

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18 JANUARY 2019	AGENDA ITEM:	8
REPORT TITLE:	RESPONSE TO THE HEALTHWATCH READING REPORT 'OUR TOP THREE PRIORITIES'		
REPORT AUTHOR:	JANETTE SEARLE / LYNDON MEAD	TEL:	0118 937 3753 / 0118 982 2740
JOB TITLE:	PREVENTATIVE SERVICES MANAGER / INTERIM LOCALITY MANAGER	E-MAIL:	Janette.Searle@reading.gov.uk / Lyndon.Mead2@nhs.net
ORGANISATION:	READING BOROUGH COUNCIL / BERKSHIRE WEST CLINICAL COMMISSIONING GROUP		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This is the joint response of the local authority and the local clinical commissioning group to a report presented by Healthwatch Reading to the July 2018 meeting of the Reading Health and Wellbeing Board. 'Our Top Three Priorities' summarised recent feedback which Healthwatch Reading had gathered from some of Reading's communities and groups which are seldom heard, and from local charities which support these groups.
- 1.2 A number of common themes emerged from Healthwatch Reading's involvement work with five separate 'seldom heard' groups. The local authority and the clinical commissioning group have developed plans to address these, and to develop their involvement with people who use - or are entitled to use - services, in light of Healthwatch Reading's findings.
- 1.3 Ensuring that services are accessible to all sections of the community is an ongoing priority for both statutory partners, informed by feedback, and often involving outreach to residents who may find it difficult to access services for a variety of reasons. Healthwatch Reading is an important element of this ongoing outreach and is invited to convey some specific responses back to the groups they have formed relationships with as part of preparing this report.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board:
 - (a) notes this joint response and asks Healthwatch Reading to share it with those who contributed to the 'Our Top Three Priorities' report; and
 - (b) commends the Healthwatch Reading guide to involvement annexed to the 'Our Top Three Priorities Report' to members of the Board.

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 requires local authorities to establish a Local Healthwatch in their areas as a consumer champion for healthcare and social care services. Healthwatch Reading is commissioned to deliver this service for the Reading locality, which includes promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and social care services.

3.2 Over the period February to June 2018, Healthwatch Reading produced a series of five reports setting out the responses they obtained when inviting various 'seldom heard' groups to identify their top three priorities for health and social care support. This included people who faced various barriers to involvement in services and service development on account of having a disability, not being able to speak English, or not understanding their right to have their say to help influence the quality of local health and social care services. Healthwatch Reading worked in partnership with several local charities to arrange listening sessions where people could share their views.

3.3 Some common themes emerged from the five separate reports.

For individuals, what mattered to people was:

- Rights - knowing your individual rights in health and social care, and having your rights respected
- Information - having enough information, at the right time, in a form that was right for the individual
- Enough good quality and culturally sensitive care to meet the needs of the individual

For organisations, the common feedback was:

- Inclusivity matters - people themselves have valuable information about their needs that could inform how services are designed and provided, and charities that work directly with particular groups could provide valuable additional insights
- Mental health services need to be sensitive to cultural issues and individual needs (in services day-to-day & when involving people in service improvement work)
- Unpaid carers have a vital role, and their needs must be addressed when planning services and thinking about when, where and how service users would have their needs assessed and met

3.4 Reflecting on this project, Healthwatch Reading prepared a short guide to involving local people in planning and designing NHS services, which was included in the 'Our Top Three Priorities' report.

4. PRIORITIES AND RESPONSES -

Priority (1): Rights - knowing your individual rights in health and social care, and having your rights respected

4.1 The Council and clinical commissioning group provides public information on health and social care through their respective website, the online Reading Services Guide, the Council call centre and a range of printed leaflets. However, the Council and clinical commissioning group recognises that some adults will need support to use existing guidance, e.g. care directories or online tools, because of factors such as digital exclusion, language barriers, unfamiliarity with the care and support system, cognitive limitations or complexity of needs. This is the rationale for commissioning a targeted information and advice service for adults with current or emerging care and support needs. This includes people who would be eligible for Adult Social Care (ASC) and people

with care needs below the ASC eligibility threshold. The service described is delivered by Age UK Berkshire, Age UK Reading, Communicare and Reading Mencap.

- 4.2 In addition, the Council has commissioned Healthwatch Reading to deliver an advocacy service for adults, which includes support to make a complaint about NHS or Adult Social Care Services should this be necessary - such as if an individual feels their health or social care rights have not been respected.
- 4.3 The Council will be reviewing its community services commissioning in 2019 and will ensure the Healthwatch Reading findings as set out in the 'seldom heard' report are taken into account as part of that review.

Priority (2): Information - having enough information, at the right time, in a form that was right for the individual

- 4.4 Under the requirements of the Care Act 2014 the Council has a duty to promote and provide information and advice and this includes working closely with voluntary sector organisations who specialise in supporting individuals who have a specific need or characteristic protected under the Equality Act and ensuring individuals get the information and support they need. The targeted information and advice service described above has been commissioned by the Council to help bridge the gap between social care information and people who need support to access this information or to navigate their way through to the information which is relevant to them at a particular time.
- 4.5 The Council's communication policy is to use easy read as much as and as often as possible when communicating in written format with members of the public, without jargon and including a clear explanation where a technical word needs to be used. Although Powerpoint is a popular medium at meetings, some meetings and forums are run without the use of Powerpoint, and printed copies of information are made available on request.
- 4.6 The online Reading Services Guide includes listings of local services and also a series of guides which pull information together around a particular issue or change in circumstances - e.g. 'Your care after discharge from hospital' and 'Help with shopping'. All of the pages on the Reading Services Guide can be viewed in larger font or translated into different languages through Google Translate and printed off as fact sheets - by any user. The Council encourages its own staff and partners to make use of this facility to share information with individuals in different formats.
- 4.7 The Council offers support to different groups to access services - translation services for those whose English is not their first language; interpretation services for those who have a sensory need (including note taking and lip reading); information in printed formats and easy-read; advocacy support for those who need additional support and guidance to express their views.
- 4.8 All General Practices (GPs) in Reading provide access to translation services and this is offered to patients by receptionists. In order to enhance communication to the BME community, the clinical commissioning group will review messages for GP screens to include multi-lingual information (tailored to individual practice population needs) advising that there are translation services available.
- 4.9 As part of a Macmillan funded project with Rushmoore Health Living (RHL), the clinical commissioning group now have over 25 'cancer champions' from BME backgrounds trained and active in the South Reading community, with at least one champion allocated to each GP practice to support with any patient barriers around cancer. So far 32 cancer

education sessions have been delivered to over 1,300 people to raise awareness of the signs and symptoms of cancer and the importance of completing screening tests. Information has been presented in the community groups' own languages including (but not limited to) Pakistani, Nepalese, Indian, Sri Lankan, Polish and Sudanese.

Priority (3): *Enough good quality and culturally sensitive care to meet the needs of the individual*

- 4.10 Quality assurance monitoring is an important aspect of the work carried out by the Council's Strategic Commissioning Team. This is an ongoing task, and the local authority recognises the need to embed a systematic approach to incorporating feedback on individuals' needs and preferences as part of this. The Council's approach to meeting care needs is becoming more personalised as we shift from traditional care assessments to the "three conversations" model for identifying people's strengths, priorities and needs, as well as increasing the take up of Direct Payments when ongoing support is appropriate.
- 4.11 The 'cancer champions' will hold more awareness events early 2019 with a focus being on the Pakistani community following recognition that there are some misconceptions around the need for cervical cancer screening. These sessions will be used to shape delivery of screening clinics to meet any specific needs of the community and hopefully boost screen rates.

Priority (4): *Inclusivity matters - people themselves have valuable information about their needs that could inform how services are designed and provided, and charities that work directly with particular groups could provide valuable additional insights*

- 4.12 On an individual level, the "three conversations" approach encourages social care staff to have a stronger focus on working alongside people to identify their individual needs.
- 4.13 On a population level, the Council and the Clinical Commissioning Group are working together to redesign the Reading approach to the Joint Strategic Needs Assessment. This will involve working more closely with third sector providers to incorporate feedback from local communities.
- 4.14 The Council manages an Older People's Working Group, a Carers Steering Group, an Access and Disabilities Working Group and a Physical Disability and Sensory Needs Network, all of which are used to involve local residents with care and support needs in understanding what services are needed and how they can be improved. These are open forums and the agendas are driven by the local residents who attend. Health and social care involvement opportunities are promoted through these forums and to community organisations, including via Reading Voluntary Action's newsletters, but the local authority recognises the need to make these channels more inclusive and to complement them with targeted outreach to 'seldom heard' groups. Community centres and community hubs are also invited to design agendas driven by community issues (e.g. health and wellbeing, housing, benefits etc.) and everyone in that locality is welcome to contribute their views and raise their concerns.
- 4.15 For any involvement opportunity, the Council aims to offer a range of ways to engage - typically, online, in writing or by attending a focus group or meeting. Additional support is offered where needed in the form of translation, interpretation or advocacy.
- 4.16 Feedback and results from local authority consultations are published in consultation reports that can be accessed and downloaded from the Council's website. Hard copies of the reports can also be requested and posted. The Council also publishes the actions taken following a consultation in the 'We asked, You said, We did' section of the Council's website: https://consult.reading.gov.uk/we_asked_you_said/

- 4.17 In addition, the Council's Neighbourhood Wellbeing Team and Neighbourhood Initiative Officers work within communities and 'go where people are' to find out what the needs of the population are and to talk directly with residents. The Neighbourhood Wellbeing Team works to raise awareness of local issues, needs and expectations and react to local demands across all Adult Social Care services. They work in local communities, making contacts directly with members of the public. This has enabled them to address local issues around accessing services, and support communities to reduce and minimise barriers to their wellbeing. The team has developed strong partnerships with various 'seldom heard' groups e.g. faith groups and ethnic minority groups. This has enabled them to develop more inclusive projects such as the Reading Dementia Action Alliance and the Loneliness and Social Isolation Steering Group. There is a strong partnership with the Neighbourhood Initiatives Team, which has strong intelligence around particular groups who are not well connected or have with limited access to support and services because of barriers linked to language or finances.
- 4.18 At a local level, Reading Community Learning Centre (RCLC) attended the North & West Reading Patient Voice group in October 2018 to talk about the work they do to support disadvantaged and vulnerable BME women and their families. The session reviewed the Health Watch report and service users shared the difficulties they can experience in accessing and understanding health services. Key messages were then shared across Reading Locality patient representatives, as well as with GP surgeries via Council meetings and the GP newsletter. One of the patient users also indicated that she was considering joining her practice's PPG (Patient Participation Group) which can further strengthen engagement.
- 4.19 The Clinical Commissioning Group has invited representatives from Reading Refugees to attend a future North & West Reading Patient Voice Group to share the work they do and their experiences of health services. The clinical commissioning group can then share key learning with Practices and use the discussions to further improve the information provided to the local community.

Priority (5): Mental health services need to be sensitive to cultural issues and individual needs (in services day-to-day & when involving people in service improvement work)

- 4.20 This is an important consideration, and the local authority uses a range of methods to engage with local residents from different communities about the development of mental health services. Recently, this has included presenting at an event on suicide awareness hosted by The Alliance for Cohesion and Racial Equality as well as co-ordinating a community event on responses to mental health crises.
- 4.21 The Reading Mental Wellbeing Group brings together a range of partners to oversee plans to promote mental wellness and emotional resilience. Alongside its ongoing role in providing strategic direction to local activity on suicide prevention, reducing loneliness and the development of Reading's Recovery College, the Group takes a theme for further exploration at each meeting. Mental wellness for black and minority ethnic residents is the theme chosen for the next meeting, and the 'seldom heard' report will be considered further there.
- 4.22 Berkshire West Clinical Commissioning Group will continue to work in partnership with people using mental health services and their families or carers when delivering service change to ensure services are culturally sensitive and deliver equality of health outcomes for patients and carers. Berkshire West has a diverse population and the Clinical Commissioning Group considers the needs of particular communities (Cultural, Health & social) when making decisions about their mental health services. This Clinical Commissioning Group does this because it has a statutory duty to do so, but also because they know that it is the right thing to do. When considering a change to an existing mental health services the Clinical Commissioning Group look at the impact this may

have on particular groups by carrying out an equality impact assessment. The Clinical Commissioning Group will continue to improve their patient engagement with a number of stakeholder events in 2019.

Priority (6): *Unpaid carers have a vital role, and their needs must be addressed when planning services and thinking about when, where and how service users would have their needs assessed and met*

- 4.23 The significance of carers in supporting people to manage health and social care needs is well made in the 'Our Top Three Priorities' report. In recognition of this, the Council and the Clinical Commissioning Group have jointly commissioned a Carers Information Advice and Support service from the Carers Hub to complement the services offered by statutory providers. The Hub works with statutory services to increase the involvement of carers both in how services respond to individuals and in the development of services generally.
- 4.24 Most recently, carers' views were gathered at a Reading event co-ordinated by the Hub to mark Carers Rights Day on 30th November. These will be used to inform the development of a new Carers Strategy for Reading.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

- 5.1 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these by addressing the particular information needs of 'seldom heard' groups, recognising the particular vulnerability of those who are 'seldom heard' and noting the need to strengthen carer involvement in developing and providing health and social care support.
- 5.2 The proposal cuts across all eight of the priorities in the Reading Health and Wellbeing strategy 2017-20:
1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
 2. Reducing loneliness and social isolation
 3. Promoting positive mental health and wellbeing in children and young people
 4. Reducing deaths by suicide
 5. Reducing the amount of alcohol people drink to safe levels
 6. Making Reading a place where people can live well with dementia
 7. Increasing breast and bowel screening and prevention services
 8. Reducing the number of people with tuberculosis

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

- 6.1 The 'Our Top Three Priorities' report annexes a Healthwatch Reading guide to involvement for NHS organisations. This recites five Healthwatch principles.
- Set out the case for change so people understand the current situation and why things may need to be done differently.
 - Involve people from the start in coming up with potential solutions.
 - Understand who in your community will be affected by your proposals and find out what they think.
 - Give people enough time to consider your plans and provide feedback.

- Explain how you used people's feedback, the difference it made to the plans and how the impact of the changes will be monitored.

6.2 The Council and the Clinical Commissioning Group welcome this guide as an aid to ensuring both organisations meet not only their statutory duties in terms of involving people but also adopt and develop best practice in this area. The guide has been widely shared throughout both organisations. If Healthwatch Reading could make this available as a stand alone document, this would facilitate wider sharing.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 Whilst an Equality Impact Assessment (EIA) is not relevant to the decisions the Health and Wellbeing Board is being asked to make in relation to this report, the guide to involvement the Board is asked to commend is likely to support the development of comprehensive EIAs to support the Board's future decision making and that of its member organisations.

8. LEGAL IMPLICATIONS

8.1 Both the local authority and the clinical commissioning group have statutory duties to involve people using health and social care services as set out in the following:

- National Health Service Act (2006)
- Local Government and Public Involvement in Health Act (2007)
- Health and Social Care Act (2012)

In addition, both organisations have statutory duties under the Equality Act (2010) as outlined above.

8.2 This report's recommendations support the meeting of the legal duties to involve.

9. FINANCIAL IMPLICATIONS

9.1 There are no direct financial implications arising from this report.

10. BACKGROUND PAPERS

10.1 *Our Top Three Priorities* - Healthwatch Reading report presented to the Reading Health and Wellbeing Board 13th July 2018