had been set, the consultation might be of limited use.

The meeting also discussed the governance of the STP, querying where the final decision would be made after the public consultation, whether this would be in public, and what was happening in the meantime to ensure that the governance arrangements were fit for purpose and ready to operate as soon as possible. It was

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reported that Simon Stevens wanted to make sure that each of the STP submissions demonstrated achievement of local goals as well as the five year forward goals. The plans would go to the Minister and then back down for approval.

**Resolved -**

- (1) That the positions be noted;
- (2) That the offer of a closed session for members of the Board to be briefed on and discuss the development of the STP be taken up;
- (3) That Wendy Fabbro take back to NHS England the comments of the Board about the consultation on and governance of the STP.

### **2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36**

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

#### **(a) Reconfiguration of Stroke & Cardiac Services**

Since the last attempt at reconfiguration of cardiac emergency services in the South Central region, the RBH and SCAS have established a nationally leading system of prompt treatment for cardiac emergencies and a similar achievement for stroke.

National thinking on these services seems based on metropolitan experience exclusively.

Has reconfiguration of stroke and cardiac services been discussed in the Urgent and Emergency Care Network? What proposals are being considered?

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

Prior to the development of the Sustainability & Transformation Plan, there was a review of urgent and emergency care and, as stroke and cardiac services are providing successful outcomes and there is no desire to unpick these, it concluded that there was no need to change the current situation. There has been no discussion at the Urgent Care Board about any destabilisation of stroke services, the Urgent Care Board has Health and Wellbeing Board and Patient representatives on it, and it reports to public board meetings.

#### **(b) Major A&E Departments**

National policy on A&E departments is to establish 40-70 major centres. How many major centres will there be in the COBWeB/BOB/WeBOB area and where will they be?

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

Each major emergency centre has expertise; some centres, such as Oxford and Southampton, have all the specialisms and then the tier below are less specialist, but have particular specialisms as add-ons because of their quality, or because they are needed in the region - the key is getting the right specialists in the right place. We are not expecting changes in current service configuration for Reading residents.

(c) Registering of Carers

GP practices can improve the position of carers by registering them as such. Although the duties under the recent Care Act devolve onto the local authority, this practice is helpful to carers to whom we are all deeply indebted.

I understand that the registering of carers is universal at practices in North and West Reading but not so in South Reading.

Isn't it time that South Reading practices made this small change to help the carers that contribute so much to our society?

**REPLY** by the Chair of South Reading CCG (Dr Ishak Nadeem), on behalf of the Chair of the Health & Wellbeing Board (Councillor Hoskin):

Thank you Mr Lake for raising this issue which we have briefly answered at our engagement event at the St Lawrence Church on June 7th as well as when I visited the South Reading Patient Voice Group meeting. I have asked all the surgeries in South Reading subsequent to your query being raised at the Health & Wellbeing Board to ascertain what arrangements they have for registering carers in the surgeries. A majority of surgeries have responded with the statement that they publicise this in the form of posters and leaflets and have arrangements for registering carers as part of their registration process. They are well aware of this requirement as it forms part of their assessment under the CQC visits.

In fact not just registering carers, but offering them advice and support and help is considered as important for the CCG and towards this we have had a presentation from the Berkshire Carers Network at our Practice Managers monthly meetings to inform them of the Berkshire Carers Network offer.

However if there are shortcomings we will be happy to highlight this issue at our next Council of practices meeting and in our annual practice visits which are being planned to start from September.

**3. NHS BERKSHIRE WEST CCGS OPERATIONAL PLAN 2016-17**

Further to Minute 5 of the meeting held on 18 March 2016, Eleanor Mitchell submitted a report presenting the final Operational Plan 2016/17 for the four Berkshire West Clinical Commissioning Groups (CCGs) which had been submitted to NHS England in April 2016 and contributed to year one of the emerging Sustainability and Transformation Plan (STP). A copy of the final Operational Plan 2016/17 was attached at Appendix 1.

Eleanor Mitchell explained that the Plan had not yet had final approval, but the CCGs were not aware of any concerns from NHS England. She noted, however, that, as set out in the covering report, the year ahead would reflect a dramatically increased set of challenges, including delivering higher levels of savings than ever before, whilst also implementing the New Model of Care through the Accountable Care System. The size and scale of the challenge was reflected in the 'high' risk rating for delivery of a 1% surplus and over £17m savings. The senior management team was holding weekly voluntary finance turnaround meetings to address the issues.

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The report explained that Berkshire West CCGs were collectively recognised as high-performing and benchmarked well nationally on a number of key performance measures, including non-elective admission rates and prescribing. For the previous two full years, Berkshire West CCGs had been in the top 4% of CCGs for non-elective admission rates and were also recognised across Thames Valley and nationally for leading the development of innovative approaches to improving clinical care and patient experience eg Diabetes Care, Stroke Care, and Improving Access to Psychological Therapy services.

However, in line with other health and care systems, the CCGs were facing increasing operational and financial challenges. Both elective and non-elective activity had increased significantly in recent months with significant spikes in emergency admissions. The plan was focussed on addressing this pattern of activity in what could be a fragmented system experienced by patients, resulting in people being driven into treatment in hospital with higher and more costly levels of care than their needs determined. This fragmentation of care could impact on both the citizen's experience and outcomes, and was a poor use of public money.

Health and social care partners in Berkshire West were therefore committed to developing, testing and implementing innovative approaches to new ways of working and in delivering a shared vision for the system as a key foundation on which to build. By 2020/21, the vision was that enhanced primary, community and social care services in Berkshire West would have a developed service model which prevented ill-health within local populations and supported people with much more complex needs to receive the care they needed in their community. People would be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Care providers would share information, and use this to co-ordinate care in a way that was person centred, and reduced duplication and hand-offs between agencies. This vision was underpinned by the principle that people would only be admitted into hospital, nursing or residential homes when the services they required could not be delivered elsewhere. All the services that responded to people with an urgent need for care would operate together as a single system, ensuring that people with urgent but not life-threatening conditions would receive responsive and effective care outside hospital.

It was reported that, following a "deep dive" through the data about non-elective admissions, more information was available about where they were coming from and the CCGs were looking at the data with the relevant GP practices. A key issue for the Reading Integration Board (RIB) would be to come up with action plans for key conditions, and a further discussion was needed at the RIB about what else could be done, for example working with Public Health.

Wendy Fabbro said that she welcomed the commitment to rolling out Personal Health Budgets set out in the Plan and that the Council was keen to work with the CCGs to achieve this.

David Shepherd said that he welcomed the comments on patient engagement set out in the Plan and requested information on the patient representatives in the patient groups for Healthwatch.

**Resolved -**

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- (1) That the content of the final Berkshire West CCGs' Operating Plan for 2016/17 be noted;
- (2) That partners continue to work together to deliver shared objectives;
- (3) That the CCGs send information on the patient representatives in the patient groups to David Shepherd at Healthwatch.

#### **4. OUTCOMES AND RESPONSE TO LGA PEER REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS**

Jenny Scott submitted a report presenting the outcome of the LGA Peer Review/Challenge of the Reading and West of Berkshire Health and Wellbeing Boards. The report outlined the headline messages, key findings and recommendations contained in the review letter and proposed a draft framework to address the recommendations. The full review letter received from the LGA was attached at Appendix 1 and the draft framework in response to the recommendations was attached at Appendix 2.

The report explained that, on 9 October 2015, the Health and Wellbeing Board had approved a review of the Board's effectiveness and efficiency by LGA Peer Challenge (Minute 11 refers). This review had been undertaken collaboratively with Wokingham and West Berkshire Health and Wellbeing Boards, in order to identify any potential opportunities for future synergies or integrated working, with the LGA conducting 'on-site' visits from 1 to 4 March 2016. The LGA Review Team had produced a feedback letter, providing a summary of the Review Team's findings specific to Reading and including the collective feedback given to all three areas and the review letter had been circulated to Board Members for comments.

The report noted that an update report on the Health and Wellbeing Strategy refresh was also being considered at the meeting. The refreshed Health and Wellbeing Strategy would represent - in part - the Board's response to the recommendations of the Review, and would offer an outcome-focused framework to drive the future agenda of the Health and Wellbeing Board. The report recommended that the Board hold a stocktaking event and set up Task and Finish Groups to consider how to address the recommendations of the Review, which were set out in paragraph 4.13 of the report.

Eleanor Mitchell noted that one of the recommendations was that a vice-chairing arrangement with the CCGs be considered, and suggested that one of the GPs on the Board should be the Vice-Chair. The members of the Board expressed support for this change. It was also noted that, whilst a good informal relationship had been built up between the partners on the Board, it would be useful to have more regular informal meetings of members of the Board to strengthen the partnership and in order to come to a better shared understanding on key issues. The Board would also continue to meet in public and make its decisions at the public meetings.

**Resolved -**

- (1) That the observations and findings from the LGA Peer Review/Challenge be noted;

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- (2) That the recommendations of the LGA Peer Review, as set out in paragraph 4.13 of the report, be endorsed;
- (3) That the suggested initial framework to develop a response to the recommendations, as set out in Appendix 2, be agreed;
- (4) That a Health and Wellbeing Board member stocktaking event be organised and Task and Finish Groups be established to look at the framework and address the recommendations;
- (5) That the principle of one of the CCG GP members of the Board being the Vice-Chair of the Board be agreed.

### 5. ALIGNING COMMISSIONING INTENTIONS WORKSHOP

Jo Hawthorne submitted a report on plans to run a workshop with partners to share the critical themes to be built into organisations' commissioning intentions.

The report explained that, at its meeting on 22 January 2016, the Board had agreed to convene a workshop to ensure co-creation of commissioning intentions based on Health and Wellbeing Board strategic aims and priorities (Minute 6 (2) refers).

A workshop had been arranged to be held on 2 September 2016 in the Council Chamber at the Civic Offices, to which Commissioning leads from Reading Integration Board, partner authorities in the West of Berkshire and Health and Wellbeing Board members would be invited. The day would aim to receive succinct presentations on the Joint Strategic Needs Assessment and strategic intentions, partner imperatives and expectations (such as NHSE and regulator requirements (eg CQC/Monitor/Ofsted), in order to spend the majority of time discussing and evaluating priorities. It was planned to have a "beauty parade" of the options at the end of the day for the workshop to vote on priorities they would like to ask commissioners to consider as they formulated the detail in plans.

The workshop would share the critical themes to be built into organisations' commissioning intentions plans so that:

- The Health and Wellbeing Board could see the 'golden thread' from the JSNA and the Health and Wellbeing Strategy to commissioning for solutions
- Plans could be worked up to build synergy and alignment without fear of potential conflict

Feedback from the day would be reported to the 7 October 2016 Board meeting and could be used to evaluate the final submissions in January 2017.

Councillors Lovelock and Eden said that they would not be available on 2 September 2016 and requested that the date be reconsidered.

#### Resolved -

That, subject to reviewing the date, the plans for the workshop be endorsed and feedback be received at the 7 October 2016 Board meeting.

6. HEALTHWATCH READING ANNUAL REPORT 2015/16

David Shepherd and Mandeep Sira submitted the 2015/16 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2015/16.

The report outlined the role of Healthwatch Reading as making health and social care better for ordinary people. Their mission was to campaign for better care for the community by advising people of their rights, giving them information and signposting to other services, by advocating on behalf of local people to raise concerns, make a complaint or support them to have their voice heard, and by taking action by listening to people to understand their experiences and influencing those with the power to change things.

The report explained that, due to an increasing number of calls about local GP services, Healthwatch Reading had decided to focus the year's activities on primary care, and had carried out Enter & View visits to GP surgeries and spoken to patients, and the report on the findings of this work would go to inform the design and commissioning of primary care services. Reports had also been produced from an Enter & View visit to the Royal Berkshire Hospital Eye Clinic and on projects on the experiences of the ex-Gurkha community in accessing health and social care and the experiences of women diverted from giving birth at their preferred place. Summary details of the report findings were set out in the annual report, which stated that the recommendations had been acted on by the providers and commissioners of the services.

The report also gave details of the information, advice and advocacy work carried out by Healthwatch Reading, including holding a local event in July 2015 bringing together NHS and Council complaints staff to compare and discuss complaint handling, to help them learn from complaints. It stated that, since April 2015, Healthwatch Reading had also been delivering a contract to co-ordinate Care Act advocacy, in partnership with other voluntary sector organisations in an arrangement called Reading Voice, and gave further details. The report also gave details of further working with other organisations and of how Healthwatch Reading involved local people in its work.

The report explained that Healthwatch Reading faced challenges entering its third year, including a 15% budget cut, but planned to build on its previous work and gave details of the planned focus on work in the following areas:

- GP services
- End of Life Care
- Homeless people
- Electronic Prescriptions
- Health and Social Care Integration
- NHS Sustainable Transformation Plans

**Resolved -**

- (1) That the report be noted;



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- (2) That the Health and Wellbeing Board's thanks to the Healthwatch Reading team, for their good work and patient-focused approach, be recorded and passed to the team.

### 7. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - THE HEALTH OF CHILDREN & YOUNG PEOPLE

Jo Hawthorne submitted a report presenting the Berkshire Strategic Director of Public Health's draft Annual Report for Reading, focusing on the health of children and young people, which was attached at Appendix A to the report.

The report explained that the Director of Public Health had a duty to write an annual report on the health of the local population and the local authority had to publish it, in accordance with Section 31 of the Health & Social Care Act 2012.

The draft Annual Report pulled together a snapshot of some of the key challenges and inequalities that existed within children and young people in the local population. It described the impact of these inequalities in later life and current service provision and concluded that the evidence showed that children should be a key focus for attention to address inequalities.

The report also highlighted some of the issues that challenged Reading's children and the inequalities that existed within this group. It highlighted that services could be too focused on clinical conditions and not recognise the huge impact that other issues contributed to outcomes. It also noted that education and health were interlinked and, whilst Reading performed well to improve overall educational attainment in secondary schools and supported children who were eligible for free school meals, there was still a wide gap in attainment between this group and other pupils, and this group's attainment in Reading was lower than in some neighbouring authorities.

**Resolved -** That the report be noted and used to influence the work to reduce health inequalities.

### 8. DEVELOPMENT OF WELLBEING DASHBOARD

Kim McCall and Jo Hawthorne submitted a report giving an update on progress of the development of a Wellbeing Dashboard. The latest draft of the Wellbeing Dashboard was attached at Appendix 1, as well as an example of the more detailed information on each indicator available in the full spreadsheet version of the Dashboard. It had been intended to show this information further in a demonstration at the meeting, but, due to a failure in the technology, this was not possible.

The report explained that the development of a dashboard had been agreed in principle at the meeting held on 18 March 2016 (Minute 7 refers) and, following a meeting of the Task and Finish group with key stakeholders, the model for the dashboard had been developed further. Key issues discussed by the group had been goals, indicators, targets, format, updates and presentation to the Board, details of which were set out in the report.

The report stated that any further recommendations from the Board for development would be taken into account and the model refined further, including developing mechanisms for ensuring sufficient background information was available to Board members on request to inform a practical oversight and understanding of

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performance and decision-making. The most up-to-date version of the Dashboard would be presented at the next Health and Wellbeing Board meeting for discussion and action and would be a standing item for future meetings. The report proposed that a lead would be identified for each indicator, who would be able to provide background information when requested and raise any performance concerns with Board members through the normal reporting channels. Where concerns were consistently highlighted, a Task & Finish Group could be convened to investigate.

It was noted that some of the indicators were still indicative and that work on the new Health and Wellbeing Strategy would also impact the Dashboard. Further work needed to be done to populate information in the Dashboard on the indicators where no performance data was currently available, and in some areas, more up-to-date data needed to be obtained. It was reported that the CCGs had more up-to-date data, for example on Delayed Transfers of Care and dementia diagnosis, which could be provided. The final indicators to be included in the Dashboard would be agreed in partnership with the stakeholders, once the final Health and Wellbeing Strategy had been agreed.

### Resolved -

- (1) That the Wellbeing Dashboard and the initial indicator sets be endorsed and further work be carried out to refine and present the Dashboard;
- (2) That the spreadsheet containing full details of the current draft Dashboard be circulated to members of the Board after the meeting;
- (3) That, where partners had more up-to-date data available, this be provided to the Public Health team;
- (4) That the Dashboard be presented as a standing item at each Health and Wellbeing Board meeting.

## 9. JOINT HEALTH & WELLBEING STRATEGY REFRESH - UPDATE

Kim Wilkins submitted a report on progress to date in developing a second Joint Health and Wellbeing Strategy for Reading. The report had appended:

- Appendix 1 - Analysis of Reading 2016 JSNA - May 2016
- Appendix 2 - Adult Wellbeing Position Statement Consultation Report - May 2016

The report explained that members of the Health and Wellbeing Board had worked with stakeholders to review Reading's first Joint Health and Wellbeing Strategy against the following, details of which were set out in the report:

- the 2016 Joint Strategic Needs Assessment (JSNA)
- performance against the 2013-16 Health and Wellbeing Action Plan
- Reading's programme for health and social care integration, including the Berkshire West 10 Integration Programme and the 2016 Better Care Fund plan
- the priorities identified in Reading's Adult Wellbeing Position Statement for meeting the Care Act wellbeing duty

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An independent analysis of the 2016 JSNA key findings against the first Joint Health Wellbeing Strategy for Reading had also been carried out and the report gave details of the areas highlighted for review in the development of the second Strategy. The full analysis was attached at Appendix 1.

The report also stated that there had already been a consultation on the Council's Adult Wellbeing Position Statement, the report from which was attached at Appendix 2, and this feedback would inform the development of the new Health and Wellbeing Strategy, in terms of meeting the wellbeing duties detailed in the Care Act and relating to adults with current or emerging care needs.

The report explained that stakeholders had welcomed the opportunity to be involved in the development of the strategy as members of the Involvement Group and that, in the future, the Involvement Group would like to see:

- a clear plan to shift the emphasis onto prevention rather than care;
- an approach which took a holistic view of people rather than looking at health conditions in isolation;
- stronger collaboration around providing people with the information they needed to take charge of improving their own health;
- recognition that different approaches were needed to reach different communities;
- better use of technology to empower people, support independence and make the most efficient use of limited resources;
- a strategy which focused the collective effort on fewer priorities, and so targeted the biggest risks for Reading.

There would be further involvement with partners and communities to develop proposed priorities for the new strategy which would then go through a period of formal consultation in autumn 2016. The new strategy would reflect Board members' agreed priorities for health and social care integration, and the need to develop a framework to drive co-commissioning across the Board's membership. The 2017-20 strategy would incorporate wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.

The report stated that the refreshed Health and Wellbeing Strategy would also represent - in part - the Board's response to the recommendations of the Health and Wellbeing Peer Review carried out in March 2016, and offer an outcome-focused framework to drive the future agenda of the Health and Wellbeing Board.

**Resolved -**

That the proposals for development of Reading's 2017-20 Health and Wellbeing Strategy be endorsed, and a further report be submitted to the next meeting on the commencement of a formal consultation.

### **10. BERKSHIRE WEST 10 LOCAL DIGITAL ROADMAP SUBMISSION**

Lois Lere submitted a report presenting the Local Digital Roadmap for Berkshire West, which was attached at Appendix 1 to the report.

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The report explained that, in September 2015, NHS England had begun a three-step process to enable local health and care systems to produce Local Digital Roadmaps (LDRs), setting out how they would achieve the ambition of 'Paper-free at the Point of Care' by 2020. The first step had been the organisation of local commissioners, providers and social care partners into LDR footprints, in Reading's case across the 'Berkshire West 10'. The second step had been for NHS providers within LDR footprints to complete a Digital Maturity Self-Assessment. Both of these steps had now been completed. Each LDR footprint had been asked to develop and submit an LDR by 30 June 2016, which would be reviewed in July 2016 within the broader context of Sustainability and Transformation Plans (STPs). A signed-off LDR would be a condition for accessing central investment for technology-enabled transformation.

An LDR was expected to include the following elements:

- A five-year vision for digitally-enabled transformation
- A capability deployment schedule and trajectory, outlining how, through driving digital maturity, professionals would increasingly operate 'paper-free at the point of care' over the next three years
- A delivery plan for a set of universal capabilities, detailing how progress would be made in fully exploiting the existing national digital assets
- An information sharing approach

The report had attached the final LDR submission which had been sent to NHS England on 30 June 2016, and it stated that there was the opportunity to refine the submission before it was published on NHS England's public facing internet site in September 2016.

The Board discussed the importance of public accountability and appropriate governance and of the involvement of professionals to ensure that the public were engaged and genuinely consulted on this project. It was reported that there was an Information Governance Reference Group, which would be considering how best to get explicit consent from patients in order to be able to make the change to 'paper-free', and what the relevant system might look like.

It was reported that the Reading Local Strategic Partnership was carrying out a piece of work on information sharing and working more smartly, and it was suggested that Lois Lere should be put in touch with those working on this project, so that health partners could be involved in that project.

**Resolved -**

- (1) That the current content of the Local Digital Roadmap, and the collaborative effort that would be required to deliver the 'paper-free at the point of care' requirements, be noted;
- (2) That Lois Lere be put in touch with the Council officers working on the Reading Local Strategic Partnership project on information sharing and working more smartly.

### **11. QUALITY ACCOUNTS: REVISED SCRUTINY ARRANGEMENTS**

Further to Minute 8 of the previous meeting, Jo Hawthorne submitted a report on plans for future scrutiny of Quality Accounts (QAs) presented by healthcare providers, giving the Health and Wellbeing Board a clear overview and scrutiny lead in this area

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via a delegation from the Adult Social Care, Children's Services and Education (ACE) Committee.

The report explained that a QA was a report about the quality of services delivered by an NHS healthcare provider. The reports were published annually by each provider and were available to the public. The quality of the service was measured in the QA by looking at patient safety, the effectiveness of treatments that patients had received and patient feedback about the care that had been provided.

The recent Peer Review of the Health and Wellbeing Board had observed that the Board's role to date had been primarily to receive information about decisions made elsewhere in the Council and CCGs. Therefore giving the Board a clear lead in receiving and responding to QAs would help to consolidate its leadership role in relation to local healthcare.

The report explained that provider trusts were only required by regulation to share their QAs with NHS England or relevant Clinical Commissioning Groups, Local Healthwatch organisations and Overview and Scrutiny Committees (and have their reports audited). There was no regulatory requirement for provider trusts to share their QAs with Health and Wellbeing Boards unless the Health and Wellbeing Board was fulfilling a scrutiny function. Therefore ACE Committee had agreed (Minute 16 of the meeting on 4 July 2016 refers) to delegate its health scrutiny function in relation to QAs to the Health and Wellbeing Board, which could bring together representatives of all bodies required to comment on QAs and allow responses to be prepared collaboratively across the local authority, CCGs and Healthwatch.

It was proposed that, in future, all QAs received for local healthcare providers would be received and responded to by the Health and Wellbeing Board. As the Board ordinarily met four times a year, which might not be sufficiently frequent to facilitate discussion of each QA response by the full Board, the report proposed that the Board establish a QA Task and Finish Group, to include representatives of:

- Director of Adult Care & Health Services
- Director of Children, Education & Early Help Services
- Healthwatch Reading
- North and West Reading CCG
- South Reading CCG

This group would prepare and submit QA responses on behalf of the Board. The CCGs, as commissioners of the services concerned, would continue to engage their Quality Committee in the QA Task & Finish Group in order to agree the form of response from the partnership, and the ACE Committee would receive QAs to scrutinise as necessary, if required.

It was suggested that a letter should be sent by the Chair to the providers, asking them to send their QAs to the Health and Wellbeing Board.

### **Resolved -**

- (1) That a Quality Accounts Task and Finish Group be set up to evaluate local NHS Healthcare provider Quality Accounts against strategic intentions and JSNA priorities, with the membership to include Debbie

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Simmonds from the CCGs, David Shepherd or Mandeep Sira from Healthwatch and Councillor Hoskin from the Council;

- (2) That the Chair send a letter to the relevant healthcare providers asking them to send their Quality Accounts to the Health and Wellbeing Board.

### **12. READING'S ARMED FORCES COMMUNITY COVENANT AND ACTION PLAN - MONITORING REPORT**

Jill Marston submitted a report giving a six-monthly update on progress against the actions outlined in the Armed Forces Community Covenant Action plan, which included a number of health related actions, and on the general development of the Covenant. The latest version of the Action Plan was attached at Appendix A.

The report explained that a covenant was a voluntary statement of mutual support between a civilian community and its local armed forces community, and Reading's Armed Forces Community Covenant had been launched on 7 July 2012 at the Afghanistan Homecoming Parade at Brock Barracks. The report gave details of the aims of the Armed Forces Community Covenant and it explained that, although Reading did not have a large military 'footprint', with no regular forces stationed in the town, Brock Barracks was the headquarters for the Territorial Army unit 7th Battalion The Rifles and Reading was home to a large ex-Gurkha community. Reading's Covenant therefore focused on Veterans and Reservists and aimed to be proportionate in its scope to the size of the Armed Forces community in Reading.

Progress to date against the actions in the Covenant's Action Plan was shown in Appendix A to the report, which included further progress on the outstanding actions relating to health and wellbeing since the last report, and the report highlighted some key successes to date, including the award of funding from the Community Covenant fund for two Nepalese community development workers and the translation of a leaflet on accessing health services into Nepalese, which was being used to run classes.

The report also gave details of the latest Community Covenant grant fund which had recently been launched, with £10m of funding available each year. The following priorities for 2016/17 and 2017/18 had been set:

1. Veterans' Gateway
2. Families in Stress
3. Improving Local Covenant Delivery (clusters of authorities only)
4. Community Integration/Local Service Delivery

The report gave details of the deadlines for applications under priority 4 for funding for projects of up to £20,000 and stated that the Community Covenant Working Group would discuss any potential bids in September 2016 for the 2 November 2016 deadline.

The report proposed that future reporting to the Board be done on an annual basis, rather than six-monthly, and it was explained that this change was also being proposed to the Policy Committee which received similar regular reports on progress on the Action Plan.

## READING HEALTH & WELLBEING BOARD MINUTES - 15 JULY 2016

Councillor Lovelock reported that the leaflet translator had some concerns about the community workers who had been appointed not being able to do their work at the Royal Berkshire Hospital and that they also needed support in printing more leaflets and it was agreed that they should be put in touch with Jill Marston for her to look at the issues and concerns.

### **Resolved -**

- (1) That the progress against the actions set out in the Armed Forces Community Covenant Action Plan be noted;
- (2) That, in future, update reports on the Action Plan be submitted to the Board annually, rather than six-monthly;
- (3) That Councillor Lovelock ask the leaflet translator to make contact with Jill Marston, for her to look at their issues and concerns.

### **13. DATE OF NEXT MEETING**

**Resolved -** That the next meeting be held at 2.00pm on Friday 7 October 2016.

(The meeting started at 2.05pm and closed at 4.00pm)