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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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6 July 2017

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NOTICE OF MEETING – HEALTH & WELLBEING BOARD – 14 JULY 2017

A meeting of the Health & Wellbeing Board will be held on **Friday 14 July 2017 at 2.00pm in the Council Chamber, Civic Offices, Reading.** The Agenda for the meeting is set out below.

AGENDA

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5. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY AND TRANSFORMATION PLAN (BOB STP) UPDATE - PRESENTATION 18

A presentation on the latest situation with the development of the BOB STP will be given at the meeting.

6. BERKSHIRE WEST ACCOUNTABLE CARE SYSTEM 29

A presentation on the Berkshire West Accountable Care System.

7. MEETING THE NEEDS OF VULNERABLE PEOPLE IN READING: JOINT LOCAL AUTHORITY/CCG RESPONSE TO FINDINGS OF HEALTHWATCH READING 41

A report setting out the joint response of Reading Borough Council (RBC), and North and West Reading Clinical Commissioning Group and South Reading Clinical Commissioning Group ('the Reading CCGs') to the report presented by Healthwatch Reading to the March 2017 meeting of the Reading Health and Wellbeing Board on '*Meeting the needs of vulnerable people in Reading'*.

8. HEALTHWATCH SUMMARY REPORT: HOW HOMELESS PEOPLE IN READING EXPERIENCE HEALTH CARE SERVICES 46

Healthwatch Reading's summary report on how homeless people in Reading experience Health Care Services.

9. HEALTHWATCH ANNUAL REPORT 2016/17 61

Healthwatch Reading's annual report, giving details of the work carried out by Healthwatch Reading in 2016/17

10. A HEALTHY WEIGHT STATEMENT FOR READING – IMPLEMENTATION PLAN UPDATE 89

A report providing the Board with an update on the implementation plan development for the Healthy Weight Strategy for Reading.

11. URGENT AND EMERGENCY CARE DELIVERY PLAN: SUMMARY BRIEFING 109

A briefing note on plans for a modernised and improved Urgent and Emergency Care Service as described in the " Urgent and Emergency Care Delivery Plan " which was published by NHS England in April 2017.

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19. PHARMACEUTICAL NEEDS ASSESSMENT 2017 – BRIEFING FOR HEALTH AND WELLBEING BOARDS 247

A briefing providing the Board with an update regarding their role in the three-year refresh of the Pharmaceutical Needs Assessment.

20. DATES OF FUTURE MEETINGS – Proposed Dates for 2017/18: -

Friday 6 October 2017 at 2pm
Friday 19 January 2018 at 2pm
Friday 16 March 2018 at 2pm

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?

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 9th 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 9th 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

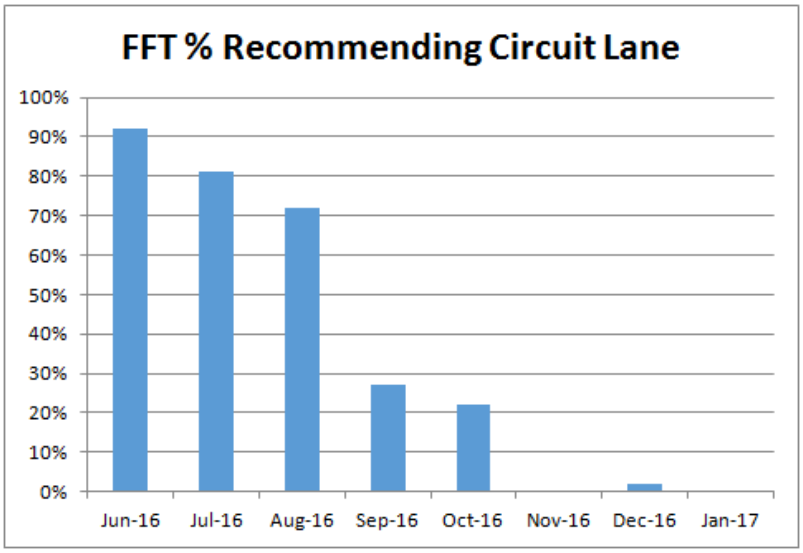
"The Health and Wellbeing Board is developing its own dashboard. A&E departments and other parts of the NHS have them too. Like a car dashboard, they alert users to issues before they become problems.

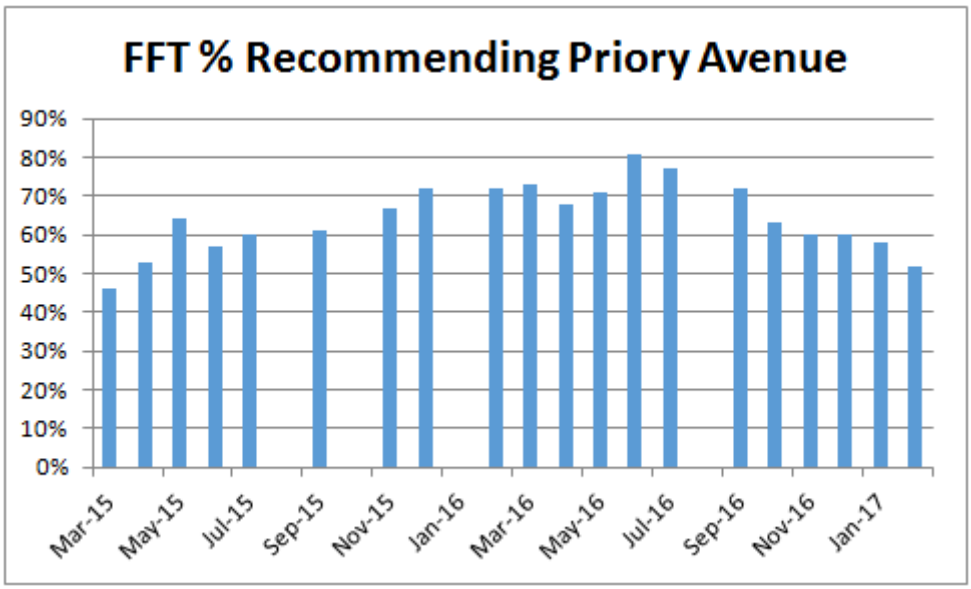
The Priory Avenue PPG had a dashboard including many of the issues picked up by the CQC. One Medical Group refused to continue to provide information for such a dashboard. A national source has just published the previously suppressed Friends

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.

- 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

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.

- 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.

- 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:

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.

- 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 -

(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 (DTOC) 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

- 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 tacking 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

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

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

Buckinghamshire, Oxfordshire & Berkshire West Sustainability & Transformation Plan (BOB STP) Update

Reading Borough Council
Health & Wellbeing Board

19th July 2017

Ann Donkin
BOB STP Programme Director

Presentation content

- Background recap
- STP footprint & approach
- STP finances
- STP priorities
- Programme management
- Update & next steps on planning & STP

Background

- 44 STP footprints across England
- **STPs vary in size and complexity** – from 0.3m population,1 CCG in West, North & East Cumbria (success regime) to 2.8m population, 12 CCGs in Greater Manchester (*DevoManc)*
- Buckinghamshire, Oxfordshire, Berkshire West STP is **one of the largest 'non metropolitan' footprints in England**:
  - 1.8m population
  - £2.5bn place based allocation
  - 7 Clinical Commissioning Groups,
  - 6 Foundation Trust & NHS Trust providers
  - 14 Local authorities

THE NHS IN BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST

£2.5 BILLION
BUDGET

175
GP SURGERIES

182
DENTAL PRACTICES

MAJOR HOSPITAL TRUSTS

Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and Royal Berkshire NHS Foundation Trust, providing acute medicine, surgery, maternity and paediatric services for local people, as well as more specialist services for a larger geographic area, including areas outside of BOB

37,000 STAFF

from district nurses to surgeons, porters to managers, pharmacists to physiotherapists

18,000 PATIENTS
SEEN DAILY BY GPs

400 PATIENTS A DAY
have emergency admissions to hospital

1,200
VISITS TO A&E A DAY

MENTAL HEALTH SERVICES

Provided by Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust

COMMUNITY HEALTH SERVICES

Provided by Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust

LEARNING DISABILITY SERVICES

Provided by Southern Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and Hertfordshire Partnership NHS Foundation Trust

AMBULANCE SERVICES

Provided by South Central Ambulance NHS Foundation Trust

BOB STP finances

- Resources allocated to BOB CCG commissioners for purchasing health services were **£2.55bn in 2016/17** and will increase to **£2.87bn by 2020/21**, an **increase of 12%**

- This increase is to pay for population growth, inflation and technological advances, together with funding for new national initiatives, such as implementing 7 day working across the NHS, implementing the GP and Mental Health *Five Year Forward View* objectives

- Expenditure is growing at a faster rate than the increase in funding and there is a **growing financial gap under the 'do nothing scenario' by 2020/21 of almost £500m**

- Local authority partners' care budgets are under relentless pressure as a result of allocation reductions, demography, need and deprivation

- Some funding for new national initiatives has been retained centrally which BOB has to compete for - transformation bids (revenue and capital)

BOB STP - transformation bids summary outcome at 13th June 2017

✓ bid submitted outcome awaited ✘ bid not submitted ✓ bid successful ✘ bid unsuccessful

Programme	Initiatives	Bucks	Oxon	Berks West
Mental health	Improving access to psychological therapies (Integrated IAPT)	✗	✗	✗
	Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults	✓	✘	✘
Cancer (TV Alliance)	Early diagnosis for people with cancer	✓	✓	✓
	Health Information Exchange (HEI)	✓	✓	✓
	Cancer recovery package	✓	✓	✓
	Cancer stratified follow up pathways	✓	✓	✓
Diabetes	Improving uptake of structured education for people with diabetes	✓	✓	✓
	Improving the achievement of the NICE recommended treatment targets	✓	✓	✓
	New or expanded multi-disciplinary footcare teams (MDFTs)	✘	✓	✘
	New or expanded diabetes inpatient specialist nursing services (DISNs)	✗	✗	✓
Learning Disabilities	Reducing reliance on specialist inpatient care for people with learning disabilities	✗	✗	✓
	Reduction in children with learning disabilities placed away from their home and local community	✗	✗	✓

BOB STP approach

- **Developing STP plans in local systems where it makes sense with key partners**
- **BOB-wide focus:**
- Shift the focus of care from treatment to **prevention**
- **Access** to the highest quality primary, community and urgent care
- Collaboration of the three acute trusts to deliver **quality and efficiency**
- Maximise value and patient outcomes from **specialised commissioning**
- **Mental health** development to improve the overall value of care provided
- Establish a flexible and collaborative approach to **workforce**
- **Digital interoperability** to improve information flow and efficiency

BOB STP programme management

- ***STP Executive Board*** (Chief Executive health & care system leaders)
- ***STP Operational Group*** *(*lead Directors/Senior Responsible Officers):
  - oversees and aligns delivery of the three health & care system plans and BOB-wide programmes
  - aligns resources, reduces duplication and gives clear programme leadership and programme management
- ***Stakeholder Engagement Forum (***local authorities, Healthwatch, NHS, Oxford AHSN, Third sector partners)

Individual organisations remain accountable but approach supports planning and state of readiness to position the footprint for transformation resources

BOB STP programme management

Stakeholder Engagement Forum
County, Unitary & District Councils
Health & Wellbeing Board Chairs
Healthwatch
NHSE/NHSI/PHE/HEE
Oxford AHSN
Third sector partners

- Enables wider partner engagement & involvement, opinion forming & briefing in the development and delivery of the STP

STP Executive Board

- Sets the vision, strategy and pace of STP development
- Oversees the delivery of the STP
- Tackles blockages to effective collaborative working

STP Operational Group

- Manages the BOB-wide workstreams
- Ensures coherence across BOB-wide workstreams & local health & care system plans
- Assure overall STP programme delivery

BOB Commissioning Executive

- Provides collective leadership for a number of services commissioned by CCGs where there is a benefit to be derived from collaboration across the CCGs

Provider network (wider BOB)

Finance Control Group

- Triangulates the financial planning assumptions, both revenue & capital, underpinning the BOB STP
- Supports workstreams with demand, activity & capacity analysis
- Works with Chief Financial Officer/Director of Finance colleagues on strategic financial issues e.g. control totals & risk management

Communications & Engagement

- Supports the STP in providing consistent and effective communications to all stakeholders
- Supports the engagement and patient & public involvement process and any formal consultations if required

BOB-wide programmes

- Prevention – BOB 'campaigns'
- Urgent & emergency care (links to Urgent & Emergency Care Network)
- Acute Care
- Specialised services
- Mental Health
- Primary Care

Place-based programmes

- Prevention – local programmes
- Integrated care including primary care, mental health & learning disability, children & families

Workforce (under the auspices of Local Workforce Advisory Board)

- Delivers the support workforce, value improvement & systems leadership projects
- Identifies new strategic opportunities for collaborative working to redesign the workforce to deliver new care models

Local Digital Roadmap (under the auspices of Chief Information Officers' Group)

- Identifies digital investment to support the STP
- Supports workstreams with assumptions around future information systems/interoperability to support integrated working

BOB STP communications & engagement

- Engagement within each local system on transformation plans e.g. Oxfordshire public consultation, Buckinghamshire pilot of community hubs, integrating care in Berkshire West
- Collaboration and joint working through BOB STP Communications and Engagement Group – Healthwatch representatives from all three systems are members of this group
- Stakeholder Engagement Forum enables wider partner engagement, involvement and briefing in the development and delivery of the STP
- BOB STP website to be launched Summer 2017 – Healthwatch representatives are part of the Task and Finish Group
- Opportunities for patient and public engagement identified in programme and workstream plans

Update and next steps

- March 2017 NHS England & NHS Improvement published national *Five Year Forward* View delivery plan
- First quarter 2017 STP delivery plan in development – incorporating 2017/18 & 2018/19 CCGs' & Trusts' 2 year operational plans
- Formal consultations on significant variation in the range and location of services commences/continues e.g. Oxfordshire transformation programme
- April 2017 onwards implementation of NHS *Five Year Forward View* continues – what is in essence year 2 of STPs
- June 2017 executive search process underway to appoint STP Lead via competitive recruitment process with formal appointment anticipated late Summer
- 15th June 2017 - both Buckinghamshire and Berkshire West confirmed by NHS England as first wave Accountable Care Systems

Berkshire West
Accountable Care System

An Update on the Berkshire West Accountable Care System

June 2017

History of partnership working

- 2013 CCGs and Health and Well Being Boards established – new opportunities and appetite for joint working as a health and social care system
- Health and social care partners apply together to be Integration Pioneers and are in the final 14 nationally
- Undertake a joint development programme – System Vision, Local Leadership
- Establish the BW10 Integration Programme, alongside local integration work with each LA, overseen by 3 HWBs
- Elements of this programme supported by the Better Care Fund

History of partnership working

- LAs identify the opportunity to develop a joint commissioning function
- Health partners identify the opportunity to explore new models of delivery based on a single budget for the whole health system
- Agreement to pursue sector based objectives for one year and start to bring both programmes together in year 2
- Ultimate aim to have a single programme for the whole health and care system delivering new care models and new business models
- BW10 Integration Programme and local integration programmes continue
- Reporting mechanism for the ACS and LA joint commissioning programme to be via the BW10 governance and through to HWBs
- 2016 local NHS partners apply to NHSE for a system control total
- January 2017 CCG present their comprehensive 2 year plan to HWB, including the ACS arrangements and fit with the wider BW10 integration agenda and the STP
- June 2017 BW ACS selected as of only 8 systems nationally to operate as an ACS in shadow form for 2017/18

Why an Accountable Care System?

- A high performing system but increasingly financially challenged. All parts of the system under huge demand pressure
- Different parts of the health system funded differently: PbR, block contract, GMS, PMS and APMS
- Commissioner/provider split creates unhelpful consequences for jointly planning patient care and managing the Berkshire West £
- Primary care under particular pressure: rising demand and expectations, extended access, workforce crisis and lack of financial investment

What is an Accountable Care System?

- A more collaborative approach to the planning and delivery of services with collective responsibility for resources and population health
- Operates on a single budget for the whole health care system
- Funds follow the patient to support pathway and service redesign
- Underpinned by a system financial model – manages risk and aligns incentives
- Organisations working more closely in partnership with system wide governance arrangements – signed a MoU June 2016
- Joined up, better coordinated services with more control and freedom over the total operations of the health and social care system in the area

Berkshire West
Accountable Care System

The development of collaborative commissioning

Strong Commissioner / Provider Split:

- Less opportunity for collaboration
- Organisationally focussed leadership
- Limited integration with local authority services
- Price & volume based payment mechanism

The move to CCGs

- More evidence of collaboration
- Strong clinical leadership
- Joint working with LAs
- Still based on price & volume

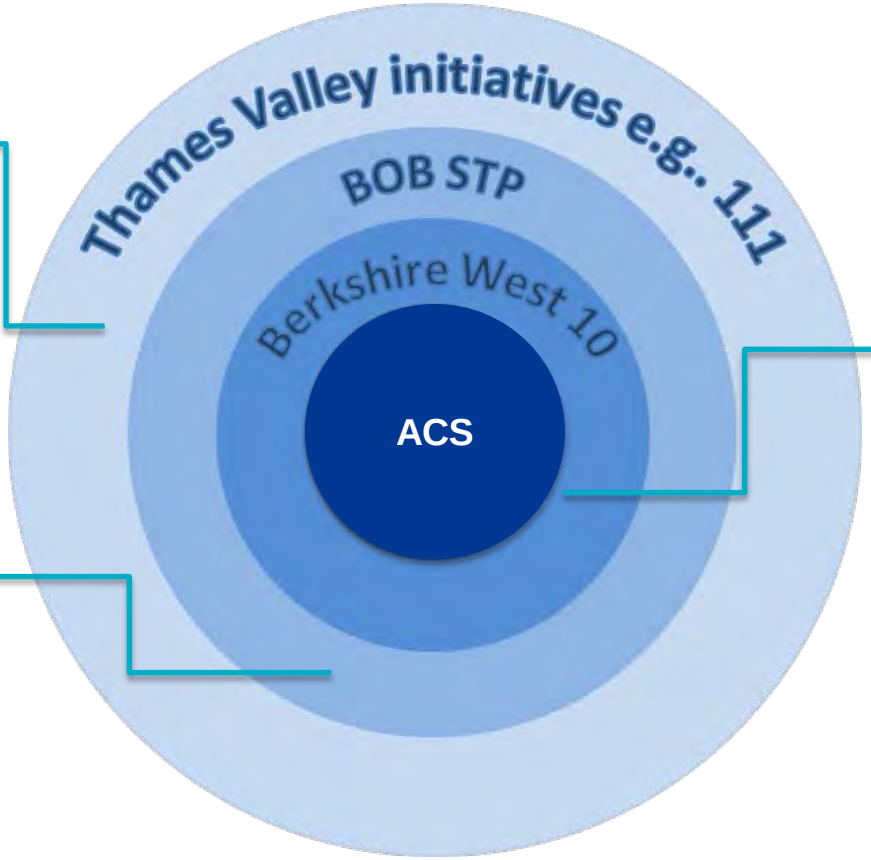
ACS - New Ways of Working

- Shared, non statutory governance
- Joint clinical improvement projects
- System Control Total for Financial Mgt.
- Cost recovery model rather than volume
- Stronger voice for Primary Care
- Enable further social care integration

Berkshire West
Accountable Care System

The ACS programmes fit with other initiatives in our region

We will continue our work with partner organisations to plan for and deliver services effectively at larger scales



The ACS compliments the well established health and social care integration programmes which oversees joint investments and improved system working

Our individual ACS members are an engaged and active part of the Buckinghamshire, Oxfordshire and Berkshire West STP

Berkshire West
Accountable Care System

Progress to date….

- Established new governance arrangements - signed MoU June 2016
- For 17/18 introduced a marginal rate with RBFT to share risk
- Awarded ‘Exemplar’ status June 2017
- Undertook 5YFV stocktake: A&E, MH, Ca, Primary Care
- The work of the ACS overlaps with the joint BW10 programme and the two together form a health and social care transformation continuum
- Commenced the ACS Transformation Programme:
  - New care models: *High intensity users, MSK transformation, Respiratory Care, Outpatients transformation, Meds. management and joint prescribing, bed modelling*
  - New business models: *Back office / support functions, Estates, contractual / financial models*

Berkshire West
Accountable Care System

Next Steps

- Agree a performance contract with NHSE/I – MUST move faster on 5YFV key deliverables – a system benefit
- Get Transformational Funding for the ACS
- Manage to a system £ control total – away from PbR and annual contractual / tactical negotiations
- Collective decisions making and governance
- Work with emerging primary care providers
- In year 2 start to bring BW10 and ACS together – Nick Carter, Chair of BW10 Integration Board will join ACS leadership Group

Implications for the way we work

- Partnerships within the ACS **and** horizontal networks with other health providers
- New approach to independent sector
- Integrated health and local govt. system wide strategy: clinical, digital, estates, workforce
- Combined teams/shared leadership - agnostic about “who” and “where”
- Single system view of performance and quality
- Fundamental change in the commissioner/provider relationship.
- Collective, clinically led decision making on optimal care models/pathways and allocation of the BW £

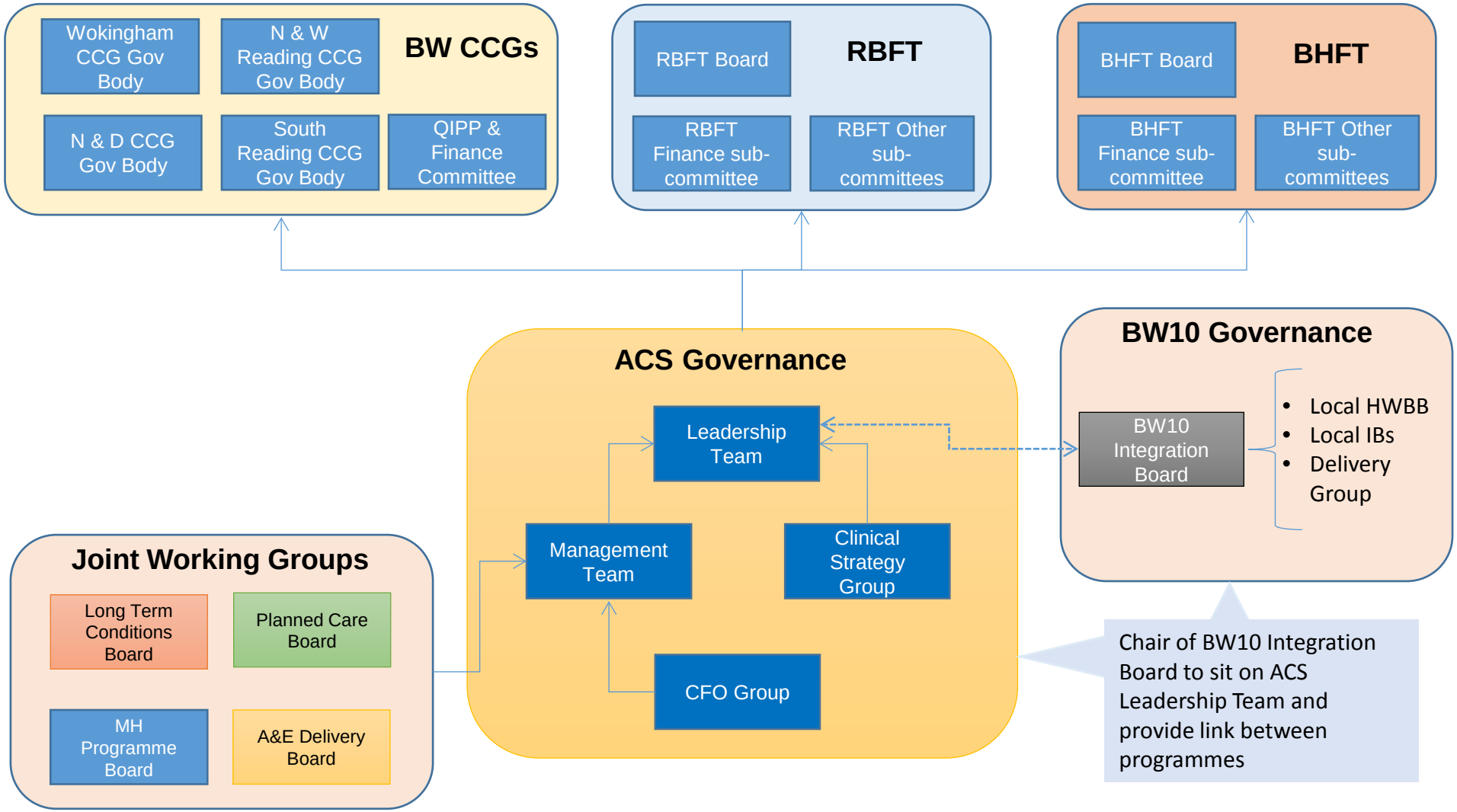
What will be different as a result?

By moving to an ACS Model, we will:

- Work more collaboratively to transform services e.g. Outpatients
- Cover the challenge of lower real-terms allocations
- Ensure each organisation has a stake in the system financial position rather than each constituent standing alone
- Better position the local NHS for wider integration opportunities with local government
- Provide Primary Care a greater platform in the design and evolution of service models
- Flow resource to the parts of the system where it is needed e.g. primary and social care

Berkshire West
Accountable Care System

Berkshire West ACS Governance Framework



READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVCIES

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**14 JULY 2017**	**AGENDA ITEM:**	**7**
TITLE:	**MEETING THE NEEDS OF VULNERABLE PEOPLE IN READING: JOINT LOCAL AUTHORITY / CCG RESPONSE TO FINDINGS OF HEALTHWATCH READING**		
LEAD OFFICERS:	**JANETTE SEARLE / SARITA RAKHRA**	**TEL:**	**0118 937 3753 / 0118 982 2889**
JOB TITLE:	**PREVENTATIVE SERVICES MANAGER, RBC / COMMISSIONING MANAGER, BW CCGs**	**E-MAIL:**	**Janette.Searle@reading.gov.uk / Sarita.Rakhra@nhs.net**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Healthwatch Reading presented a report to the March 2017 meeting of the Reading Health and Wellbeing Board on '*Meeting the needs of vulnerable people in Reading'*. This summarised the observations of 13 local voluntary sector organisations on delivering services to vulnerable adults in the current economic climate. This report sets out the joint response of Reading Borough Council ('RBC'), and North and West Reading Clinical Commissioning Group and South Reading Clinical Commissioning Group ('the Reading CCGs').

1.2 RBC and the Reading CCGs recognise that voluntary sector partners are often a valuable source of information on people's experiences of services and the issues they face. This is demonstrated in Healthwatch Reading's report, which has and will continue to inform discussions about how to ensure that plans for health and social care are based on people's experiences of the key issues.

1.3 The three commissioning bodies appreciate that Reading needs a sustainable and thriving third sector to help meet the challenges ahead. Clearly the sector is operating under pressure currently, and the report presented by Healthwatch Reading highlights the reasons for needing to work together across statutory and third sector services to pool resources for residents' benefit.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes this joint response and asks Healthwatch Reading to share it with those organisations which contributed to the '*Meeting the needs of vulnerable people in Reading'* report presented to the Board in March 2017**.**

3. BACKGROUND

3.1 The stated aims of the '*Meeting the needs of vulnerable people in Reading'* report, and of the voluntary and community sector roundtable which informed the content, were 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 required voluntary sector organisations

to bid for Reading Borough Council 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 affect 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.

3.2 The report presented by Healthwatch Reading to the March 2017 Health and Wellbeing Board invited the statutory commissioner members of the Board to consider, inter alia, how more effective joint working could help to address some of the issues raised in the report. The local authority and CCGs therefore offered to bring back a joint response to the next meeting of the Board.

4. FINDINGS AND RESPONSES

Finding (1)
"People using voluntary sector organisations have more complex needs than before."

Response (1)

Through our assessment and signposting processes, statutory care providers will often respond to individuals by helping them to link up with third sector providers, possibly as the first port of call, but we need to ensure this is safe and appropriate. A number of changes have been made recently which support this aim.

Reading's Adult Social Care service has recognised the need for a stronger focus on talking to people and really understanding their needs so we can support them in the best way. In April we launched a radically simplified social care assessment tool to help us move away from process driven conversations towards this new way of working.

RBC has recently recruited to the safeguarding adults manager post, and has reviewed the way in which safeguarding concerns are dealt with and by which teams. This has started to address concerns so that progress to an enquiry is completed in a shorter timeframe.

The Community Mental Health Team (CMHT), which is a joint health and social care team, has worked closely in the last year with the Single Point of Access Team (SPOA) to ensure that appropriate safeguarding cases are referred and that a timely and robust response is given. There is a designated safeguarding lead within the Reading CMHT to enable close working links.

In order to improve understanding of what community support is available for mental health, the Council has recently developed a resource pack, which is now being used by the CMHT and other partners. See:
http://servicesguide.reading.gov.uk/kb5/reading/directory/advice.page?id=n0eWsuf2uVo

RBC completes assessments on individuals referred to them by the hospital that they assess as requiring ongoing social care needs, and there are several different services which support people when they are discharged from hospital that are always used to their capacity. If there are concerns relating to unsafe discharges these can be reported through social care to investigate through safeguarding procedures.

RBC has, unfortunately, lost staff over the last year which has resulted in the use of agency staff, although several of the teams have been unaffected by this and have retained staff. RBC is now actively recruiting and offering permanent positions which should ensure greater

consistency across the teams. Social workers continue to receive professional supervision on a regular basis against a standard framework. This is supplemented by less formal but also valuable team supervision and peer support.

Finding (2)
"An increasing number of people are turning to some voluntary sector organisations due to difficulties caused by central government policies."

Comment (2)

The feedback on increased demand for information and advice reflects the Council's review of performance and need which will underpin the development of our next voluntary sector commissioning framework. This includes intelligence from commissioned providers and other local organisations offering information and advice, all of which will be welcome to comment on the Council's draft plans for the refreshed commissioning framework.

In addition, representatives from the Council's Welfare Reform and Debt Advice teams will be addressing Reading Voluntary Action's next Wellbeing Forum to explore how the Council and third sector organisations can work together more effectively to support Reading residents affected by financial difficulties.

Finding (3)
"Service users have experienced high anxiety about proposed closures of commissioned voluntary sector services."

Response (3)

The prospect of any change to services, but particularly the possibility of closure, can provoke anxiety. RBC and the Reading CCGs are committed to working together more closely in future to consider this carefully in how we develop communication, consultation and any re-commissioning, de-commissioning or migration plans.

The Healthwatch report specifically refers to the peer support service for mental health currently delivered by Reading Your Way. Both the Council and the Reading CCGs are continuing to commission this service for 2017-18. The Council is also continuing to provide the organisation with rent-free premises. Although RBC and the CCGs have separate funding agreements with Reading Your Way, we are now aligning our contract monitoring meetings. This will enable us to plan future commissioning on the basis of shared information and aspirations, considering crisis prevention and crisis support, and ensuring that people with mental health problems can have timely access to services.

Finding (4)
"NHS grants to the voluntary sector have also been cut."

Response (4)

The CCG proposes to align its future voluntary sector commissioning with Reading Borough Council's commissioning plans including the 'Narrowing the Gap' framework. For example, the CCGs aims to renew the home from hospital service that mirrors one of the Council's current Narrowing the Gap outcomes and work with the Council to commission services such as social prescribing, after stroke support, carers' information and advice, and support for people with dementia, including young people (aged under 65) with dementia.

Finding (5)
"Staff and volunteers in voluntary sector organisations are carrying a higher emotional burden due to the complexity of client cases."

Response (5)

The Health and Wellbeing Board exists to improve the health and wellbeing of the people in the local area, and to support the development of commissioning plans to this end. This has to include considering the wellbeing of those who work within local third sector organisations - on a paid or an unpaid basis - and the particular needs of third sector organisations. The Board expects its members to address this issue as future budget proposals are prepared and risk assessed in what is already a challenging climate.

One of the themes of the Council's Narrowing the Gap bidding framework is 'thriving communities' through which the local authority funds several infrastructure support services. These help to sustain voluntary and community groups and their members.

Finding (6)
"Some organisations are starting to charge fees or are having to step up fundraising efforts to maintain service levels, and some fear for the future."

Response (6)

It is important that statutory partners support third sector partners where appropriate to be able to deliver the services needed in Reading. This includes exploring new commissioning opportunities, particularly as we try to shift our emphasis onto preventing ill health rather than simply addressing its consequences. In addition, though, the Council supports and encourages third sector partners to develop alternative funding streams to improve their long term viability. This includes circulating information about other funding opportunities and working with some providers to model / remodel their service as a charged-for offer, e.g. to people with care needs who hold Personal Budgets or who are self funders. Some very small Reading community groups are running very successfully on this basis.

Finding (7)
"Narrowing the Gap has led to new and positive partnerships."

Response (7)

The Council is pleased to receive this feedback on its first voluntary sector commissioning framework, and hopes to build on this in developing the second framework. The benefits in terms of better sharing of information and good practice are what the Council hoped to achieve. Stronger partnership working wasn't expected to reduce costs in itself but to mitigate against the impact of less funding being available.

Finding (8)
"The voluntary sector urges RBC to learn lessons for the next contract round."

Response (8)

RBC is determined to do just this, and is grateful to the Narrowing the Gap bidders – successful and unsuccessful – who met with Council officers in June last year to share their feedback and

observations on the process. There will be further opportunities for local organisations to influence the next framework over the summer of 2017.

The move towards the Narrowing the Gap Commissioning Framework was a radical departure from the annual grant allocation round, which is why there was such an extensive period of engagement. We expect future rounds to be a refinement rather than such an overhaul, and not to require so many meetings.

5. BACKGROUND PAPERS

Meeting the needs of vulnerable people in Reading – Healthwatch Reading report presented to the Health & Wellbeing Board in March 2017.

How homeless people in Reading experience health care services

Executive summary

Why did we carry out this project?

Members of the public told us they were concerned about an apparent rise in the number of homeless people in Reading. We are committed to ensuring that 'unheard groups' get the chance to describe their experiences of local health and social care services in the same way as other citizens.

We also wanted to collect experiences that could complement the findings of a Reading health audit of homeless people, led by Reading Borough Council.

Who did we speak to?

We met and collected experiences of 19 people in three focus groups, each lasting one hour, at community locations used by these clients. We offered a £10 Tesco voucher to these people for their time and involvement (an engagement method we have used in past projects).

Participants gave their consent for us to take photos and share their stories.

Main findings

- **Access to dental care was the most common and significant problem** and we heard evidence of people removing their own teeth.

- **Access to timely appointments with a known GP is difficult (which echoes concerns of general population from our 2016 primary care project).** People can also run out of phone credit can run out while on hold to surgeries. People appreciated reception staff (such as those at the Reading NHS Walk-In Centre) who showed them respect regardless of their circumstances.

- **Administration problems (such as last-minute outpatient appointment cancellations) were an issue for people using hospitals.** Again, this is a problem also reported to us previously by the general population. People also described issues with hospital discharge, and some felt they were denied painkillers due to assumptions about being 'addicts'.

- **Sporadic Internet access means some people cannot access up-to-date information or might miss the benefits of online services.**

Recommendation:

We urge NHS and social care commissioners to use our findings, together with results of the RBC health audit (due out later this year), to inform how they will address care gaps, and consider innovations such as mobile dentistry services.

Introduction

Why did we undertake this project?

Members of the public told us they were concerned about an apparent rise in the number of homeless people in Reading. They see people sleeping in locations such as shop doorways on Station Road, Broad Street and even a tent on Friar St.

According to a 2016 report by national charity Shelter, Reading is ranked 37th in England's 50 top homelessness hotspots (or 8th outside of London). Just over 1,000 people are either living in temporary accommodation or sleeping rough in Reading, according to Shelter's figures, compiled from various official data sources.

Healthwatch Reading is committed to ensuring that 'unheard groups' get the chance to describe their experiences of local health and social care services in the same way as other citizens and so our board agreed to run an engagement project with homeless people.

Early on in our project we became aware that Reading Borough Council was planning a health audit of homeless people, using template resources provided by national charity Homeless Link. Nearly 30 local authorities have used these resources to carry out health audits since 2010.

RBC enlisted the support of statutory and voluntary sector organisations (including Healthwatch Reading staff) to carry out its local audit during January-March 2017. In total, 150 people completed the 42-questions audit survey covering all aspects of health needs and at the time of this report, findings were yet to be published.

Healthwatch Reading decided to run focus groups in parallel to the audit, to elicit more personal stories and experiences that might complement findings.

Healthwatch Reading's report and recommendations are independent of the RBC audit, but we hope commissioners from both the NHS and RBC, will deem our report as added value findings to the audit, which will inform local understanding and future planning and funding of services for this client group.

Overview of services available to homeless people in Reading

At any stage of sleeping rough, sofa-surfing, staying in hostels, or temporary accommodation, people, are entitled to **universal NHS services**, such as **GP surgeries, NHS dentistry, community pharmacy, the Reading NHS Walk-In Centre** in Broad Street Mall, the clinics, wards and emergency department provided by the **Royal Berkshire Hospital**, and **mental health and community services** provided by Berkshire Healthcare NHS Foundation Trust.

People sleeping rough

People who are sleeping rough are supported by an **outreach team from St Mungo's**, who can make referrals to other services, including Reading Borough Council's homeless pathway.

Churches in Reading Drop-In Centre (CIRDIC) provides hot meals, showers, clothes, telephone, postal addresses, housing information and **a nurse-led clinic** (see below).

People on the council's homelessness pathway

People who have been placed on Reading Borough Council's homelessness pathway will have housing, health and wellbeing milestones set through different stages:

1. Intensive: Short-term accommodation with 24/7 staff support and peer support groups, at venues such as **Hamble Court run by Riverside English Churches Housing Group**, or **Willow House run by Salvation Army**; help with registering with a GP; advice for those who are drug users, on safe injecting and needle disposal, including Reading's 16 **Reading's 16 community needle exchange venues (mostly pharmacies)**; help to engage with Reading's **drug and alcohol service, Iris**; advice on benefits and finances; and help to develop a support plan.

2: Lifeskills: Moving to a smaller hostel such as those run by **Launchpad and other supported living providers** without round-the-clock staff, but a regular support worker; registering with a dentist; addressing longer term health needs; referred to counselling if needed; healthy eating; budgeting and training/education.

3. Approaching independence: Building confidence to live independently

4. Moving on: Taking on a tenancy

(Reading Borough Council's policy committee considered a proposal to reduce the budget for the homelessness pathway by nearly £250,000).

Dedicated health outreach for homeless people

The Health Outreach and Liaison Team (HOLT) is a nurse-led outreach service that holds two-hour drop-in clinics, once a week at Cirdic, and once a week at Launchpad Reading. The team is run by Berkshire Healthcare NHS Foundation and

offers initial assessment and treatment, signposting/referrals to appropriate services, health advice, and support registering with a GP or dentist.

About the people who took part in the focus groups

We met and collected experiences of 19 people, 17 men and two women.

Most (42%) were aged 35-44, followed by 45-54 (26%), 55-64 (16%), 65-74 (11%), and 25-34 (1%). Nobody was aged under 24 or over 75.

The majority (83%) described themselves as British, 'other White', or Irish. Nobody was from an African, Asian or other minority ethnic background.

Nearly half of people (47%) said they had a disability.

How we set up and ran the focus groups

We ran three separate focus groups, each lasting one hour. One took place at CIRDIC drop-in centre on 7th April 2017, and two at Willow House (Salvation Army) on 27th April 2017, to ensure they were in a familiar and accessible environment.

These focus groups were separate to the council's audit exercise.

Beforehand, Cirdic and Willow House staff put up posters we supplied, advertising focus group opportunities.

We also consulted with Willow House and Cirdic staff about the focus group topics.

We ran the sessions in the same way as we do for other members of the public:

- by making the group 'safe' (by confirming consent to share experiences, take and use photos; agreeing ground-rules on how the group interacted; and giving participants chances to ask us questions)
- using posters and questions as prompts for a facilitated discussion, rather than a rigid structure, to ensure all people got a chance to have their say.

The core questions people discussed were:

- what did you like about the health service?

- was there anything you did not like about the service?
- is there any improvement you would suggest for the service?

Main findings

This section covers people's experiences with dentists, GPs and hospitals. Focus group participants did not take up opportunities we gave them to discuss – even on an individual basis outside of the group setting - their mental health needs of experiences in mental health care settings.

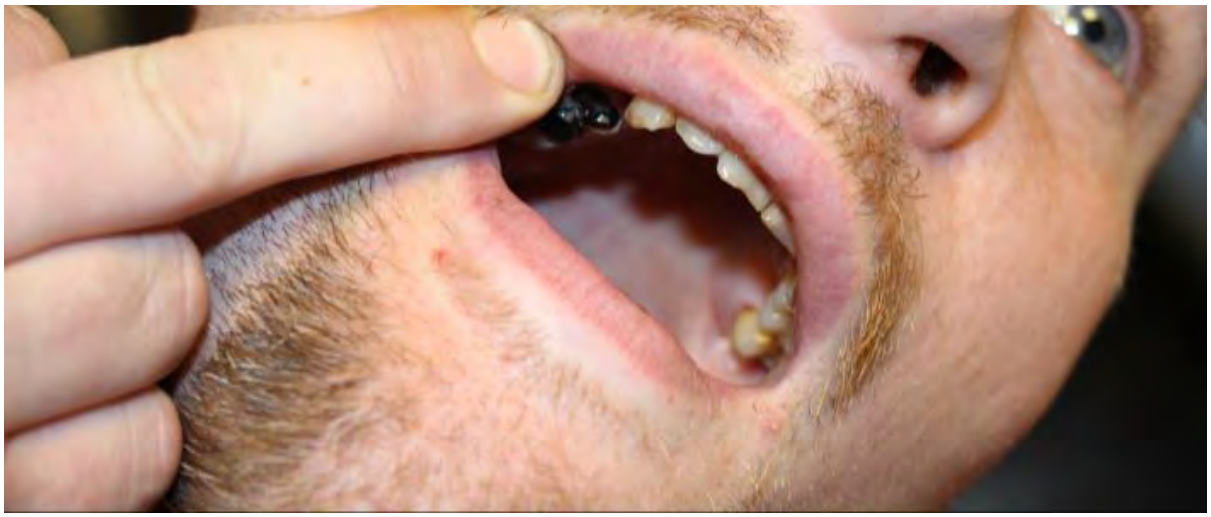
Dental care

The most common theme raised by people was poor dental health and accessing NHS care:

"I went to the dentist with an abscess on my tooth…and I had to have the tooth out in the end… and I'm waiting for another appointment **[for a cracked tooth]**."

"I missed a 6-month check-up… and then they strike you off and you're not allowed to re-join. I had to have three teeth taken out, and I've actually removed them myself and they've all snapped at the root…"

"I've been striked off of that one, because I've been homeless, and I got there to make an appointment and they's struck me off, and you can't re-register - they won't let you - and then to try and find another …and they charge you too…and I was homeless and living in a tent, not getting no money, and now I'm still not with a dentist."



This man showed us the impact of poor access to dental care

"It's best to press up, then twist and pull down, rather just pull down, cos you might leave a bit." (Person describing how they pull out their own teeth)

"I hate talking…I usually try not to open my mouth…or have my hand **[person demonstrates putting hand over their mouth to hide their teeth].**

One person thought that dentists were not agreeing to requests from homeless people to pull out all teeth because they wanted patients to come back for repeat visits to get extra income under the NHS dental charging rules. Even if they were on benefits, people understood they would be charged £46 per extraction.

"I said to him **[the dentist]** *…you've got to take* **[my tooth]** *out…but he said, 'cap it'* **[so I]** *had to go back* **[to get it capped and then it broke again].***"*

Other people also wondered why their teeth could not be removed all at once, given that they felt it was inevitable they would eventually lose them.

"I've got that disease where you once you've got that gum disease your teeth are gonna fall out…cause it goes from one to the other…so when I went in…I was like 'would you take them all out?' and they wouldn't."

People also said they had refused treatment because they felt dentists were not taking needle or other phobias seriously:

"I am not going anywhere near hospital unless they are going to knock me out… **[to have teeth removed].** *Every time they offer an injection* **[for a local anaesthetic].** *It's 'oh, don't be a baby'."*

*"The dentist said, basically I need treatment doing, that's fine, but they won't knock me out, they need to keep me awake. But you want to put Black and Decker in my mouth whilst I'm awake and go to work? No, you've got to knock me out and they won't do it, so I am f**ked with a gammy tooth!"*

"It's like they don't listen to you if you have a phobia…that thing when people are scared of it."

GP surgeries

In other parts of the country, registering with a GP is reported to be a problem by people who are homeless. Most people in our focus groups did not describe such problems.

However, some said surgeries were still asking, when registering, for proof of address they might not have (such as utility bills), or were rejected as not suitable (such as mobile phone contracts). Cirdic allowed people to use its address if needed.

(Government guidance states people do not have to provide proof of address to register as a new patient – this is discussed later in our report).

Some people reported being asked to give too much personal information to GP receptionists:

"When you go to the GP or walk-in centre and you speak to the receptionist and they ask you what you're here for. Why should I speak to the receptionist? I want to speak to my doctor, it's personal."

Some felt that their personal situation was stigmatising, and that staff just wanted them 'in and out' of the surgery as quickly as possible.

*"**Receptionists…. it's the** way they look at you, you know what they are thinking and it just makes you so uncomfortable…"*

***"It's when you're just in and out the door – I've had that before** – not willing to give me the time."*

*"People not being willing to give you the time …. **you're** in and out as quick as possible, **if you know what I mean**."*

"There's just one GP there I won't see any** more: he seems to just not be **interested in what I'm telling him and just sends me away, so I always ask for someone else."

There was a feeling that better training for receptionists could be helpful:

*"**If you're receptionists at the doctors**, you should have that training - you are the first port of call to the doctor - you are representing the doctor. When you come into the centre you should be treated as equals all the way along the line - **it should be basically 'Good morning Sir how are you?'** - a bit of respect - **it doesn't cost you anything…**"*

*"They are all under pressure we know that...but **it's** like, treat me **normally…**"*

Others reported difficulties such as not seeing a known GP or difficulties getting an appointment at the GP surgery:

*"I am registered with one GP. With my GP, **I've got to phone them at 8 o'clock** in the morning to try and get an appointment but when you phone them they are always busy. That's why sometimes I will go to the walk-in centre. Then when you get there they put you in there to see the nurse then if they think you are worse enough to see a doctor then they send you to see the doctor."*

*"**If you are running our** out of credit [on your mob**ile phone] and it's** on hold [to speak to GP **receptionist], you're** just running out of **credit.**"*

"When I go back to see MY doctor I always end up seeing another doctor, I never see the same doctor."

"There's no consistency in which doctor you see and you have to explain your whole medical history despite the notes being on computer. Very time consuming."

"You find you have to explain yourself all the time."

*"I have tried to go to the doctors near me on the Oxford Road and no, it's all full up. I've stayed where I am at the walk-in centre. I would prefer to go to a **proper doctor's surgery obviously**, but they are all full."*

"…if the doctor knows you, it's about having that bond …it's when he knows you…knows everything about you, knows you as a person…you want to see your doctor who knows everything about you…"

"Since they've been taken over [Priory Avenue Surgery, by company OneMedicalGroup] it's 10 times worse…everything…appointments, system, locums, doctors that are partners they've only got one and all the rest are locums. They're on about turning to into a walk-in centre in the morning, which is never going to work…. When I've phoned up…had to wait 5 or 6 weeks, was 48 hours before. What they have done has ruined the surgery - it was actually ten times better before."

"I phoned up this morning but it was too late to see a doctor today unless it is an emergency, but I need to see a doctor today…so I'll phone back at 2pm…otherwise it's a week…sometimes it's five days."

"That one [Reading Walk-in Centre] is ridiculous…you wait two or three hours and then you see a nurse and she decides if you're allowed to see the doctor and then you've got to sit down another two or three hours to see a doctor …."

Getting information about services can be difficult:

"Not everyone has got the internet **[to find out about GP services or other services].** *Not everyone has the access to the information on opening hours etc.* **[How do you access the internet?]** *The library, CIRDIC."*

People also described examples of good GP care:

"I had to move to the University Medical Centre and they are ***really good… I can just go in*** *there, there's eight GPs and maximum wait is half an hour and they're open [some] nights."*

"My GP actually puts my prescriptions through automatically and I pick it up every ***and I don't have to ring*** *up."*

"I am registered with the walk-in centre and I can go straight in come out and I am happy. I have explained to them beforehand that ***I'm homeless and*** *I get anxious around crowds of people* ***so I've explained that to them so they are a bit more sympathetic to me and they don't start judging me because (a) I'm homeless and (b) I got issues."***

Hospital services

Two participants reported difficulty with getting hospital referrals organised:

"It took months to get mine sorted for a spinal thing …you know I've gone up to the hospital and it's been cancelled."

*"They sent me referral - I had to try and see the hand and feet specialist and the spinal, and both times I got there really early in the morning and it had been cancelled and I had not been told and I am still waiting…. **This** was last year and I am still waiting for these appointments, which I need to know…. I think they had just overbooked."*

Another described the anxiety of waiting a long time for an appointment that had been booked:

"I've had a heart problem for about last three months, don't know exactly what it is, and I've got to wait until [date next month] to have it looked at."

One person described the difficulties associated with being sent out of area for specialist treatment:

"I always get sent to a hospital far away, and I've got [chronic condition] - it's a nightmare for me - they sent me to…Thatcham - that's in the middle of nowhere! I can't walk properly with my condition, and I have seizures. They

*sent me there for a brain scan. My memory wasn't right at the time. But I had to get there. So, **if you don't know anyone that can drive, and you have to get the bus, that's a bit far** to travel, and they always give me my appointments **at like half eight in the morning or nine o'clock, so I need to get up really** early in the morning to be able to get the first bus. Two hours on the bus it **takes, 'cos you have to get one bus to Newbury a**nd then you have to get that **bus out of Newbury 'cos it's not even in Newbury…so if you have to get there for like quarter to nine, it's a nightmare, and you miss it…**I had no choice* **[of where to go or the time]**.

One participant described being discharged with no accommodation to go to:

"I was discharged to the street last year, after an operation, from Royal Berks..they just discharged me to the street. I was supposed to keep that **[the wound]** *clean, and there was me sleeping rough."*

Another person told us about their experience with orthopaedic care:

*"I had to walk around the hospital with a broken leg two years ago - all round - all through orthopaedics - not offered a wheel chair - sat here for six hours with a broken leg and the ambulance when it arrived made me walk to the ambulance, and I already had a great chunk of metal in the one leg…. The hospital was just absolutely useless and they book you an appointment for 8.30am**, and you get there and you don't get seen until half twelve**, one **o'clock or two o'clock and you think what's the point o**f giving me an appointment time? I**t's a first come first served in orthopaedics, though they say it isn't - the trick is to get there by eight o'clock and give them your name. You can be booked in for nine o'clock and** be there all day**."***

*"The hospital is useless when I had my ankle done over. Basically, they turned round to me and said on the same day I could walk on it, after they put **stitches in it. No pain killers and didn't even give me any crutches…They do** use it against you they don't like giving you medication because you're an addict. It's a stigma."*

We also heard positive feedback about A&E:

*"I sprained my ankle very badly in Broad Street one day and I had a cut on my finger they took me up to A&E and it was ok I was seen pretty quickly. They were nice [t**he staff in A&E**."*

Observations we collected from volunteers and professionals

People who work with clients on the homelessness pathway gave us interesting insights about the choices and circumstances of people they work with, including:

- a small number of people who can afford either rent, or food and bills, but not both, will choose to sleep outdoors, perhaps in a tent, in order to 'pay their way' – and not depend on others - as best they can;
- there is lots of free food available in Reading – that while this does not solve the problems that people have, it is usually possible to signpost people so that this basic need can be met;
- a small number of people choose not to take up available sleeping accommodation because hostels and similar will often have a curfew that is before the pubs close – and the best time for begging is at closing time, when pub and club patrons are leaving and going home themselves.

We also heard that meeting the needs of this diverse group of people is complex, and depends on not making assumptions about any individual's situation.

Initiatives and evidence from other parts of England

A report, published this year by charity Groundswell, found that 90% of participants had a problem with their mouth health since becoming homeless.

Many people were experiencing dental pain, and had lost teeth since becoming homeless. More than one quarter used alcohol or drugs as a way to cope with dental pain. Some had attended A&E with dental problems.

The report said that difficulties with getting dental treatment, lifestyle and low levels of self-care were a key barrier to maintaining a healthy mouth. Slightly less than one quarter had had been to the dentist in the last six months, and more than half of people were not clear on their rights to NHS dentistry.

The report has led to a new self-help action guide to promote personal oral health, and making the most of visits to the dentist, available on the Groundswell website.

The charity Dentaid has developed an interesting outreach project, using a van it bought and equipped as a mobile dental surgery in 2016.

The van has visited various places in the UK to provide free treatment to homeless and vulnerable people.

A 38-year-old called Daniel who had been sleeping rough in Winchester for eight months, described the service: "I've had toothache for ages but didn't really know what to do about it. I would never go to a dentist but when the dentist came here on the bus I knew I had to see her," he said. "I needed three teeth to be taken out and she's going to do some fillings. I'm over the moon because it'll stop the toothache."

In London, an 'access to healthcare card' has been developed and distributed in a joint project between charity Groundswell, the Healthy London Partnership and local Healthwatch. The card is designed to help people who are homeless to register and receive treatment at London GP practices.

We received a positive response to the idea of the 'rights' card and a local walk-in dentist service, during our discussions with the focus groups.

Other evidence we reviewed for this project includes:

- a Joseph Rowntree Foundation report showing local authorities reporting significant reductions in specialist support for homeless people with mental health problems, to alcohol or substance misusers
- a medical journal report on how to provider good access to primary care for homeless people
- reports into experiences of homeless people by local Healthwatch, in Bristol, Gloucestershire, Northamptonshire, Lancashire and Stoke.

Discussion and recommendations

We urge NHS and social care commissioners to use our findings, together with results of the RBC health audit (due out later this year), to inform how they will address care gaps.

This includes:

- Berkshire West Clinical Commissioning Groups considering whether to produce and distribute a card outlining the right to register with GP practices without an address
- Berkshire West CCGs to consider running training/awareness raising events with GP reception staff and doctors, about treating homeless people with

respect and putting arrangements in place that remove barriers to making appointments

- Local NHS England dentistry commissioners consider piloting free, walk-in/mobile dentistry, to offer a service that takes into account the particular needs, fears and concerns homeless people might have about dental treatment
- All NHS providers and commissioners take steps to ensure they are reaching out to homeless people to involve them in service design, changes or improvements, in line with NHS Constitution and other statutory guidance on involving the public in individual healthcare and population level commissioning.
- RBC to communicate clearly how the views of people who completed its health audit, will impact on any future services

Acknowledgements

Healthwatch Reading would like to thank the members of the public who participated in the focus groups, staff at CIRDIC and Willow House, and Reading Borough Council staff involved in the health audit, for their assistance.

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Healthwatch Reading
Annual Report 2016/17

Contents

Design and photographs by Phil Healy, Healthwatch Reading Digital Information Officer

Message from our Chair

Dear friends, colleagues and supporters,

It is with great pleasure that I present this annual report. Healthwatch Reading always strives to ensure that at the heart of everything we achieve are the voices of local people being heard and delivering change. This has been especially true this year. It has been a year full of achievements in challenging circumstances.

David Shepherd, chair of trustees

The Healthwatch team, made up of trustees, board members, staff and volunteers have worked on a number of key projects this year, including a continued focus on primary care services in Reading, with extra support given to patients at Circuit Lane and Priory Avenue as a result of changes in management at the surgeries. We also made our first venture into pharmacy services with a public survey exploring local people's views on electronic prescribing and finally a seven day Enter and View of the emergency department at the Royal Berkshire Hospital.

However, projects are just one element of the work of the Healthwatch Reading team. We actively take part in strategic meetings, workshops and events, presenting the information we have gathered from local people and making certain that patient voices are at the heart of service commissioning and development.

We also provide a range of information and advice and advocacy services, with the number of contacts increasing for the fourth year in a row.

As an organisation, we continue to operate at the highest level despite the ongoing financial challenge that we face. I would like to take this opportunity to thank the team for their commitment to organisation and the passion they show for campaigning for local people's voices to be heard and achieve outcomes.

Finally, I would like to thank our local community, for trusting us with your voices and challenging us to take your concerns forward. We will continue to work hard to serve our community and I hope that you will continue to work with us by always sharing your experiences, whether good or bad, by calling us, emailing us, tweeting us or just dropping in. With your continued support, we can all work to make sure services are commissioned and delivered to meet our needs.

Highlights from the year

313 people contacted us with individual feedback or complaints about local services

We engaged with more than 1,600 people for our projects

We supported 50 people referred by social workers, for Care Act Advocacy, through partnership working with other charities

Reading Voice

Our website attracted over 3,500 visitors, who have made 13,598 page views

Our projects have covered experiences in A&E, electronic prescribing and primary care

We now have 1,761 followers on twitter

Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our mission

Healthwatch Reading's mission is to campaign for better care for our community. We do this by:

+ advising people of their rights, giving them information, and signposting them to other services;
+ advocating on behalf of local people to raise concerns, make a complaint, or support them to have their voice heard;
+ taking action to influence decision-makers, by ensuring they hear the experiences of people, especially the most vulnerable, and involve the public in changing and improving health and care services.

Our priorities

Our priorities are based on what the community says is important to them and are driven by the Healthwatch Reading board, a committed group of local volunteers.

In 2016-17, our priorities focused on:

1. Empowering people to share feedback, complain or have their voice heard, by working with individuals, the local voluntary and community sector, and our statutory partners. In 2016-17 we engaged with more than 1,600 local people through a range of projects, including a week-long exercise in the emergency department of Royal Berkshire Hospital, a survey in pharmacies and GP practices, on people's experiences of electronic prescribing, and ongoing evidence-gathering from some of the 17,000 patients affected by underperformance at two local GP surgeries.
2. Ensuring everyone has as equal voice by working with the diverse community of Reading to understand how they experience local services. This included understanding the needs of people with learning disabilities, mental health needs, or old age; refugees, and those in poverty by convening a roundtable of local charities who provide frontline support to the most vulnerable people in our society. We have also developed relationships with BME organisations such as Jeena.
3. People are involved in shaping services for today and the future. We have brought a public perspective as new services are developed, through our involvement in a local End of Life Care steering group, and also campaigned for better communication about transformation of services, through our seats on the Berkshire West Primary Care Commissioning Committee, Berkshire West A&E Delivery Board, and Reading Integration Board.

How we make decisions

Our board and trustees are all volunteers and members of the local community.

The trustees of Healthwatch Reading, which is a charitable incorporated organisation, are responsible for the strategic vision, governance and finances.

The board oversees our work plan and ensures we listen to our local community.

We also ask our local community to suggest issues to help decide our annual work plan. We hold regular board meetings in public, so they can see how we work and get the chance to ask questions.

A Healthwatch Reading Board meeting held in public

Our people:

Trustees:

David Shepherd - Chairman

Gurmit Dhendsa - financial and strategic development

Monica Collings – public health and mental health services

Our Board:

Sheila Booth – physical disabilities and sensory needs

Douglas Findlay – young people and pharmaceutical services

Tony Hall – care for the elderly and GP services

Sue Pigott – learning disabilities

Reverend John Rogers – engagement with the faith community and social care

David Shepherd – commissioning of services

Helena Turner – community engagement, young people and mental health

Co-opted members

Francis Brown – North and West Reading Patient Voice

Libby Stroud – South Reading Patient Voice

Our staff team:

Chief executive: Mandeep Kaur Sira

Team manager: Rebecca Norris

Advocacy services manager: Phil Murphy

Officers: Catherine Williams and Pat Bunch

Digital information officer: Phil Healy

Your views on health and care

How we gather experiences

We believe the best way to collect people's views is to go out into the community, in order to ensure we give all sections of society, a chance to be heard.

Our A&E project, for instance, involved setting up sessions within the hospital's waiting areas, on seven consecutive days, at various times ranging from 11am- 10pm. We brought a portable, eye-catching stand (see photo, right) from which we could hand out surveys and that could be moved between the adult's and children's waiting area. We also directly collected views of under-18s (with their adult's permission), using a child-friendly survey. Our approach meant we collected the views of more than 10 per cent of the total people attending A&E that week, mainly made up of working-age adults, including people living outside of Reading.

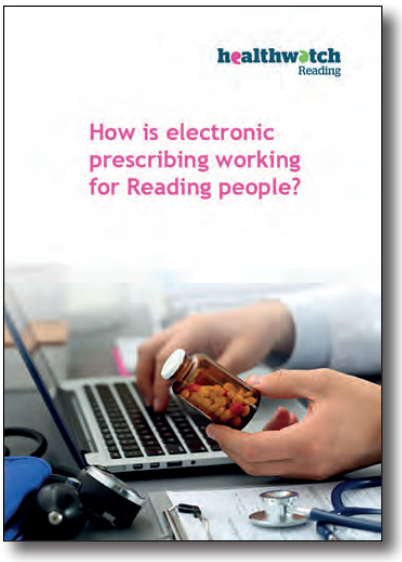
Other methods of collecting experiences included:

+ visiting six GP surgeries and two pharmacies to ask people about prescribing, which especially captured views of people aged 65-84
+ sending our staff team en masse to address a public meeting attended by hundreds of people unhappy about their GP surgery, and to hand out and collect surveys
+ attending a public consultation event about a possible change to a mental health day centre and collating personal testimonies of service users
+ holding stands in shopping malls, and at local events including Carer's Rights Day, Older People's Day and End-of-Life Planning

+ visiting advocacy clients, who usually have learning disabilities, or are at risk of abuse, or are frail and elderly, in care homes, hospitals and supported living houses
+ holding an interactive lesson with young people at a local training provider.

What we've learnt from visiting services & how we've made a difference

Electronic Prescribing Project



Our electronic prescribing project was prompted by concerns passed to us about how NHS computers 'talk' to each other about patients' medicines.

During our visits to GP surgeries and pharmacies, we discovered that public expectations were not being met as their medicines were often still not ready for them to pick up when they went to collect them.

We made five recommendations to commissioners, including asking for all pharmacies to text patients when their medicines were ready as we knew some chemists were already doing this. Local NHS England staff said they would raise the idea nationally, and also agreed to look into ensuring the public got consistent information from GPs and pharmacies.

'The LPC [Thames Valley Local Pharmacy Committee] would like to reiterate its' thanks to Healthwatch Reading for shining a spotlight on electronic prescribing and for raising awareness across the area.'

Pharmacy representatives responding to our electronic prescribing report, January 2017

Primary Care Project

Our standing project on primary care uncovered a body of evidence from patients at two underperforming GP surgeries about unsafe services, poor access to appointments and delays in repeat prescriptions.

We collated themes and case studies and passed these to local Care Quality Commission inspectors, and also raised concerns in meetings with North and West Reading Clinical Commissioning Group. As a result, the CQC undertook visits that confirmed patients' concerns and led to 'inadequate' ratings and a local action plan with extra funding for the surgeries.

We have since carried out a re-visit to both surgeries and patients are reporting that improvements have started.

'We received patient feedback including information from very concerned patients via local Healthwatch.'

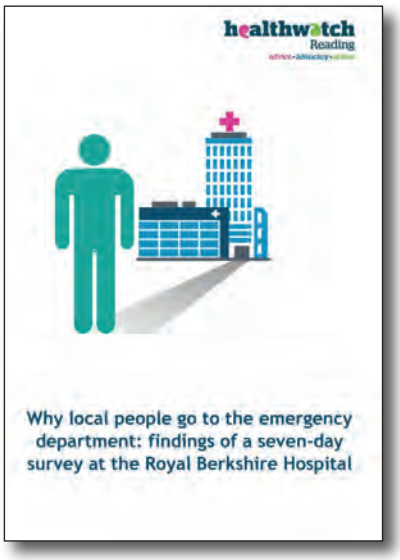
The Care Quality Commission explains how it heard about patient concerns, in one of the inspection reports published about a local GP practice, on 17 February 2017.

'We take patient feedback very seriously and we are working closely with the practices' patient participation groups and Healthwatch Reading to keep patients informed of progress and listen to their feedback.'

North and West Reading CCG, 27 February 2017

Accident and Emergency Department Project

We launched our A&E project to try and understand why so many people were turning up to the Royal Berkshire Hospital's emergency department in record numbers.



Rather than 'misusing' A&E, our visits to the hospital revealed that more than half of people had already sought help from other NHS services, and of these, eight in ten people said the other service had advised them to go to A&E. People also gave feedback about the check-in and waiting area experience; such as inaccurate waiting time signs, and clinicians not speaking loud enough to call patients in to be seen.

We prepared an extensive discussion document that we presented to the Berkshire West A&E Delivery Board. This board responded with a number of actions, including a GP project to review the care of their patients who attend A&E frequently, and hospital-led changes to the department.

The findings will also inform local work to implement nationally-mandated changes to urgent care services, such as all hospitals having a GP in their emergency department, and the launch of an improved 111 helpline advice.

'There was different advice at different services. 111 said to go to walk-in centre for minor injuries, but walk-in centre can't do X-rays so advised to go to A&E, rang 111 to check this was okay, 111 said no food or drink, water or pain relief. A&E said always okay to give pain relief.'

'GP said come to A&E if still feeling pain after a few days.'

Some of the feedback people gave us about their decision to go to A&E

'The document includes a large amount of valuable information regarding the experience of patients attending the emergency department. The information is being used to support discussions with partner organisations across the health and social care systems as part of our ongoing work to improve the quality of services we commission.'

Berkshire West Clinical Commissioning Groups, October 2016