

## READING HEALTH & WELLBEING BOARD MINUTES - 6 OCTOBER 2017

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Ann Marie Dodds	Director of Children, Education & Early Help Services, RBC
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC

### Also in attendance:

Michael Beakhouse	Integration Programme Manager, RBC & CCGs
Gwen Bonner	Clinical Director, Berkshire Healthcare NHS Foundation Trust (BHFT)
Stan Gilmour	LPA Commander for Reading, Thames Valley Police
Jo Jefferies	Consultant in Public Health
Maureen McCartney	Operations Director, North & West Reading CCG
Lyndon Mead	Accountable Care System Programme Manager, Berkshire West CCGs
Eleanor Mitchell	Operations Director, South Reading CCG
Sarah Morland	Partnership Manager, Reading Voluntary Action
Sally Murray	Head of Children's Commissioning, Berks West CCGs
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Councillor Stanford-Beale	RBC
Liz Stead	Head of Safeguarding Children, Berkshire West CCGs
Lesley Wyman	Consultant in Public Health

### Apologies:

Jo Hawthorne	Head of Wellbeing, Commissioning & Improvement, RBC
Councillor Lovelock	Leader of the Council, RBC
Bev Searle	Director of Transformation, BHFT
David Shepherd	Chair, Healthwatch Reading
Bu Thava	Chair, South Reading CCG
Cathy Winfield	Chief Officer, Berkshire West CCGs

(Councillor Stanford-Beale declared an interest in any items on the agenda which referred to autism but remained in the room and took part in the debate. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire.)

## 1. MINUTES

The Minutes of the meeting held on 14 July 2017 were confirmed as a correct record and signed by the Chair.

**2. UPDATE ON PROGRESS TOWARDS PROMOTING POSITIVE MENTAL HEALTH & WELLBEING IN CHILDREN & YOUNG PEOPLE**

Sally Murray submitted a report giving an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system, responding to the national Future in Mind requirements. Appendix 1 set out acronyms used in the report and Appendices 2 & 3 set out details of Tier 1-4 services.

The report gave details of areas of progress since the last report to the Board in March 2017, which included:

- The CAMHS Urgent Response Pilot, integrated with Royal Berkshire Hospital, providing timely mental health assessments and care, had been recommissioned for 2017/18 in partnership with Berkshire East CCGs and recurrent funding was being sought.
- The Berkshire CAMHS Community Eating Disorders Service was now fully established and providing a more timely highly specialised community service in accordance with national requirements.
- A successful bid had been made to NHS England Health and Justice commissioning, resulting in some additional CAMHS resource and new speech and language therapy resource being available to the Reading Youth Offending Team. An all age Liaison and Diversion scheme for people in touch with the criminal justice service had also been commissioned.
- Partners had been working together to deliver training sessions, and the multiagency Together for Children with Autism group continued to work to improve whole system working.
- An outcomes framework had been agreed for all providers of emotional Health and Wellbeing services for children and young people.
- A booklet providing emotional and mental health information and advice for pupils prior to exam season had been co-produced with young people and had been made available in hard copy and online, alongside a social media and bus shelter and bus advertising campaign.
- An integrated Berkshire Healthcare NHS Foundation Trust Children, Young People and Families Health Hub had gone live in May 2017, to triage referrals and make appropriate decisions according to individual needs.
- An online CAMHS toolkit for families had been developed and had now gone live.
- CAMHS caseloads had increased in line with the national picture. Waiting times had been improving but the system was currently at saturation point again.

The report also gave details of next steps, stating that the Berkshire West Future in Mind Local Transformation Plan (LTP) was due to be refreshed in October 2017. It recommended that the refreshed Future in Mind LTP was taken to the January 2018 Board for approval, with a fuller report.

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The meeting discussed the LTP, welcoming the change in focus from diagnosis to addressing children's needs and emphasising the importance of all agencies involved in mental health issues working together in partnership on the refresh and implementation of the LTP, as well as of prevention and offering support at the earliest opportunity.

The Chair requested that the fuller report on the LTP coming to the January 2018 meeting include a further update on waiting times and how resources were being deployed to address them. With reference to the partnership approach, Sally Murray said that the next report could include information on the co-production element with young people.

**Resolved -**

- (1) That the report and progress to date be noted;
- (2) That the refreshed Future in Mind Local Transformation Plan be taken to the January 2018 Board for approval, with a fuller report, including an update on waiting times, and how resources were being deployed to address them, and a report back on co-production with young people.

### **3. REDUCING LONELINESS AND SOCIAL ISOLATION: READING DEVELOPMENTS**

Janette Searle and Sarah Morland submitted a report giving an update on recent developments to reduce loneliness and social isolation in Reading, in particular to improve understanding of the local issues and which groups of Reading residents were at greatest risk of experiencing health inequalities as a result of being lonely and/or isolated.

The report had appended a report by Reading Voluntary Action (RVA) on the findings of a Reading-wide survey of loneliness and isolation at Appendix 1 (Loneliness and Social Isolation in Reading - Reading Voluntary Action - July 2017) together with a summary presentation at Appendix 2, which Sarah Morland presented to the Board.

The report explained that it was one of several progress reports being presented to the current meeting addressing the meeting's theme of 'emotional wellbeing'. The theme had been selected by the Board to facilitate a review of local plans against the Prevention Concordat for Better Mental Health, and in recognition of World Mental Health Day on 10 October 2017.

The report gave details of the Prevention Concordat, which had been published by Public Health England on 30 August 2017 and described a shared commitment to work together to prevent mental health problems and promote good mental health. The report set out the seven commitments within the Concordat and recommended that the Health and Wellbeing Board adopt the concordat as a set of guiding principles.

The report also explained how reducing loneliness and social isolation had been chosen as Reading Health and Wellbeing Strategy's priority 2, as it had been shown to lead to:

- fewer GP visits, fewer outpatient appointments, fewer days in hospital and lower use of medication.
- a lower incidence of falls.

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- reduced risk factors for long term care.
- fewer - or later - admissions to nursing homes.

The report stated that the Prevention Concordat toolkit included an evaluation of a signposting service aimed at reducing social isolation and loneliness amongst older people, which had demonstrated a return on investment of £1.26 from every £1 invested in the service. It noted that this had been considered to be a very conservative estimate as it had focused on mental health improvements and had not taken account of additional health benefits, such as improved physical health, as well as potential benefits for the protection of cognitive health.

A Loneliness and Social Isolation Steering Group had been formed to deliver on Priority 2 of the Reading Health and Wellbeing Action Plan 2017-20. Voluntary and community sector partners were key members of that group, and the sector's approach within the Steering Group and beyond was being galvanised by RVA. The Group was overseeing the development of a local loneliness and isolation needs analysis, to help target interventions.

RVA, with partners, had carried out a survey in April and May 2017 into loneliness and social isolation, and the results of the survey were set out in the appended RVA report. The report stated that the next step of research would be to carry out targeted focus groups, to help inform local organisations on how they could respond to the issues. The report also gave details of a 'Champions to End Loneliness' campaign being led by RVA to enable local residents to take action on loneliness and explained that reducing loneliness and developing peer support mechanisms featured strongly in the draft Narrowing the Gap II framework for commissioning community services from 2018, on which the Council was currently consulting.

Sarah Morland said that RVA still had all the raw data from the RVA survey, so if partners wanted to look at different factors from the survey, this would be possible and she encouraged partners to send through specific questions for analysis.

The meeting discussed the report and the importance of "Making Every Contact Count", with the staff from all agencies which interacted with residents, not just health and social care professionals, getting involved in signposting or referring residents to relevant services as appropriate. It was noted that officers were looking at the Social Care Act and how this could be used locally to assist in this work. The meeting also discussed the use of social prescribing to assist in this area and it was noted that both of these areas were being included in the Narrowing the Gap framework.

Maureen McCartney suggested that the GP Practices' Patient Participation Groups would be happy to be involved in nominating Champions to End Loneliness, and the CCGs could help RVA in contacting them. Councillor Eden noted that Councillors could also be involved in helping to identify residents who needed to be referred to loneliness and social isolation reduction services.

It was explained at the meeting that there was a national campaign to end mental health stigma, 'Time to Change', and organisations and individuals were being invited to make pledges with Time to Change, to change attitudes to mental health in communities, schools and workplaces.

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Councillor Hoskin, as Reading's Lead Councillor for Health and Mental Health Champion, signed an employer pledge at the meeting on behalf of the Council, with an action plan of activity that would help to break the silence surrounding mental health in the workplace. It was explained that, by signing, the Council was committing to change attitudes to mental health in the workplace, and examples were given of the sorts of activities that were planned.

### Resolved -

- (1) That the RVA report and progress to date be noted;
- (2) That the Prevention Concordat for Better Mental Health be adopted as a set of guiding principles for the Board, particularly in overseeing the delivery of the Health and Wellbeing Strategy 2017-20;
- (3) That the Champions to End Loneliness programme be endorsed and supported;
- (4) That the signing of the Time to Change employer pledge by Reading Borough Council be noted.

### 4. SUICIDE PREVENTION UPDATE

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Strategy Action Plan Priority 4 - Reducing Deaths by Suicide. It included an overview of performance and progress towards achieving suicide prevention goals and upcoming activities to support suicide prevention strategy objectives.

The report explained that, in Berkshire, the development of a strategic approach to suicide prevention had been coordinated by a multi-agency group which had overseen the preparation of a county-wide strategy and action plan, complemented by local action plans responding to the unique needs and circumstances of each of the six local authorities in Berkshire. The Berkshire Suicide Prevention Strategy included a 'stretch' target to reduce the suicide rate by 25% by 2020.

The Board had endorsed the draft strategy at its meeting on 24 March 2017 (Minute 6 refers) and the formal launch of the strategy on 17 October 2017 would provide an opportunity to raise the profile of suicide risk and suicide support through media coverage and partner engagement, with guest speakers and workshop sessions.

The report gave further details of ongoing work to raise public awareness of suicide risk and support available, and of other activities, which included:

- The recent launch of a Suicide Prevention Page on the Reading Services Guide.
- A local event on 9 October 2017 to mark Older People's Day with the theme of Emotional Wellbeing in Later Life, including a guest speaker, a range of workshops, demonstrations and information stalls promoting mental health and wellbeing.
- The formation of a Reading Mental Wellbeing Group, which was a multi-agency group that brought together stakeholders who oversaw the local development

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of evidence-based support for mental wellbeing, and which provided strategic direction for the implementation of the Reading Suicide Prevention Plan.

- Reading's Recovery College (Compass) using an educational approach to enable people with experience of mental health difficulties to become experts in their own healthcare, building on people's strengths and helping them to develop skills and confidence to manage their recovery journey. The College's new website would be launched on World Mental Health Day (10 October 2017).
- Reading Your Way offering peer-led support for mental health recovery, including entering education, returning to work, finding new hobbies and social activities, solving housing issues, making friends, organising finances and helping people to avoid or manage crises. Reading Your Way would host an Open Coffee Morning to mark World Mental Health Day.
- As people suffering from substance misuse were also at higher risk of death by suicide, the Reading Drug and Alcohol Commissioner had reviewed contracts to ensure suicide prevention strategy objectives were set up with all providers.
- Reading hosting a media event jointly organised by Public Health Berkshire, BBC Berkshire and the Samaritans on 11 September 2017 (the closest working day to World Suicide Prevention Day on 10 September 2017), to highlight the role of media in shaping public perception of suicide, to educate Berkshire's media community on responsible suicide reporting and to promote the forthcoming Suicide Prevention Strategy launch.
- The Reading Joint Strategic Needs Assessment (JSNA) module on suicide and self-harm had been updated and the Mental Health JSNA module was now in the process of being refreshed.

**Resolved** - That the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan Priority 4 on Reducing Deaths by Suicide, be noted.

### 5. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - MENTAL HEALTH STRATEGY 2016-21

Gwen Bonner submitted a report on the Berkshire Healthcare NHS Foundation Trust's (BHFT's) Mental Health Strategy for 2016-21, for the Board to discuss the next steps regarding the implementation of the strategy for Reading. The report had appended a copy of a report submitted to the Berkshire West Integration Board (BWIB) in February 2017 on the Strategy, as well as the Strategy summary document.

The report explained that, since February 2017, a joint agency Mental Health Strategy Steering Group had been established to enable progress on the implementation of the Five Year Forward View for Mental Health. Progress had also been made with the establishment of a joint panel for planning support for people who were subject to section 117 of the Mental Health Act (highlighted as an area of concern in the BWIB report).

The BWIB report set out what was going well, what the challenges were, and recommendations about the next steps that should be taken to ensure mental health was appropriately included within the overall approach to integration as a system.

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The BWIB had agreed that Health and Wellbeing Board discussions on mental health should be undertaken in each unitary authority area to clarify local priorities and approaches to strategy implementation and the report was therefore being presented to the Reading Health and Wellbeing Board. The priorities/specific areas of concern for Reading would be collated with feedback from the other Berkshire West Health and Wellbeing Boards and taken into the work of the Berkshire West Strategy Steering Group.

The report stated that there was good alignment between the priorities of the Reading Health and Wellbeing Strategy, and the attached Mental Health Strategy update. The aim was to identify a small number of priority actions which needed to be taken forward on a Berkshire-West basis, while achieving clarity about the specific pieces of work which were best addressed at a Unitary Authority level in line with local Health and Wellbeing Strategy priorities. The Board was also asked to give guidance on the frequency of ongoing reporting on progress to the Board, with the report suggesting that it take place twice yearly and be aligned with local progress reporting on mental health initiatives.

The Board discussed the Strategy and the points made included:

- There needed to be a focus in Reading on out-of-area placements.
- It was reported that Healthwatch Reading had recently worked with Reading Advice Network on supporting service users with mental health needs, and the report had identified that there were a lot of unmet mental health needs in the local community, particularly where people were not needy enough to require high level support, but the lower level of support was missing, and so people were “bouncing” around the system not having their needs met. Mandeep Sira said she could provide a copy of the report for reference.
- There was a need to try and find some headroom to invest in prevention, early intervention and peer support.
- Safeguarding was key and was not referred to in the strategy - the relationship between the Council as the safeguarding authority and Prospect Park Hospital particularly needed to be focused on.
- Across the health and social care system, there was mental health work such as Talking Therapies and Long Term Conditions and there was national funding to look at low level interventions. This work was in pilot stages but going well, and it had been recognised at the Reading Integration Board that that there was a need for a greater focus around mental health in the BCF. A session was being held on 22 November 2017 to look at the priorities for Reading and identify an action plan.
- The police and other first responders were working closely with partners on mental health issues, although this was not referred to in the Strategy. It was noted that information sharing was a key enabler and the partnership work already happening should be given more prominence. It was noted that this had been discussed at the Berkshire West Steering Group when the Group had looked at the Prevention Concordat, but it was noted that the excellent communication services on mental health were very stretched.

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- The Council and the CCG were coming together to provide mental health peer support through Reading Recovery College, to be led by peer mentors and learned experienced staff and it would be useful if BHFT could be involved and provide staff time and/or investment in the courses.
- It was noted that the mental health priorities needed to be informed by Reading's existing strategies.

### Resolved -

- (1) That the priorities and areas of concern raised in the points made above be fed into the work of the Berkshire West Strategy Steering Group for implementation of the BHFT's Mental Health Strategy;
- (2) That reporting on progress on the BHFT's Mental Health Strategy to the Board be carried out twice yearly, aligned with local progress reporting on mental health initiatives.

### 6. BERKSHIRE WEST ACCOUNTABLE CARE SYSTEM

Further to Minute 4 of the previous meeting, Lyndon Mead submitted a presentation giving an update on the development of the Berkshire West Accountable Care System (ACS).

The presentation gave details of the current position of the health system and explained that the ACS was: a more collaborative approach to the planning and delivery of services with collective responsibility for resources and population health; with organisations working more closely in partnership with system-wide governance arrangements; and underpinned by a single budget system financial model, managing risk and aligning incentives, for the whole health care system.

The Berkshire West ACS had agreed a 'performance contract' with NHS England, which was a memorandum of understanding (MOU) describing what the ACS needed to achieve in 2017/18 and 2018/19, to be formally signed by the end of October 2017.

The presentation gave details of how the ACS governance continued to evolve, noting that the Chair of the Berkshire West Integration Board (BWIB) was now formally a member of the ACS Leadership Group; progress on the ACS was being reported through the BWIB and to the three Health and Wellbeing Boards; there was Primary Care Alliance representation at both the ACS Leadership and Management Groups; and there was currently work looking at the best mechanism to ensure effective resident engagement and the interfaces with existing joint health and social care programme boards such as the A&E Delivery Board and Long Term Conditions Board.

It stated that payment mechanisms and contracts for 2018/19 would be agreed by December 2017, establishing how the ACS organisations would do business together, and that the ACS transformation programme continued focusing on the delivery of the Five Year Forward View priorities, delivery of locally-identified clinical improvement opportunities and the implementation of ACS contracts and governance. The presentation gave details of the programme approach being taken, and gave a high level overview of the planned new care and business models, including an Outpatients Transformation Programme.

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During the discussion on the ACS, the points made included:

- Whilst the partners to the ACS MOU were the CCGs, Berkshire Healthcare Foundation Trust and Royal Berkshire Foundation Trust, this did not make any statutory changes and the 'performance contract' was not actually a contract, so any decisions made on behalf of the partners would need to come back to them. The ACS was not a structural organisation, but a way of working more collaboratively within health between different statutory bodies, and there would be further working with local authorities and other partners looking at how to work together as an overall health and social care system.
- Some concern was expressed that the relationship between the ACS and the Berkshire West 10 was not clear, especially how accountability would work and how links with and impact on Public Health and social care would be considered, as the Council was not part of the ACS but the BW10 was working towards health and social care integration. If the ACS was having a single control total, even if it was not a legal entity, it looked like an organisation and governance issues would need to be considered. It was suggested that the ACE Committee might wish to consider these issues.
- It was noted that there had not yet been any opportunity for Reading Borough Council to be involved in or contribute to the development of the ACS, and that the Chair of the BWIB was from West Berkshire Council, not Reading, so would not have Reading-specific knowledge to feed into the ACS Leadership Group. It was noted that the ACS was supposed to be a culture change, not an organisational change, and that if involvement was not happening through Integration Boards, then this needed to be addressed.
- In response to an enquiry, it was explained that the Outpatients Transformation Programme was based on feedback from patients, and it was requested that the data on which this was based, and information on how it had been collected, be provided to Healthwatch Reading. It was suggested that, as the ACS developed, it would be helpful to have some public-friendly communications, so that the public and patients could be involved.

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

### **7. MERGER OF THE FOUR BERKSHIRE WEST CCGS**

Andy Ciecierski submitted a report briefing the Board on a proposal to merge the four Berkshire West CCGs into a single CCG with four localities, effective from April 2018. The report had appended the Merger Proposal paper which articulated in more detail the rationale, benefits, risks and some elements of an operating model for a single CCG.

The report explained that, in July and August 2017, the GP membership of the four Berkshire West CCGs had voted to merge to create a single CCG with four localities based on the existing CCGs. The key rationale had been to reduce the duplication and inefficiency created by running four separate organisations so that clinical and managerial effort could be focused on developing primary care alliances and supporting the Accountable Care System.

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In accordance with this vote, the CCGs had submitted an application to merge to NHS England (NHSE), the NHSE National Commissioning Committee would consider this and a decision was now expected in mid-October 2017.

The CCGs had already been working as a federation and would begin to work in new ways in shadow form during the current year and, subject to NHSE approval, the new CCG would be established on 1 April 2018.

The Board discussed the proposal and the points made included:

- It was noted that there would still be publicly-available information on and contacts for each of the four localities within the one website for the new CCG and it was hoped that the patients and stakeholders would not notice any difference, with the main changes being in the running of one organisation instead of four.
- It was suggested that it might be useful in the future to look at how the different localities worked, eg mapping the four localities better to Council Wards.
- It was queried whether in future indicators would only be reported at the CCG level, as there were already variations within each of the four CCGs, which it was important to understand and to address in forward planning. It was noted that it was hoped that one of the benefits of the merger would be to remove some of the perverse anomalies which currently existed because of small numbers in the data, but that the CCG was likely to continue to keep data at the locality or local authority level. The importance of maintaining a focus on the needs of Reading was emphasised, and not allowing them to be diluted in the wider Berkshire West area.

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

### **8. UPDATE ON BOB STP PREVENTION WORKSTREAM**

Lesley Wyman submitted a report giving an update on the work of the Prevention Workstream that was part of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan (BOB STP), working on shifting the focus of care from treatment to prevention. The report had appended a BOB STP Prevention Programme Status Update as at July 2017.

The report set out the six themes that were the focus of this work, giving the vision, deliverables and progress to date. The six themes were: obesity, physical activity, tobacco, Making Every Contact Count, Digital solutions and healthy workforce. It explained that the work going on in the BOB STP Prevention Workstream was variable across the themes and was continuously evolving. Progress had been made and collaboration continued across the three geographical areas within BOB and the different disciplines. The Prevention Workstream continued to have good buy-in from Directors of Public Health and their representatives from Buckinghamshire, Oxfordshire and Berkshire West.

Referring to paragraph 4.4 in the report on tobacco, Lesley Wyman explained that if people gave up smoking before surgery, there was an increased chance of a successful surgical outcome, and almost a third of GPs limited elective surgery in some way for

people who continued to smoke. She said that the Berkshire West CCGs had not decided to take this step, but were working with the BOB STP to ensure that people were aware of the importance of smoking cessation. As part of the plans for smoking cessation and tobacco control, a relaunch was planned in the first instance of a previous pilot project 'Stop B4 The Op', where GPs had referred patients who needed elective surgery and were smokers directly to the Stop Smoking Service on a rapid access basis.

**Resolved** - That the progress against delivery of the six themes within the BOB STP Prevention Workstream be noted.

## **9. ESTABLISHING A CLINICAL RESPONSE FOR ADULTS WHO HAVE SUFFERED FEMALE GENITAL MUTILATION (FGM)**

Liz Stead submitted a report giving an update on the establishment of a clinical response for adults who had suffered Female Genital Mutilation (FGM) in a Reading Rose Centre.

The report explained that, as reported to the Board on 22 January 2017 (Minute 8 refers), a bid had been made to the Home Office Violence Against Women and Girls Transformation Fund (VAWG) to establish a Reading Rose Centre to be based at the Oxford Road Community Centre (ORCC). This had planned to be a one-stop-shop for communities around addressing the issue of FGM and other BME issues and to access services such as English as a Second Language and back to work skills.

The report explained that the bid to the VAWG fund had been unsuccessful. However, it had been felt it was important that the vision for establishing the Rose Centre was not thwarted, so partners had worked creatively to establish a much more abbreviated version of the Rose Centre with the small amount of funds that were available, with a motto of "No Woman Turned Away".

The ORCC had been renovated by Reading Borough Council so Reading Rose Centre now had a venue that was fit for purpose and would allow partners to open a once-a-month drop-in session for women to come to learn about FGM in practising communities, challenge the practise and access advice, support and, where necessary, onward referral to therapeutic services (via the GP).

The remaining monies secured from the NHS England Innovation Fund (2016), which had been due to be used to equip the centre, were now funding the rent for the room at ORCC and would fund attendance of the clinician at the monthly drop-in session. The clinician, a Specialist Registrar from Royal Berkshire Hospital, had a special interest in FGM and related issues, and contracts had been agreed with the hospital. The Police & Crime Commissioner had also agreed to fund women's workshops and a men's group.

Appeals for donations for equipment and furniture had proved successful, as well as colleagues and friends giving time and effort in personalising the rooms, to make the centre a welcoming place for women to come and talk about this exceptionally sensitive subject.

The centre had had a soft launch on 1 September 2017 and the full service, with the clinician present, would be available from 6 October 2017. A publicity effort would take place prior to this, but as there was no budget for this, the service was reliant

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on partners using their own links and resources to really push the Rose Centre and raise awareness. It was reported at the meeting that five women had attended the centre on 6 October 2017.

Monies available for the very abbreviated service would allow it to run for one year from September 2017. Thereafter, there would need to be a collaborative approach to funding the Centre's continuation. In the meantime, as more funding options became available, partners involved in Rose would continue to make bids to any and all appropriate sources.

### Resolved -

- (1) That the report be noted;
- (2) That members of the Board commit to promotion and awareness-raising of the drop-in service across statutory agencies, such as social services and Local Authorities, MASHs etc, and safeguarding leads in all organisations;
- (3) That an update report be submitted to the March 2018 meeting of the Board to report on the activity of the Rose Centre;
- (4) That the report be shared with the Community Safety Partnerships in the West of Berkshire.

(Councillor Eden declared a non-pecuniary interest in the above item as she had recently been made patron of the Women in Vision Group, which was involved in BME communities.)

### 10. BETTER CARE FUND SUBMISSION & PERFORMANCE UPDATE

Michael Beakhouse submitted a report giving an update on the progress of the Better Care Fund (BCF) submission and on BCF Performance.

The report gave details of progress on the BCF submission, explaining that the documents had been assembled under the oversight of the outgoing Integration Programme Manager, Tony Marvell. A draft of the document had been submitted to Reading's NHS England Senior Relationship Manager, Kevin Johnson, on 31 August 2017. During a feedback conversation on 1 September 2017, positive feedback had been delivered praising the document's content, together with some suggested areas that could be expanded. This additional content had been developed and inserted in early September 2017 and a final draft had been circulated amongst the CCG and Local Authority (LA) Directors for comment/amendments, which had been duly made. The final draft had been signed-off and submitted to NHS England by the 11 September 2017 deadline.

Kevin Johnson had confirmed receipt of the submission and had noted that the submission evidenced a high level of joint effort from both the CCGs and the LA. The BCF submission documents would be considered by Kevin Johnson and it should be heard in October 2017 whether the submission was 'Approved', 'Approved with Conditions' - in which case the LA and CCGs would be given three months to improve the submission with active support from NHSE - or 'Rejected'.

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The report had appended a dashboard report summarising performance against key targets for the Better Care Fund (such as delayed transfer of care rates), covering the period April-June 2017. A dashboard report summarising performance against key targets for the Better Care Fund across Quarter 2 (July-September 2017) would be presented at the next Health & Wellbeing Board.

Michael Beakhouse said that he now wanted to drill down into the information in the BCF performance figures and investigate further the causes, and that he was establishing monthly get-togethers with his equivalents in Wokingham and West Berkshire.

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

### **11. READING'S ARMED FORCES COVENANT AND ACTION PLAN - UPDATE ON WORK BEING DONE WITH GP PRACTICES ON REGISTERING VETERANS**

Further to Minute 15 of the previous meeting, when the Board had received an annual update on progress against the actions in the Armed Forces Covenant action plan, the Board received a briefing note on the work being done by the CCGs with GP practices regarding the registering of veterans from the armed forces.

**Resolved -** That the work being done by the CCGs with GP practices regarding the registering of veterans from the armed forces be noted.

### **12. SEASONAL INFLUENZA CAMPAIGN PERFORMANCE 2016-17**

Jo Jefferies submitted a report giving an update on the performance of the influenza (flu) vaccine campaign in winter 2016-17 to summarise lessons learned and to inform the Board of changes to the national flu programme for the coming flu season and how these would be implemented in the Berkshire Local Authorities Winter Flu Plan 2017-18.

The report had appended:

- Appendix A - Berkshire Local Authorities Winter Flu Plan 2017-18
- Appendix B - National Flu Plan Winter 2017-18
- Appendix C - Berkshire Seasonal Influenza Vaccine Campaign 2016-17 Report
- Appendix D - Presentation from Berkshire Flu Workshop June 2017

The report explained how seasonal flu was a key factor in NHS winter pressures and how flu plans aimed to reduce the impact of flu in the population, through a multi-agency approach of engaging and communicating with residents about flu and promoting and encouraging take up of flu vaccinations. It set out the responsibilities of the different agencies, gave details of flu vaccine uptake in Reading in 2016-17, set out learning from 2016-17 and summarised plans for the 2017-18 flu season.

**Resolved -**

- (1) That the multi-agency approach planned for Reading as set out in the Berkshire Local Authorities Winter Flu Plan 2017-18 (Appendix A) be agreed and endorsed;

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- (2) That respective organisations be supported to fulfil their responsibilities as set out in the National Flu Plan Winter 2017-18 (Appendix B);
- (3) That the local performance of flu vaccination uptake as set out in the report and Appendix C be noted;
- (4) That members of the Board act as 'flu champions', taking every opportunity to promote the vaccine uptake and debunk myths, encouraging people to accept the offer of a flu vaccination where they were eligible.

### 13. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

Jo Jefferies submitted a report giving an update on the development of the revised Pharmaceutical Needs Assessment (PNA), which needed to be signed-off and published by 31 March 2018.

The report explained that Public Health Services for Berkshire had been leading the development of the 2018 revised PNAs across the six Berkshire Local Authorities. Part of this work had included conducting a survey of local pharmacies to identify the services that they provided or would like to provide. This had closed in September 2017, with a total response rate of 82.4% of pharmacies across Berkshire. For Reading, 30 out of 35 pharmacies had responded (86%). An online public survey had also been open from June to September 2017 to gather feedback about local pharmacy services. This had received 184 responses across Berkshire and 44 of these had been from Reading residents.

Public Health Services for Berkshire were now in the process of collating and analysing survey responses and mapping the local pharmacy services provided. These would be used to identify any possible gaps in service provision and would form the basis of the PNA. A draft PNA would be completed in October 2017 and was required to go out to public consultation for 60 days, which would be across November and December 2017. It was proposed that the Director of Adult Care & Health Services, in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board, be authorised to approve the draft PNA prior to going out for consultation.

Following the public consultation, any necessary amendments would be made to the final PNA report in early 2018. This would then be formally signed-off by the Health & Wellbeing Board on Friday 16 March 2018, in line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

#### Resolved -

- (1) That the Director of Adult Care & Health Services be authorised to sign off the draft Reading PNA for public consultation, in consultation with the Chair and Vice Chair of the Health and Wellbeing Board;
- (2) That public consultation on the draft PNA in November and December 2017 be supported;
- (3) That the final Reading PNA be submitted to the 16 March 2018 Board meeting for approval.

14. DATE OF NEXT MEETING

**Resolved** - That the next meeting be held at 2.00pm on Friday 19 January 2018.

(The meeting started at 2.00pm and closed at 5.10pm)