

## READING HEALTH & WELLBEING BOARD MINUTES - 24 MARCH 2017

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading CCG
Councillor Lovelock	Leader of the Council, RBC
David Shepherd	Chair, Healthwatch Reading
Bu Thava	Chair, South Reading Clinical Commissioning Group (CCG)

### Also in attendance:

Andy Fitton	Head of Early Help, RBC
Darrell Gale	Consultant in Public Health and Lead Consultant for Mental Health, Wokingham Borough Council
Jo Hawthorne	Head of Wellbeing, Commissioning & Improvement, RBC
Gary McElvey	Senior Business Analyst, South Central and West Commissioning Support Unit
Eleanor Mitchell	Operations Director, South Reading CCG
Rebecca Norris	Healthwatch Reading
Janette Searle	Preventative Services Manager, RBC
Safron Simmonds	Project Manager, Berkshire West CCGs
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

### Apologies:

Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Lise Llewellyn	Strategic Director of Public Health for Berkshire
Tony Marvell	Integration Programme Manager, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Graham Wilkin	Interim Director of Adult Care & Health Services, RBC

## 1. MINUTES

The Minutes of the meeting held on 27 January 2017 were confirmed as a correct record and signed by the Chair, subject to the following amendment:

Minute 9 title - amend "Access & Emergency" to Accident & Emergency"

## 2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

### (a) CCG Target Funding

"CCG target funding is calculated using the distribution of population by both deprivation and age. Can you explain how the funding of GP practices is affected by these factors?"

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What differences in GP primary care funding per head are seen across Reading GP practices?"

**REPLY** by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski), on behalf of the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"The majority of payments made to GP practices are based on a raw practice list size which is adjusted using the Carr-Hill formula which takes account of local demographic and other factors which may impact on practice workload. This produces a weighted list size.

There may be differences in funding per head using raw practice populations but not when comparing funding per weighted list size. The exceptions are as follows:

- There are a number of Enhanced Services which are optional for practices to provide
- There is an ongoing process of removing a premium paid to PMS (Personal Medical Services) practices over a five year period with 2016-2017 being the first year. Until that process is completed there will be differential funding for practices. The majority of Reading practices hold PMS contracts. Premium funding is being reinvested into primary care services in Reading.
- APMS (Alternative Provider Medical Services) practices, of which there are three in Reading, operate under a different funding and contracting model."

### (b) Reading Your Way

"Reading Your Way has been granted continuing support from Reading Council but there is still much uncertainty as to the support of Reading CCGs. Can you clarify the position?"

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

"The CCGs provides £85k funding to Reading Your Way and have done so every year since they were established. This funding will continue. The CCG has never said that it would withdraw this funding and it has never been at risk. We were aware that the Council were consulting on withdrawing their funding of £76k and had served 12 months' notice to Reading Your Way but this did not affect the CCGs' funding position. The recent press reports that the CCG had intended to withdraw funding but had changed its mind were inaccurate.

We are pleased that, in response to public consultation, the Council has maintained its funding and we would like to work with them to develop a joint approach to commissioning this service as part of a wider agenda to integrate health and social care commissioning in the way that many other Councils and CCGs do across the country."

The following two questions were asked by Francis Brown in accordance with Standing Order 36:

(c) Public Engagement and the Local NHS Transformation Plan and CCGs Operational Plan

"On the 9<sup>th</sup> of March, a public meeting was held in the Town Hall to publicise these plans. About 50 people attended. The plans are both bold and very ambitious. Current and effective changes to ways of working were described together with blue prints for much more to follow.

However, there were no press releases beforehand. There was no press commentary afterwards. There was no follow up survey. Radio Berkshire touched on the merits and the cost of the recovery plan at Circuit Lane and Priory Avenue Surgeries. They did not choose to make it a phone event.

"Engagement" with the people of Reading includes reaching out and taking on board their concerns and ideas and then demonstrating that these have been incorporated into the new ways of working. It is very different from "telling" a few people with no media follow through, or public conversation. That is tokenism.

What are the plans for "engaging" with the people of Reading?

Do the plans include working with members of the Reading Patient Voice organisations to increase the reach and interactivity of these public engagement activities?"

**REPLY** by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski), on behalf of the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"The event on the 9<sup>th</sup> of March was an important opportunity to present CCG plans for the future and I am pleased that we have received very positive initial feedback on this. The event was promoted via the Berkshire Health Network newsletter and two special bulletins, we also:

- Issued a press release to: Reading Chronicle, Get Reading, Jack FM, BBC Radio Berkshire, Heart FM, Caversham Bridge Community Newspaper and Healthwatch Reading (this resulted in BBC Radio Berkshire attending the event)
- Press release used as news item on CCG websites
- Graphic advert in CCG website carousels
- Posters printed and given to public who requested them for distribution
- Social media (tweets about the event)
- Circulated details through our partners, including Reading Borough Council, RBH, and Reading Voluntary Action.

The CCGs recognise the importance of patient and public engagement and have a communication and engagement strategy which acknowledges the work that has previously taken place to develop communication channels with key stakeholders and to create ways in which the views and experiences of patients and the public can inform the commissioning process. This strategy is currently being reviewed and the outcome will help inform the communication strategy for 2017/18.

The majority of the CCGs work is done via its Programme Boards and these Boards engage on targeted issues, for example in the Long Term Conditions programme Board and its sub groups we have patient representatives on various groups. These patients usually have a special interest in the topic area or themselves suffer with that

condition. They are therefore extremely informative, with first-hand knowledge, to help us to redesign services or pathways that better meet patient needs. When we developed the Headache pathway for example we asked the Neurological Alliance to consult with a group of Migraine sufferers to tell us what things worked well for them in terms of health services and what could be improved upon. We used the information to help guide our pathway development and then went back to get their feedback on the new pathways and to check we had addressed their concerns. Our Diabetes, Respiratory & Heart Disease work are other examples where patients, with these health conditions, regularly sit within our committees, helping shape our plans and initiatives and are fully involved in decision making alongside our health care professionals.

The CMMV Board (Children, Mental Health, Maternity and Voluntary Sector Programme Board) also engage widely on targeted issues. Our local transformation plans for CAMHS were developed following an extensive engagement programme and there is a parent / carer representative for CAMHS issues. We also engage with young people at the Children and Young People's Partnerships forum 'Reading One'. Young people told us that they wanted more information on how to help themselves, where to go for help and how to help a friend. They wanted messages promoted via social media and via a bus campaign and a school blazer sized booklet that could also be downloaded. As a result we have produced a booklet that can be downloaded and is being presented to young people this week for feedback.

As mentioned earlier the CCGs also engage using the Berkshire Health Network which is an online engagement portal that allows people to register their interest and share their views on matters relating to healthcare in their community. People can either register to be full members or can participate in surveys without registering, as appropriate.

There are currently 1,525 registered members on the BHN and as registered members they receive a monthly newsletter and can also be sent "special" news bulletins, for instance to promote events.

Surveys run through the network include most recently one on ophthalmology, one on end of life and one on the primary care strategy. We have also used the network for patient engagement on specific surgeries.

In North & West Reading the CCG supports the Chairs of individual Patient Participation Groups to meet on a monthly basis to have discussions/debate about key health related issues and we are very pleased that two of our patient participation Groups have planned and are hosting engagement events with their local registered populations on the important topics of end of life care and diabetes care and management, which are key CCG priorities."

### **(d) A Call for Openness About GP Surgery Performance**

"The Health and Wellbeing Board is developing its own dashboard. A&E departments and other parts of the NHS have them too. Like a car dashboard, they alert users to issues before they become problems.

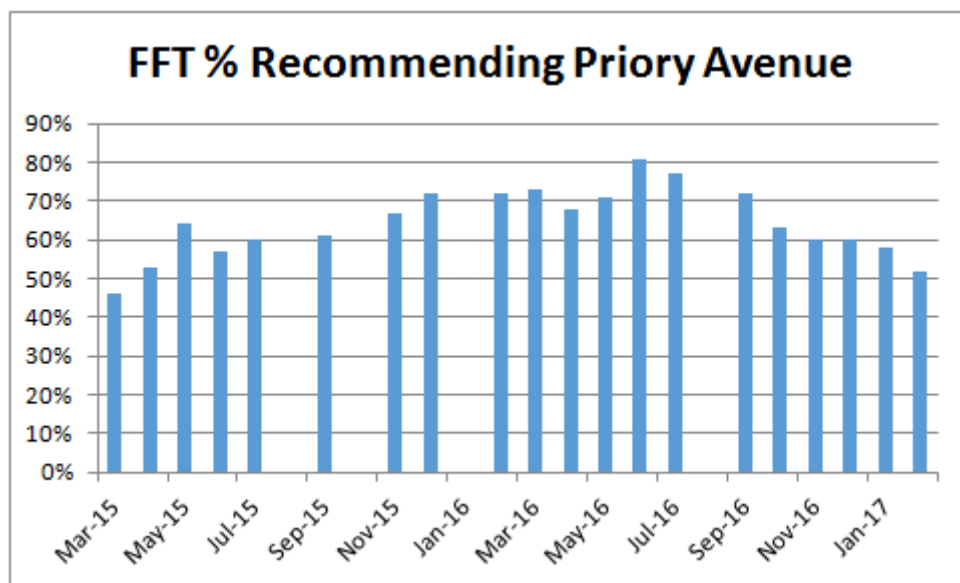
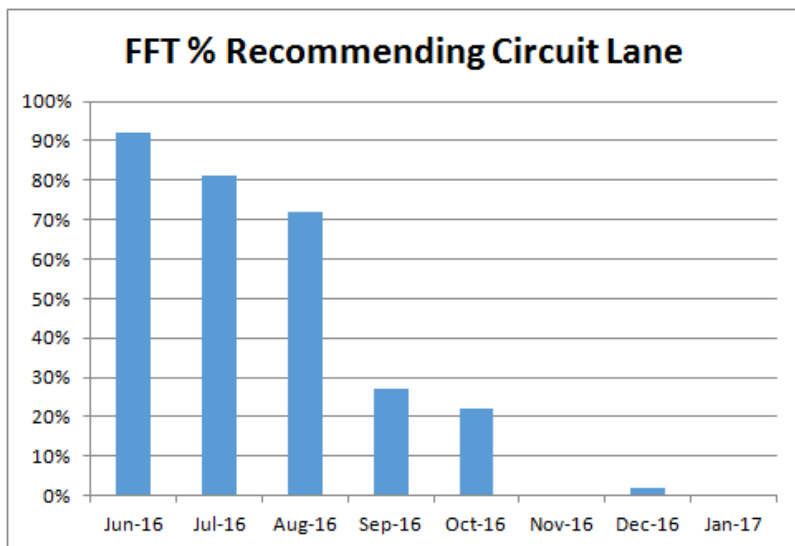
The Priory Avenue PPG had a dashboard including many of the issues picked up by the CQC. One Medical Group refused to continue to provide information for such a dashboard. A national source has just published the previously suppressed Friends

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and Family data for December. If this data had not been delayed by the refusal to supply it locally, the steady steep drop in patient confidence could have been detected and addressed long before the initial CQC report in February.

We found that waiting times and delays are good descriptors of the “patient experience”. Examples included the time for test results to be reviewed, the time waiting in a telephone queue, appointment start delays and days waiting for a routine appointment.

Is it now planned to encourage GP surgeries to be more open about the patient experience?”



**REPLY** by the Vice Chair of the Health & Wellbeing Board (Dr Andy Ciecierski), on behalf of the Chair of the Health & Wellbeing Board (Councillor Hoskin):

“Data from the GP Patient Survey is published by Ipsos Mori. Practices are also contractually required to publish Friends and Family Test results and we would follow up any cases of practices not doing so. We are aware that there was an issue with

this at Priory Avenue Surgery. This has since been resolved and the information is now available in the practice and included in patient bulletins."

### 3. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST (BOB) NHS SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE

Further to Minute 4 of the previous meeting, the meeting received verbal updates on the latest situation with the development of the NHS Sustainability and Transformation Plan (STP) for Buckinghamshire, Oxfordshire and Berkshire West (BOB).

Councillor Hoskin said that a joint scrutiny of the STP was being carried out by the three West of Berkshire local authorities, along with Oxfordshire and Buckinghamshire, and a meeting had been held in the previous week. The Chair of the Council's Adult Social Care, Children's Services & Education Committee had attended the meeting; the scrutiny would progress and it would report on its findings in due course.

Cathy Winfield reported that an announcement from the Chief Executive of NHS England was expected imminently on the CCGs' 5 year delivery plan, and the STPs would be expected to be amended to respond to that, probably during Quarter 1 of 2017/2018. She also noted that the Berkshire West Accountable Care System (ACS) was attracting some national interest and support. In response to a query, she said that the timetable for public consultation on the STP was not yet known.

In response to a query on whether there was an ACS Steering Group, Cathy said that there was a range of governance for the ACS, including an Accountable Care Leadership Group, with an Independent Chair, which would include the Chief Executive representative from Wokingham, and that patient representation would be involved in local Programme Boards, where it was planned for the ACS to do its work. Councillor Hoskin noted the importance of involving all parties once further information was available, in order to be able to look at the local focus.

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

### 4. CONNECTED CARE

The Board received a report by the Director of Adult Care & Health Services and Gary McElvey gave a presentation, which together provided an update on the progress of the Connected Care Programme. A copy of the presentation slides was attached to the report.

The Connected Care project would deliver a solution to enable data sharing between the health and social care organisations in Berkshire and provide a single point of access for patients wanting to view their care information. The project would support delivery of the ten universal capabilities as defined in the Berkshire West Local Digital Roadmap and enable service transformation as specified in the Better Care Fund.

The project's primary objectives were to:

- Enable information exchange between health and social care professionals.
- Support self-care by providing a person-held (health and social care) record for the citizens of Berkshire.

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- Enable population health management by providing a health and social care dataset suitable for risk stratification analysis.

The report explained that there was a requirement for Reading to put in place a technical connection to the new Connected Care system. The connection would ensure the secure interconnectivity between the Public Service Network and the NHS secure network. This in turn would provide the ability to link to NHS and Social Care systems.

The presentation gave further details of the benefits of Connected Care, of progress to date, key milestones for Reading and timescales of the overall project of the Connected Care project, and Gary explained that Tranche 1 and Berkshire Healthcare Foundation Trust from Tranche 2 had been implemented on 27 February 2017, Tranche 2 implementation was being planned and Tranche 3, which involved Reading, Slough and West Berkshire Councils and Frimley Hospital, would probably be implemented in October or November 2017. Bu Thava read out a testimony from health visitors about how the implementation of the project had had a profoundly positive impact, even in week 1 with limited buy-in, by improving access to information for patients.

The most significant challenge for the project was around information governance, because health partners needed to be satisfied that appropriate standards were in place before any secure connection could be made. The process of assessment was through the Information Governance (IG) Toolkit, an online system that allowed NHS organisations and partners to assess themselves against Department of Health information governance policies and standards. Subsequent assessment would take place annually to ensure maintenance and development of information governance.

In order that Reading could meet the overall timescales of the Berkshire West Connected Care programme, it was necessary that the Information Governance Toolkit was completed by May 2017. An information governance sub-group was in place to revise policy and data sharing agreements, as required, ensuring lawful handling and sharing of data. There was, however, a need to put in place an officer-led task and finish group to accelerate work on the toolkit and to ensure that the first deadline of May 2017 was achieved.

Jo Hawthorne said that there had been delays because of a number of recent changes in senior management at the Council, but that a meeting on Connected Care had been held in the previous two weeks and an officer lead would be identified to ensure that progress was made. The Councillor members of the Board also agreed to work with officers on this.

### **Resolved -**

- (1) That the progress on the Connected Care programme to date be noted and Gary McElvey be thanked for his presentation;
- (2) That the requirement to finalise work on the Reading Information Governance Toolkit be noted, and the plans to implement an officer-led task and finish group, to ensure that the Toolkit was completed during May 2017, be supported.

**5. BERKSHIRE LOCAL SAFEGUARDING CHILDREN BOARDS - DATA AND INFORMATION SHARING AGREEMENT FOR AGENCIES WORKING WITH CHILDREN AND YOUNG PEOPLE**

Further to Minute 10 of the meeting held on 17 July 2015, Andy Fitton presented a report on behalf of the Reading Local Safeguarding Children's Board (LSCB) on the Berkshire LSCBs' Data and Information Sharing Agreement for agencies working with children and young people. A copy of the agreement was appended to the report.

The report explained that a report from Reading LSCB had been submitted to the Health and Wellbeing Board (Minute 5 of the meeting held on 17 April 2015 refers) following a joint letter from Government Ministers to all Chief Executives, Directors of Children's Services, LSCBs and Health and Wellbeing Boards. The letter had followed the publication of the Government response to the child sexual exploitation cases in Rotherham and had stated that a key factor in keeping children safe was the effective sharing of information. The letter had been discussed at the Reading LSCB in March 2015, with actions agreed to review the existing Information Sharing Agreement (ISA) and produce a revised document; on 17 July 2015, the Health and Wellbeing Board had requested an update report when the ISA had been finalised (Minute 10 refers).

A Task and Finish Group of the LSCB had been initiated to review the existing Information Sharing Protocol and Agreement. In the course of the review, it had been agreed that it would be more beneficial to approach this as a pan-Berkshire document, and therefore, although it had meant the process would take longer, a revised document that could be accepted across all six LSCBs had been drafted. In addition, a local Information Sharing Protocol had been produced, agreed and disseminated by Reading LSCB in May 2016. All six Berkshire LSCBs, and therefore the partners that made up each Board, had now signed off the Information Sharing Agreement, which would be included in the next upload to the online Child Protection Procedures which would go live in July 2017.

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

**6. THE BERKSHIRE SUICIDE PREVENTION STRATEGY 2017-20**

The Board received a report by the Head of Wellbeing, Commissioning & Improvement, and Darrell Gale gave a presentation, on the draft Berkshire Suicide Prevention Strategy for 2017-20. Copies of the draft Strategy and the presentation were appended to the report.

The report stated that the NHS Five Year Forward View for Mental Health had set a target on all NHS agencies and partners to reduce the current level of suicide by 10% by 2020. To achieve this, the Department of Health had recommended, in its third Progress Report on the National Suicide Prevention Strategy, that all top tier local authorities produce suicide prevention action plans.

In Berkshire, this work had been coordinated by a multi-agency suicide prevention group which had overseen the preparation of a strategy, including a Berkshire-wide action plan, and local action plans responding to the unique needs and circumstances of each of the six local authorities in Berkshire. The action plans were reliant on multi-agency working, and partners across the health and public sectors were in the process of endorsing the strategy, for a final version to be launched at a Suicide



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Prevention Summit by October 2017. It was proposed that the prevention group develop into a Berkshire Suicide Prevention Steering Group and that each of the organisations represented on the Steering Group commit to their own action plan and consider nominating a Suicide Prevention Champion from within their membership, to speak publicly about suicide issues.

Darrell gave details of the statistics for suicides nationally and locally, noting that the figures showed an increase in numbers for Berkshire as a whole from 2014 to 2015. He explained that a stretch target had been suggested by stakeholders to exceed the 10% reduction target in the STPs and NHS Five Year Forward View - Mental Health. A stretch target to attempt to achieve a 25% reduction from 2014 levels by 2020 had been agreed. He also gave further details of the other recommendations within the strategy, which covered the following areas:

- overarching recommendations
- reducing the risk of suicide in high risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those bereaved or affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring

The meeting discussed the strategy and the points raised included:

- Healthwatch Reading had produced a booklet in 2013 providing support for families after a suicide, and this information could be included in the strategy.
- In response to a query about monitoring of suicides within health settings or by absconders, it was noted that there was a national inquiry into suicide numbers in mental health service settings and patients. The Steering Group would receive anonymised reports on deaths to provide opportunities for learning and there was also a separate Child Death Overview Panel which looked at any death under 18 and could record a death as suicide even if the Coroner had not, also providing learning opportunities to prevent similar deaths. Berkshire Healthcare NHS Foundation Trust was also doing work on Crisis Plans for all service users for use in the event of a crisis, in order to support patients, which was reducing the number of those absconding or absent without leave.
- The potential impact of budget cuts within the community on suicides needed to be considered. It was noted that the national upward trend in suicides seemed to coincide with austerity measures, but that the numbers were so small locally that it would be difficult to make connections to any specific cuts, but this was an area where people needed to keep an eye on the situation, especially if any cohorts of deaths could be linked to any particular issue.
- The next stage in the suicide audit would be to look further with hospital trusts at the data on people who had attempted suicide, as well as family factors. It was hoped to get data from the police on people from outside the Borough who had made suicide attempts within Reading.

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- The Reading Suicide Prevention Action Plan had been adopted as part of the Health and Wellbeing Strategy which had been approved by the Council.
- It was suggested that the Strategy should include a link to the Future in Mind work with children and young people and it was reported that, whilst the strategy had an adult focus, there was reference to Future in Mind included in the latest version of the strategy.
- It was reported that Reading Voluntary Action were hosting a series of wellbeing forums and that the one on 4 April 2017 would be looking at the priority from the Health and Wellbeing Strategy on preventing suicide.

### Resolved -

- (1) That the report be noted and Darrell Gale be thanked for his presentation;
- (2) That the draft Berkshire Suicide Prevention Strategy be endorsed and the action plan for Reading Borough within the strategy be agreed;
- (3) That a suitable nominee to be Suicide Prevention Champion for Reading be identified outside the meeting.

### **7. CAMHS TRANSFORMATION PLAN - IMPLEMENTING FUTURE IN MIND ACROSS BERKSHIRE WEST CCGS AND READING BOROUGH COUNCIL**

Further to Minute 3 of the Health and Wellbeing Board meeting on 18 March 2016, Andy Fitton and Safron Simmonds submitted a report giving an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system, that was responding to the "Future in Mind" plan.

Appendix 1 set out acronyms used in the report, Appendices 2 & 3 set out details of Tier 1-4 services and Appendix 4 was a copy of the October 2016 refreshed Future in Mind Local Transformation Plan for Children and Young People's Mental Health & Wellbeing for the Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities.

The report gave details of areas of progress since the last report to the Board, which included:

- The Berkshire Adolescent Unit being a 24/7 service , with an increased number of beds, so that fewer children needed to be placed outside Berkshire.
- The Common Point of Entry (CPE) being open 8am to 8pm Monday to Friday, with a current waiting time for referrals to CPE of four weeks (compared to the national average waiting time of nine weeks for a first CAMHS appointment).
- Continuing reduction in CAMHS waiting times across all five care pathways, delivered against an ongoing high rate of referrals for CAMHS tier 3 supports.
- A slower rate of progress on autism assessment pathways, which, whilst progress had been made, remained challenging to improve.

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- The success of the CAMHS Urgent Response Pilot, integrated with Royal Berkshire Hospital, providing timely mental health assessments and care, resulting in decreased admissions and prevention of repeat episodes.
- Good progress in schools in identifying and responding to mental health issues, including the setting up of the Schools Link project.

The report stated that the refreshed Berkshire West Transformation Plan had been approved by NHS England and that the focus for Reading in the plan would be on:

- Engineering a new model of delivery that tackled access and prevented young people being lost in the system.
- Investment in staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.
- Building a stronger Early Intervention offer that built resilience in children and young people and providing support as early as possible.

### Resolved -

- (1) That the report be noted;
- (2) That the refreshed Future in Mind Local Transformation Plan be endorsed.

## 8. MEETING THE NEEDS OF VULNERABLE PEOPLE IN READING

Rebecca Norris submitted a report presenting findings of a roundtable meeting held by Healthwatch Reading on 13 February 2017 with voluntary sector organisations who supported local vulnerable people.

The report explained that the aim of the roundtable had been to:

- understand the impact on local people, of the first nine months of Narrowing the Gap (a new funding arrangement from 1 June 2016 that had required voluntary sector organisations to bid for Reading Borough Council (RBC) contracts, instead of the previous system of receiving allocated grants);
- understand the impact on local people, of the overall reduced value of RBC funding compared with the value of previous years of grant funding or commissioned contracts;
- understand any other national or local pressures on the voluntary sector, which affected their ability to deliver services;
- inform RBC commissioners and Councillors of any lessons learned, for future funding rounds; and
- help fulfil Healthwatch Reading's statutory role on the Reading Health and Wellbeing Board, of representing both the public, and the voluntary sector.

The report gave further details of the main findings of the roundtable discussion, which had been summarised as follows:

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1. People seeking help from local charities had more complex needs than previously, due to a range of factors, including: funding cuts to social services, perceived gaps in NHS mental health services, perceived failures in integration of health and social care services, and perceived shortcomings to care assessments or safeguarding procedures;
2. An increasing number of people were seeking help to appeal benefits sanctions or decisions about the Personal Independence Payment (which replaced the Disability Living Allowance);
3. Service users had experienced high anxiety about proposed closures of services (such as the Reading Your Way day centre);
4. NHS cuts had also hit the sector, as the value of grants awarded by local clinical commissioning groups to charities had been cut by about half, for 2017-18;
5. Organisations were just about maintaining staff and volunteer numbers, but said their people were often emotionally worn down by the complexity of cases;
6. Some organisations were starting to charge fees, or were having to step up fundraising efforts, to maintain service levels;
7. Narrowing the Gap had led to new and positive partnerships of voluntary sector organisations working together on joint contracts - however the 'back-office' cost-saving was believed to be negligible; and
8. The voluntary sector urged RBC to learn lessons for the next contract round, and to ensure that vital, and smaller organisations rooted in the community, were supported to remain viable in years to come.

The report stated that the participants in the roundtable had agreed that they wanted the Health and Wellbeing Board to consider the following key messages, and that a follow-up roundtable with voluntary sector organisations was planned in October or November 2017:

- The voluntary sector in Reading remained committed to supporting vulnerable people and sought assurances that statutory agencies were doing the best they could too, especially with helping people with a mental health crisis, carrying out robust care assessments, especially of people with learning disabilities, and handling safeguarding referrals: *"We're having to do the best we can with limited resources, but so should the council, health and others."*
- Future consultations with service users about service changes/closures should include provision of extra direct support to help them cope with the anxiety caused by significant changes.
- CCGs and RBC should work more effectively together to ensure there were effective 'bridges' between their services to protect vulnerable people who had no-one else in their life to support them.
- There was an added value to clients of the new partnerships created under Narrowing the Gap but there should be an acknowledgement of the resources required to build and maintain those partnerships and that these costs could fall disproportionately to smaller organisations that relied on partnership bids to secure funding.

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- Voluntary sector staff needed extra support to cope with the emotional toll of some cases, perhaps through a Reading-wide supervision/support scheme.
- Future funding cuts to voluntary sector organisations could ultimately lead to more pressure being put on the statutory services that vulnerable people would have no choice but to turn to.

Councillors paid tribute to the way that the voluntary sector had worked on the Narrowing the Gap agenda and said that a review was planned before the next round. Janette Searle explained that the process would be refined for the next time and that conversations were being held with Reading Voluntary Action about how to take the next steps. The views of the voluntary sector were welcomed and would be taken on board. It was noted that many of the comments were about the need to work together across services and that lessons were being learned from the process so far, and partners would be working closely together on the future plans. It was suggested that a joint response from the Council and the CCGs to the Healthwatch findings should be submitted to the next Health and Wellbeing Board meeting.

**Resolved -** That the report be noted and a joint response from the Council and the CCGs to the Healthwatch findings be presented to the next meeting.

### 9. 0-19 (25) PUBLIC HEALTH NURSING SERVICE - PROCUREMENT UPDATE

Jo Hawthorne submitted a report on progress made on the procurement of the integrated Public Health Nursing Service for 0-19 (25) year olds.

The report explained the legislative changes which had transferred Public Health functions from the NHS to Local Authorities, including the commissioning responsibility for the Health Visiting, School Nurses and Family Nurse Partnership services. It stated that the proposed next stage in the delivery of the mandated universal health visitors and school nurses programme had been considered by the Adult Social Care, Children's Services and Education Committee on 13 December 2016 (Minute 47 refers), when it had been agreed to bring the health visitors service and school nursing service together into a single contract, with the service to be commissioned from an external partner for two years, with an option of a one year extension, with effect from 31 September 2017.

The report gave details of the aims of the Reading Public Health Nursing Service for children and young people aged 0-19 (25), which would be a combined skill mix service including Health Visitors who worked with 0-5 year olds and School Nurses who worked with 5-19 (25) year olds, and would commence on 1 October 2017. The service would work in full partnership with all Early Years and Early Help services in the local area and wider 0-19 services to ensure holistic, seamless care to children and families.

It gave details of the procurement approach which had been taken and stated that the project was currently progressing well against the project plan and the team anticipated completion on time.

**Resolved -**

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- (1) That the progress on the procurement of the integrated 0-19 (25) Public Health Nursing Service be noted;
- (2) That a further update be submitted to the next meeting.

### 10. HEALTH AND WELLBEING PERFORMANCE UPDATE

Jo Hawthorne submitted a report giving a brief overview of the Health and Wellbeing Partnership's performance in the priority areas identified in the Health and Wellbeing Strategy, which had been endorsed at the previous meeting (Minute 4 refers). The report had appended an update on performance as at 14 February 2017.

The report explained that an action plan based on the eight strategic priorities within the Health and Wellbeing Strategy was being developed and that a final version of a Health and Wellbeing Dashboard would also be developed to reflect the priorities and activities in the action plan. In the interim, the report provided the most recent publicly available figures to give a snapshot of current performance, brief trend information and comparison with similar local authorities (where available) and the England average.

The appendix gave details of performance in the following eight priority areas:

- Healthy lifestyle choices;
- Loneliness and isolation;
- Safe use of alcohol;
- Mental health and wellbeing of children and young people;
- Living well with dementia;
- Breast and bowel cancer screening;
- Incidence of tuberculosis;
- Suicide rate.

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

### 11. INTEGRATION AND BETTER CARE FUND

Jo Hawthorne submitted a report giving an update on the progress of the Integration programme, including Better Care Fund Performance (BCF).

The report gave details of progress to date against the four key BCF performance indicators that each Health & Wellbeing Board was required to report on:

- Reducing delayed transfers of care (DTC) from hospital
- Avoiding unnecessary non-elective admissions (NEA)
- Reducing inappropriate admissions of older people (65+) into residential care
- Increase in the effectiveness of reablement services

It also summarised performance to date on the following key integration/BCF schemes:

- Discharge to Assess - Willows
- Community Reablement Team
- Enhanced Support to Care Homes

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- Connected Care

The report stated that the final BCF policy framework and technical guidance had yet to be published and was not expected until mid-March 2017, meaning that the final funding, national conditions and planning requirements for the 2017/18 & 2018/19 BCF were still unclear. Initial planning sessions including CCG and RBC representatives had begun and, from the draft guidance received so far, it seemed likely that the planning requirements and processes would be in line with previous years. The final submission of the BCF would require approval by the Health and Wellbeing Board and, as it was likely that the BCF national deadlines would not match the timings for the Board meetings, it was proposed that authority be delegated to officers to submit the BCF, in consultation with the Chair of the Board.

The report explained that, as part of the BCF Policy Framework and Integration and BCF Planning for 2017-19 there was a proposed option for local areas to look towards 'graduation' from BCF. Areas that graduated would no longer be required to submit annual BCF Plans and quarterly returns. An expression of interest had been made on behalf of the Berkshire West localities but, as with BCF policy guidance, the graduation criteria and process was yet to be finalised. Any final application would return to the Board for formal approval.

It was noted that, whilst there had been good progress on BCF performance, which had been better than the previous year, reducing DTOC was still a key challenge. It was noted that the next iteration of the BCF was likely to have more focus on DTOC, mental health and working with the voluntary sector, inpatient experience of services and integration of health and social care. It was reported that guidance on the BCF was now expected on 27 March 2017 and the submission date was expected to be around 12 May 2017. It was suggested that the final document should be circulated to members of the Board before submission.

It was also noted that there had been a recent announcement on additional funding for Reading social care of £4m over the next three years, with £1.6m being the allocation for 17/18, and that, whilst this amount was a long way short of covering the underfunding in social care, the Council would be working with the CCGs on how the funding could be applied, including to target DTOC.

### Resolved -

- (1) That the progress on integration and the BCF be noted;
- (2) That, as the BCF Submission document was prepared, it be circulated to members of the Health and Wellbeing Board prior to the final submission;
- (3) That the Director of Adult Care & Health Services and the CCG Accountable Officer at the Reading Clinical Commissioning Groups be authorised to approve the final Reading BCF Submission, in consultation with the Chair of the Health and Wellbeing Board.

## 12. DIRECTOR OF PUBLIC HEALTH - ANNUAL REPORT 2017

Jo Hawthorne submitted a report presenting the Berkshire Strategic Director of Health's draft Annual Report for Reading for 2017, focusing on avoidable and preventable mortality, which was attached at Appendix A to the report.

The report explained that there was a statutory requirement for the Director of Public Health to produce an annual report on the health of the local population and the aim of the 2017/18 report was to look at tackling premature mortality. It gave an update from the previous year's annual report on the health of children and young people.

The report stated that tackling premature mortality (deaths that occurred before 75 years (avoidable deaths)) was a key driver for improving life expectancy and reducing health inequalities. Avoidable deaths were driven by two major causes: amenable deaths - those driven by problems/reduced access to health care - and preventable deaths - those that were driven by wider public health issues. The report briefly showed how the major improvements would be achieved through systematically and visibly addressing preventable causes of death.

The draft Annual Report summarised the key public health issues that impacted on preventable deaths. It highlighted the impact that lifestyle factors had on the health of residents. Whilst there was general consensus and increasing visibility of the impact of obesity, physical inactivity, tobacco, alcohol and high blood pressure on health, sometimes the conversation was couched in terms of the long term with scepticism about the impact on health and social care in the short or medium term. Prevention was seen as a "nice to do" but had often made way in prioritisation debates to immediate pressures in services.

The STP had identified from national evidence those approaches that would make an impact on health outcomes and care over five years. The report presented more fully the evidence behind those lifestyle factors, the impact that those factors had on the individual in terms of health risks and the impact these factors had in driving demand for care. It also presented some of the evidence for action, providing professionals with new information on lifestyle factors and a different perspective on drivers for increasing demand, which could change the nature of the conversation about prevention and self-care. To make a difference to health and the subsequent need for health care a radical change was needed in how individuals and communities took responsibility for their own health and also professionals needed to support individuals and communities in addressing quite entrenched habits and lifestyles.

The report also noted that the annual report was focussed on adults and gave some additional information on children and avoidable deaths.

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

## 13. DATES OF FUTURE MEETINGS

**Resolved -** That the meetings for the Municipal Year 2017/18 be held at 2.00pm on the following dates:

- Friday 14 July 2017



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- Friday 6 October 2017
- Friday 19 January 2018
- Friday 16 March 2018

(The meeting started at 2.00pm and closed at 4.35pm)