



**Reading**  
Borough Council  
Working better with you

HEALTH AND WELLBEING BOARD

15 JULY 2022

ADDITIONAL INFORMATION

AGENDA ITEM	ACTION	WARDS AFFECTED	PAGE NO
2. MINUTES OF THE MEETING HELD ON 18 MARCH 2022 - PREVIOUSLY MARKED TO FOLLOW	Decision		3 - 16

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**Present:**

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Councillor Brock	Leader of the Council, RBC
Andy Ciecierski	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Tracy Daszkiewicz	Director of Public Health, Berkshire West
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Ennis	Lead Councillor for Adult Social Care, RBC
Rachel Spencer	Chief Executive, Reading Voluntary Action
Katie Summers	Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG
Councillor Terry	Lead Councillor for Children, RBC

**Also in attendance:**

Rebecca Curtayne	Healthwatch Reading
Kathryn MacDermott	Director of Strategic Planning, BHFT
Kim McCall	Health and Wellbeing Intelligence Officer, RBC
Amanda McDonnell	Media & Communications Manager, RBC
Sally Moore	Communications & Public Engagement Officer, RBFT and Berkshire West CCG
Sam Mortimore	Community Safety Advisor - West, Royal Berkshire Fire & Rescue Service
Councillor Mpofo-Coles	RBC
Amanda Nyeke	Public Health and Wellbeing Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC
Sarah Shildrick	Public Health Intelligence Manager, Berkshire West Public Health
Andy Statham	Director of Strategy, Transformation & Partnerships, RBFT
Catherine Williams	Healthwatch Reading
Melissa Wise	Deputy Director for Commissioning & Transformation, RBC

**Apologies:**

Mandeep Bains	Chief Executive, Healthwatch Reading (Substitute)
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
James Kent	Accountable Officer & Executive Lead, Bucks, Ox & Berks West Integrated Care System
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Becky Pollard	Consultant in Public Health, RBC
Maria Young	Director for Children's Social Care, Brighter Futures for Children (BFfC)

**45. MINUTES**

The Minutes of the meeting held on 21 January 2022 were confirmed as a correct record.

**46. QUESTION IN ACCORDANCE WITH STANDING ORDER 36**

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

**a) Children's Mental Health Services**

Information from carers suggests that child mental health services are failing in a way that is different and more dangerous than those for adults.

Adult mental health services include the very extensive "Talking Therapies" services which range from advice lectures in person or online to intensive psychological treatment short of in-patient treatment. In this way a range of acuities from the mild to the highly acute are covered by a well organised and integrated service.

For children and adolescents the picture is more fragmented and evidence suggests that the standard is not uniformly high.

Because of the typical age of indication, ADHD and autistic spectrum conditions play a larger role for children. It is well known that waits for diagnosis can be over two years for these conditions.

Less acute difficulties are diagnosed and treated by in-school services, but evidence suggests that these do not reach the same standard as the adult services. In particular symptoms of anxiety and/or depression in children on the very long waiting lists for ADHD or autistic disorders can be dismissed as due to the very condition for which they have not yet been diagnosed, and they may not receive any support for these while they wait.

Even when acute anxiety is acknowledged, where children may be exhibiting suicidal actions, waits for treatment can be 12 months, leading to extensive suffering and loss of normal life opportunities. Children are missing the education to which they have a right.

My feeling is that primary mental health care services for children are more fragmented and of a lower standard than those available to adults on an easy access basis, such as Talking Therapies and those offered by practice-based practitioners. Services which are based in school are necessarily fragmented and cannot readily care for children who are not attending school.

It is appropriate to acknowledge the very good work done by charities such as No5 and Autism Berkshire in this area. But they cannot fully replace a well organised service.

Even if we acknowledge that the present situation is much heightened by the pandemic and its effects on children, should there not be an immediate

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investigation into this dangerous situation and an urgent review of the commissioning of mental health services for children and young people?

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

A review of Children and Young People's mental health and emotional wellbeing services was undertaken in 2020/2021, sponsored by the Berkshire West Integrated Care Partnership's Children and Young People's Board. The aim of the review was to

- Understand the strengths and limitations of our current service offer across all partners
- Explore alternative arrangements and solutions implemented elsewhere in the UK that have evidence of improvements in key areas
- Suggest ways of improving our services and where we need to focus our efforts in the next phases of work
- Understanding what service users, their carers and families, as well as staff, think about the services and their experience of them, to capture opportunities for improvement.

The full Local Transformation Plan describes in detail the outcomes from the review as well as the refreshed priorities moving forwards.

<https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/>.

Waiting times to access both assessment and treatment from specialist CAMH services remain higher than acceptable across the country and the situation in Berkshire is no different.

This has been recognised by NHS England, who have included a number of targets to improve access to NHS-funded mental health treatment for children and young people, with associated investment, in the NHS Long Term Plan.

One of the NHS Long Term Plan for Children and Young People Mental Health's ambition is to have 164,000 additional children and young people aged 0-25 accessing NHS funded services. In some cases funding is still only sufficient to improve access for a limited percentage; for example there are pilots around the country to try and reduce the waiting times for children and young people presenting to non-urgent, community-based mental health services; the new proposed standard is that children, young people and their families/carers should start to receive help within four weeks from request for service (referral). However Berkshire West is not covered by this pilot.

Berkshire West CCG (BW CCG) and Berkshire Healthcare Foundation Trust (BHFT) are working closely together alongside our local authority colleagues, schools and VCSE partners to achieve the ambition that more children and young people with emotional wellbeing and mental health needs can access evidence-based

services in a timely manner and this is described in detail in the Local Transformation Plan.

The local approach to improving access to support is twofold.

- Increasing/improving the system partnership ability to identify emerging emotional wellbeing and mental health needs and provide support at an earlier level.
- Investment to expand the clinical workforce needed to deliver evidenced based interventions to meet the needs of Children and Young People.

There are a number of actions in place to support early intervention.

The CCG, alongside our LA colleagues, commission youth counselling across Berkshire West. In Reading this is from No5 Young People. Young people can access these services directly through self referral, via their school, GP or any other professional. The CCG and LAs also co-commission Kooth, a digital service which is fully accessible online and has a multi-function platform that provides a full range of help from self-guided to professional counselling support available 24/7, 365 days a year, wherever the child or young person is located. It does not require a child to be in school. The CCG also funds early help activities by contributing to the Local Authorities budget for a number of initiatives aimed at supporting Children and Young People's Mental Health and Emotional Wellbeing. Given that children who are not in education are supported by the authority, we would expect some of the funding to be used to support children not in school.

The CCG also established three NHS-funded mental health support teams (MHST) in our three local authority settings which have built a school consultation model that is working well to enable schools to respond well first time as well as identify the children and young people that need MHST and wider provider support. Each MHST is set up in waves, centrally funded, and covers a cluster / patch, working to the outline of approximately 8,000 pupils per team. MHST are co-located or hosted within school clusters, depending on the infrastructure opportunities in each LA. Each MHST has three core functions-

- to deliver evidence-based interventions for mild-to-moderate mental health issues;
- support the senior mental health lead (programme being led by the DfE) in each school or college to introduce or develop their whole school or college approach;
- give timely advice to school and college staff and liaise with external specialist service to help children and young people to get the right support and stay in education.

The teams provide specialist evidence-based interventions that target vulnerable populations, such as Children in Care, and for the most frequently occurring referrals to CAMHS e.g. conduct disorder and anxiety and have to demonstrate routine outcome measures. There are two further teams (one in

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West Berkshire and one in Reading) which are currently being mobilised and which will be operational from September 2022 and will cover approximately 8000 pupils each. Further waves have not been confirmed.

The CCG commissions Autism Berkshire to provide support and advice to children and young people up aged 0-25 and their families who may have autism and/or ADHD as well as those who have a diagnosis. Autism Berkshire work in partnership with Parenting Special Children and provide one to one support, training, advice and activities for children young people and their families. The CCG has recently provided additional funding to Autism Berkshire to provide additional support to families whose needs are escalating, a food avoidance course and additional family mental health and wellbeing support. A link to their website is here

<https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/>

The CCG have also re-issued 'The Little Blue Book of Sunshine', to promote advice and help available in our area to children and young people who might be experiencing low mood or mental health issues. The new version is digitally accessible as an e-book with click-able links and is downloadable from the usual app stores, Apple Books and Google Play Books. Printed versions were delivered to schools via the local authorities.

Finally there is increased collaboration between providers facilitated by the CCG to work to meet rising needs as they emerge, share intelligence and practise to manage quickly changing parameters on existing offers within national rules due to lockdowns.

An example of this is the development of self-directed or online group parenting support for families of young people experiencing anxiety and depression.

To address waiting times for specialist CAMH services the CCG is developing an investment plan with BHFT for the next three years which will enable them to both expand the workforce in the core specialist CAMH service and develop new services to address changing needs. The NHS investment includes the expansion of crisis services for children and young people, the development of a specialist service for children and young people with mental disorder and a learning disability and the opportunity to jointly fund with our LA partners a mental health service for children in care.

Alongside this, Berkshire Healthcare Foundation Trust are transforming their service offer, utilising learning from digital provision through the pandemic, developing a new digital offer and building on a quality improvement programme to redesign clinical care pathways.

It is anticipated that this approach will result in improved waiting times for Children and Young People, and their families in accessing support.

However, our ambition is being challenged by two factors.

The first is the unprecedented level of increase in referrals to children and young people's emotional wellbeing and specialist mental health services over the past 2 years. Referrals to CAMH services across the Southeast region have increased

by 60% in the last 12 months and locally, Berkshire Healthcare CAMHS alone have seen an increase of 65%. The acuity, complexity and risk of referrals has also increased with 30% now urgent at the point of referral compared to 13% in the previous year, placing increasing demands on the CAMHS workforce.

The second challenge is that of workforce shortages. We are seeing higher turnover in the clinical workforce, with more staff leaving the clinical specialty altogether and the available staff pool diminishing.

The CCG and BHFT are reviewing the services commissioned in the coming year to understand what more can be done to improve efficiency, utilise digital technology, alternative workforce etc. to manage the growing demand and reduce waiting times.

**b) Mental Health Support for Asylum Seekers (on behalf of Reading Refugee Support Group (RRSG))**

We have concerns for the potential for radicalisation in the dispersal hotels and accommodation for refugees, especially as a result of the lack of mental health support for the dispersed asylum seekers in Berkshire.

The hotels for Afghans are better supported but concerns are not dissimilar in the context of frustrations that may build up at the length of time people have to stay there against what they were originally told. People's expectations are the key factor to be managed here.

In the other dispersal hotels, on top of the trauma people are dealing with resulting from experiences in their home country and their journey to the UK, there is the huge ongoing traumatic burden of their impending asylum application and decision, and potential deportation, ever-present on top of the complete lack of any meaningful support for people's mental health and wellbeing.

Our concerns are not evidenced as such but instinctively born out of experience leading RRSg through the Forbury Gardens tragedy.

A week after Forbury, an asylum seeker with mental health problems living in hotel accommodation in Glasgow killed 6 people before being killed himself by the police. Justice for Refugees is lobbying the government to investigate fully the conditions in the hotel and the lack of support, that may have led to this man losing control.

We suspect those conditions are not dissimilar to the conditions faced by people living in dispersed accommodation here in Berkshire.

The longer this situation continues, where hotels are used to accommodate people, which will possibly be exacerbated by the Ukraine crisis further stretching resources, the greater the potential is for something to go wrong. At the very least, wider interagency conversations need to be discussing this, in our opinion.

Mental Health support for this vulnerable group is key to the conversation.



Refugees and asylum seekers who have not received a final refusal of asylum are fully entitled to NHS services.

Who will take responsibility for adequate mental health services for these vulnerable people?

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

BOB ICS is in the process of establishing a team that will lead and co-ordinate the NHS response to the Ukrainian refugees and our asylum seekers who are already living in our local communities.

With regard to access to Mental Health services, the CCG has funded a Mental Health worker post through the Reading Refugee Support Group which will provide an initial screening service and help to network across statutory services.

The CCG recognises the complexity of the mental health issues that people may be experiencing and that may be outside the experience of current Mental Health Services. We will be seeking to learn from other areas who have greater experience of this and developing an offer to meet these needs.

#### **47. IMPACT OF COVID-19 IN READING**

Tracy Daszciewicz, Katie Summers, Catherine Williams, Amanda Nyeke and Andy Satham gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded.

The presentations included the following information.

Public Health information with details of the latest data on COVID-19, which were updated verbally at the meeting and included:

- Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England, positive cases that were reinfections, mortality per 100,000 population, recent data on cases by age group and sex, cases in Royal Berkshire Hospital, and vaccination percentages.
- There had recently been a rise in cases, since the information in the slides had been produced, probably due to the removal of restrictions in February 2022, but this might now be levelling off again.

It was noted that, as free testing had been removed, testing in the general population had decreased, so the actual case rate was likely to be higher than reported, but other forms of surveillance were also being used and wherever testing was being carried out, such as healthcare settings, this would feed into the ongoing surveillance. Discussions were currently being held about how long tests would be available, and for whom, with guidance being expected soon.

Information on Vaccination Programmes:

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- Information on Covid vaccination in Reading, detailing delivery mechanisms, take-up and plans for Spring and Autumn vaccination programmes.
- Details of a recent Vaccine Confidence Survey commissioned by Berkshire West CCG and carried out by Healthwatch Reading to find out why eligible people in Reading had not taken up their Covid vaccinations.

Catherine Williams explained that the qualitative data from the survey was still being analysed, but gave details of the survey method, involving an online poll and social media dialogues, and of the preliminary results, noting that there had been up to 437 people who had contributed their views. She gave details of the demographics of the respondents and said that the initial qualitative data showed that the most common reason behind people's choice not to get vaccinated was concern about side effects, that belief that Covid was mild, and that people were 'covered' after infection. 70% of the respondents had said that nothing would change their mind.

Information on the Community Vaccine Champions (CVC) Programme in Reading:

- To promote vaccine uptake amongst seldom-heard communities in local authorities showing the lowest rates of Covid-19 vaccine uptake, funded by the Department for Levelling Up, Housing and Communities (DLUHC).
- A summary of the programme and details of the key tasks within its six projects
- Information on the CVC Steering Group
- A final submission had been sent to DLUHC on 28 February 2022 and positive feedback had been received on this on 10 March 2022.

Information on the latest situation at the Royal Berkshire NHS Foundation Trust in relation to:

- Seeing very few patients currently presenting with Covid-19
- Steering patients with minor ailments away from A&E to other sources of support and advice
- The current focus on patients who had been waiting for elective treatment delayed by the pandemic and the ability to assist other local NHS Trusts in certain specialities
- Making progress on long term plans and conditions

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

### **48. BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY - IMPLEMENTATION PLANS**

Amanda Nyeke submitted a report seeking approval for the Implementation Plans as the delivery tools for the five Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030. The report had the following appendices:

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- Appendix A - Berkshire West Health and Wellbeing Strategy 2021-2030
- Appendix B - Implementation Plans for the 5 Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030
- Appendix C - Berkshire West Health and Wellbeing Strategy 2021-2030: Equality Impact Assessment

The report explained that the Berkshire West Health and Wellbeing Strategy 2021-2030 had been endorsed by the Board on 8 October 2021 (Minute 21 refers) and approved by the Council on 19 October 2021 (Minute 20 refers). The implementation plans set out the actions to be taken to implement the priorities of the strategy, including monitoring arrangements. The report noted that the plans would be working documents to respond to local needs.

The report gave details of the Reading delivery boards which had worked together to shape the implementation plans and explained that it would be their responsibility to monitor the progress of the implementation plans against agreed sets of metrics, some of which would form part of the Health and Wellbeing Dashboard that would be used to update the Health and Wellbeing Board on an ongoing basis over the life course of the strategy.

The delivery boards leading on actions within the Implementation Plans would provide updates on a quarterly basis and report back to the Implementation Plan Leads, who would meet and coordinate updates to be shared with the Health & Wellbeing Board. A detailed narrative report supported by the Health and Wellbeing Dashboard would be shared quarterly, while an update of the dashboard would take place twice a year. Milestones had been included in the Implementation plans, covering both review dates and target completion dates.

The implementation plans and the measuring outcomes were the result of collaborative work with local partners and key stakeholders and it was intended that this collaboration and conversation would continue to ensure the actions met local needs as they arose.

### **Resolved -**

- (1) That, the Implementation Plans for the five priorities of the 2021-2030 Berkshire West Health and Wellbeing Strategy, as set out in Appendix B to the report, be endorsed;
- (2) That the monitoring arrangements for the plans, and the fact that the implementation plans would be working documents to respond to local needs, be noted.

### **49. UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

Sarah Shildrick submitted a report giving an update on the Joint Strategic Needs Assessment (JSNA) model, which had been agreed on 12 October 2018 (Minute 7 refers), and an overview of enhancements that had been made to the Reading Observatory site since its launch in 2019. The report outlined a model of promotion and engagement using nominated Reading Observatory Super Users and Appendix 1 showed the new Reading Observatory website features in a series of screen shots. Sarah Shildrick also gave a demonstration of the website at the meeting.

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The report explained that the new JSNA model had been implemented throughout 2019/20 and consisted of three strands:

- 1) A digital resource of data to describe the demography and wider determinants of health of the Reading population in a way that was user-friendly and configurable;
- 2) A repository for detailed, service-specific needs assessments carried out by internal and external partners with support from Public Health and Wellbeing officers;
- 3) Improved engagement with local research groups, focusing on qualitative and participatory research.

The Reading Observatory had been established as the home of the digital data resource and had also been chosen to host the service-specific needs assessments. It contained information from a national data service and content developed locally by, and on behalf of, Reading Health & Wellbeing Board member organisations, creating a library of resources. The report gave details of the additions and amendments made to improve the site and additional content created.

The Observatory had been soft launched in 2019, but the pandemic had interrupted progress on promotion of the Board's vision for the JSNA and full launch of the site. The report explained that the aim was to ensure wide sharing of the vision for the JSNA and support for people to use the site. Partners would be encouraged to contribute to the library of resources and this would be done through nominated Super Users representing the Health & Wellbeing Board member organisations and departments.

It was noted that some of the Reading Ward boundaries and names would be changing in May 2022 and that these would be changed in the Observatory, but there would be no way to go back and change existing ward-based data retrospectively to link it to the new wards.

### **Resolved -**

- (1) That the progress made on the JSNA and the Reading Observatory to date be noted;
- (2) That members of the Board nominate Observatory Super Users to represent their organisations;
- (3) That members of the Board actively promote awareness and use of the Reading Observatory and provide any feedback to Sarah Shildrick on the contents of the website, including any recommendations for additional content.

### **50. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - MENTAL HEALTH STRATEGY 2016-21 - PROGRESS UPDATE**

Kathryn MacDermott submitted a report giving an update on what had been achieved against the outcomes set out in the Berkshire Healthcare NHS Foundation Trust (BHFT) Mental Health strategy for Berkshire set in 2016 for the period to 2021. The report had appended slides giving details of the progress made.

Some of the key messages highlighted included:

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- Significant progress on integrating mental health and physical health services with Primary Care Networks
- Dedicated work on reducing variations in outcomes for people with serious mental illness
- Extension of the wellbeing service for staff in BHFT and Royal Berkshire Hospital
- Significant extension in the digital service offer extending accessibility
- Inclusion of 'Lived Experience' in designing and delivering services
- Building key relationships with the voluntary and community sector
- Improved inpatient experience

The report explained that the NHS Long Term Plan set out an ongoing commitment to investment in Mental Health services and new models of care, all of which were relevant to mental health and the design of mental health services. It gave details of the expected changes and improvements.

It noted that progress on the urgent community response had been accelerated as part of the response to Covid-19, which had implications for mental health services, and that mental health transformation investment had been made available and Berkshire West had benefitted from this. The impact of Covid-19 had been felt in communities for over two years and mental health services were reflecting that pressure. Whilst inpatient and community mental health services were under significant pressure, BHFT had continued to be able to provide a service to those in need.

The report set out key messages in terms of the impact of Covid-19 and gave further details, noting particularly that mental health referrals and numbers had increased, as had the level of acuity.

The report also set out key priorities for 2022-25 and it was explained that BHFT would be working on developing a new strategy for that period. This would involve reviewing the old strategy and seeing what else needed to be included, as well as looking at relevant guidance. A series of engagement workshops would be carried out to gather high level ideas and further conversations would then be had to develop the strategy and to allocate timescales. Whilst everyone was keen for progress to be made, expectations would need to be managed because to deliver services required workforce and this was a challenge with ongoing recruitment and retention difficulties in the mental health area.

### **Resolved -**

- (1) That the report be noted;
- (2) That a report be submitted to a future meeting of the Board presenting the new draft strategy to allow the Board to give input at the draft stage.

### **51. DEFINING THE BOB ICS DEVELOPMENT ROADMAP**

Katie Summers submitted a report giving details of a roadmap setting out plans for the development of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System for the next 18 months.

The report stated that the transition to an Integrated Care Board (ICB) statutory organisation, with existing CCG staff and functions aligned to the new operating structure, was on track for delivery by 1 July 2022.

The transition activity was supported by a detailed System Delivery Plan (SDP), which would be updated by 31 March 2022 to reflect the three month extension to the original ICB statutory operating date. A high-level Integrated Care System (ICS) development roadmap, which outlined the key activity and outcomes through to 1 April 2023 had been developed, and a set of risks had been outlined, with mitigating actions.

The focus to date had been laying the groundwork for the ICB (“the architecture”) including the safe transition of the CCG functions into the ICB, shaping the ICS Strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.

In the coming month there would be work with each of the Places to broaden the thinking on the Place-based Partnership Development, with each partnership working on their local development plans. There would also be focus on ICS Strategy Development, including agreeing Executive leadership (where required) and how thinking could be harnessed to accelerate the ICS priorities, to provide a level of confidence and detail well ahead of the formation of the ICB.

The aim was to use this as the basis for the updated System Development Plan (SDP) due to be sent to NHS England & Improvement by 31 March 2022. An updated Readiness to Operate Statement (ROS) would be submitted on 31 March 2022, which would complement the SDP, ahead of the legal ICB establishment on 1 July 2022.

The meeting discussed the importance of local authority involvement in the ICB, especially as Berkshire West “place” in the ICB involved three authorities, and Katie Summers said work was going on with colleagues to ensure that this was raised through the Berkshire West Integrated Care Partnership Unified Executive and that work was done with the Chairs of the Health & Wellbeing Boards to ensure a streamlined but inclusive approach to the governance structures involved.

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

### **52. ICP UNIFIED EXECUTIVE - JANUARY AND FEBRUARY 2022 CHAIR'S REPORTS**

Andy Ciecierski presented two reports giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the meetings of the Unified Executive that had been held on 13 January and 10 February 2022.

The reports addressed the following key points:

- Update from BOB System Leader’s Group x 2
- Connected Care
- Health 7 Wellbeing Strategy
- Better Care Fund update x 2
- GP representation in Berkshire West
- McKinsey discharge and flow project update
- Joint health and social care funding and nursing bed strategy

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

### 53. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets as at the end of December 2021 (Quarter 3).

The report gave details of the five BCF metrics, explaining that they had been updated in the BCF Planning Guidance for 2021/22 and had been adopted for Quarter 3 and 4 reporting. The report stated that three out of the five metrics had been achieved by the end of Quarter 3, as set out below, whilst noting that there was an eight week delay with the data as it was published from national data sources.

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). (Achieved)
- Reduction in length of stay of inpatients who have been in hospital for longer than, 14 days and 21 days. (Not Achieved)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence. (Achieved)
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population. (Achieved)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). (Not achieved)

Further details were set out in the report, as well as updates on progress on the three key priorities in the Reading Integration Board's programme plan: Multi-Disciplinary Teams; Discharge to Assess future model for Reading and the Nepalese Diabetes project.

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

### 54. HEALTH AND WELLBEING DASHBOARD - MARCH 2022

Kim McCall submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report explained that the strategy had now been superseded by the Berkshire West Health and Wellbeing Strategy 2021-2030 and a new dashboard report reflecting new priorities and actions had been developed to support them and would shortly replace this report (see Minute 55 below).

The report summarised the performance against the eight priority areas in the Action Plan and paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

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

**55. HEALTH AND WELLBEING DASHBOARD - STRATEGY 2021-2030**

Kim McCall submitted a report on the development of a Health and Wellbeing Dashboard to present Reading's progress against achieving local goals as set out in the 2021-2030 Berkshire West Health and Wellbeing Strategy.

The report set out the five priorities in the new Strategy, gave examples of the measures and data that would be included in the new dashboard for each of the priorities and sought views on the proposal.

**Resolved -** That the report be noted and any comments on the proposed measures and data to be included in the new dashboard be submitted to Kim McCall.

**56. ROYAL BERKSHIRE NHS FOUNDATION TRUST & BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD**

A report was submitted to the board recommending that the following changes be made to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

- To co-opt a representative from Royal Berkshire NHS Foundation Trust (RBFT) as a non-voting additional member of the Health and Wellbeing Board.
- To co-opt a representative from Berkshire Healthcare NHS Foundation Trust (BHFT) as a non-voting additional member of the Health and Wellbeing Board.

The proposed amended terms of reference and powers and duties and operational arrangements of the Board were set out at Appendix A to the report.

**Resolved -**

That the following amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed:

- (a) To co-opt a representative from Royal Berkshire NHS Foundation Trust (RBFT) as a non-voting additional member of the Health and Wellbeing Board.
- (b) To co-opt a representative from Berkshire Healthcare NHS Foundation Trust (BHFT) as a non-voting additional member of the Health and Wellbeing Board.

**57. DATES OF FUTURE HEALTH & WELLBEING BOARD MEETINGS**

**Resolved -** That the meetings for the Municipal Year 2022/23 be held at 2.00pm on the following dates:

- Friday 15 July 2022
- Friday 7 October 2022
- Friday 20 January 2023
- Friday 17 March 2023

(The meeting started at 2.00pm and closed at 5.08pm)