

READING HEALTH & WELLBEING BOARD MINUTES - 12 OCTOBER 2018

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Andy Ciecierski	North & West Reading Locality Clinical Lead, Berkshire West CCG
Rebecca Curtayne	Healthwatch Reading
Seona Douglas	Director of Adult Care & Health Services, RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
Sarah Morland	Partnership Manager, Reading Voluntary Action
Cathy Winfield	Chief Officer, Berkshire West CCG

Also in attendance:

Michael Beakhouse	Integration Programme Manager, RBC & Berkshire West CCG
Rich Brady	Lead Reviewer, Care Quality Commission
Marion Gibbon	Consultant in Public Health, RBC
Jo Jefferies	Consultant in Public Health, Bracknell Forest Council
Lorna McArdle	Support U
Kim McCall	Health Intelligence, Wellbeing Team, RBC
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC

Apologies:

Stan Gilmour	LPA Commander for Reading, Thames Valley Police
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Sandeep Nandhra-Gourlay	Sunrise Senior Living
David Shepherd	Chair, Healthwatch Reading
Mandeep Sira	Chief Executive, Healthwatch Reading
Councillor Terry	Lead Councillor for Children, RBC

1. MINUTES

The Minutes of the meeting held on 13 July 2018 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

As the questioner was not present, pursuant to Standing Order 9(5), the following written reply to a question from Viran Patel was provided in accordance with Standing Order 11(3):

a) Waiting Lists

"JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

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- 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?
- 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis where people are waiting for a review, emergency or otherwise, and the first assessment, and provide a cost for each month to clear that waiting list?
- 3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the Health and Social Care Act and the Care Act?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

- "1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?*

Services commissioned by Berkshire West CCG are currently meeting the national 18 week referral to treatment standard. There is no backlog waiting list and therefore no cost associated with doing this.

- 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis where people are waiting for a review, emergency or otherwise, and the first assessment, and provide a cost for each month to clear that waiting list?*

The Directorate of Adult Social Care and Health respond to referrals into the council from a number of sources - self referral, partners, cares and family as well as other organisations such as health and voluntary agencies. The Council reports performance indicators to the Department of Health and Social Care on an annual basis.

The terminology used that refers to work we undertake, is allocated cases and unallocated cases. Unallocated cases are cases that have come to our attention, but may not be an immediate priority when assessing the person's case, therefore we know about them and have not yet allocated them for an assessment. Allocated cases are people who have been allocated to a worker - in order that a planned assessment or review of their needs is undertaken.

The Council assesses risk to each person who comes to our attention through a determination and judgement made by social care worker/manager.

There is no national timescale to complete new assessments in contact with the Council, however the Council works to ensure this is completed in a timely way to promote the individuals independence. In some cases there is a legitimate reason why an assessment may take time to complete, due to rapidly changing circumstances or an extended period of rehabilitation or re-ablement.

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Due to the individualised nature of personalised care it would be difficult to make an assessment of the costs of assessing current unallocated cases as the responsibility of the Care Act 2014 is for the Local Authority to meet eligible needs and these vary.

As a result of increased demand for social care support, demographic changes and finite resources, the unallocated cases for assessments and reviews have increased, as is the case for a number of councils, which has been reported through the Care Quality Commission State of Health Care and Adult Social Care report which is published annually and looks at waiting times, trends highlights examples of good and outstanding care, and identifies factors that maintain high-quality care. It can be found at the following URL: <https://www.cqc.org.uk/publications/major-report/state-care>

The Council has from 26th September implemented a new model of managing referrals for adults. All referrals will be actioned on receipt, so that information and advice can be offered where necessary so that where assessments are required these can be allocated in a timely way according to need. Our role is to assist residents identify their strengths and abilities, and where appropriate utilise mainstream services for example locally in the community and through the voluntary sector if this would assist. We also work with our health partners who may already be supporting the individual in the community, as this may reduce any wait for an assessment. There is a waiting list for the Locality Team, however, all referrals are considered and anyone at high risk will be assessed accordingly. We currently have an average of a 4 week period to see a social worker. We do as many Local Authorities strive to secure qualified occupation therapists and currently our longest wait for an occupational therapy assessment is 3 months. We review any individuals requiring an assessment on a daily basis and take any action if required.

- 3) *Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the Health and Social Care Act and the Care Act?*

Waiting times are already reported to the Secretary of State via monthly returns. There is no requirement to clear a backlog waiting list locally."

3. CARE QUALITY COMMISSION (CQC) READING LOCAL SYSTEM REVIEW - OCTOBER 2018

Seona Douglas submitted a report giving a briefing on a Review of the Reading Health and Social Care System that was currently being carried out by the Care Quality Commission (CQC). The report had appended the CQC timeline for local system reviews. She also introduced Rich Brady, the Lead Reviewer from the CQC.

The report explained that the Reading health and social care system included the Council, Berkshire West CCG, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and the South Central Ambulance Service, as well as providers of health and social care services. It had been selected for review by the CQC based on the significant improvements that it had made to its performance in reducing delayed transfers of care (DTOC).

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The review was not a formal inspection, but a review of how well integration was working, with the reviewers being keen to gather examples of good practice that could be shared nationally. The review would be looking at how people moved between health and social care, with a particular focus on those over 65, exploring the interfaces between social care, general primary care, acute health services and community health services, and how the system ensured that the right care was delivered to the right people at the right time. Rich Brady explained that the review would not be looking at mental health services.

The report set out details of the timetable for the review, which had started on 24 September 2018 and would run for 12 weeks, as well as of the activities which were being carried out. A report of the review would be prepared and was expected in mid-December 2018. Senior leaders from across the system would then have the opportunity to work with the Social Care Institute for Excellence at a "summit" to create an action plan to address any areas that the reviewing team felt could be done even better than currently.

Resolved - That the report and the situation be noted.

4. YOUR EXPERIENCES AS LESBIAN, GAY, BISEXUAL, TRANSGENDER PEOPLE ACCESSING HEALTH & SOCIAL CARE SERVICES IN READING - HEALTHWATCH READING & SUPPORT U REPORT

Rebecca Curtayne and Lorna McArdle submitted a report produced jointly by Healthwatch Reading and the local LGBT+ charity, Support U, published in September 2018, on "Your experiences as Lesbian, Gay, Bisexual, Transgender people accessing Health & Social Care Services in Reading".

The report explained that national reports stated that people identifying as LGBT+ experienced significant health inequalities. Healthwatch Reading had sought to shed light on the experience of Reading people identifying as LGBT+, and had worked in partnership with a local charity, Support U, that had the networks and lived experience of this group of people. The project had been carried out from 27 February to 3 April 2018, with an online survey and paper copies of the survey being made available at a number of events.

35 people had responded to the survey and the report gave details of the findings, which included:

- Just over one-third were not 'out' to their GP about their sexual orientation
- 11 out of 35 (31%) had experienced anxiety and 13 (37%) had sought help for depression, much higher rates than the general population
- Nobody felt they had been discriminated against by a health professional due to their sexuality, but 17% reported some prejudice, and others felt health professionals showed a lack of knowledge or respect. This echoed a 2017 government survey finding, that 16% of 108,000 LGBT+ people said they experienced prejudice from health professionals

The respondents' main suggestion for change was better training for professionals regarding the health needs of LGBT+ people and working with diverse groups: *'Some people are very good or at least act professionally, while others are completely*

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ignorant and/or have no idea how to behave, but I have no way of knowing how they will react or what assumptions they will make until I am actually talking to them.'

The report gave details of recommendations from Healthwatch Reading and Support U, which urged local organisations to use a Stonewall toolkit on building an LGBT-inclusive service, and to also engage with Support U about potential local staff training opportunities. It was hoped that the report was the start of a wider discussion with local organisations and their equality leads, about how they might adopt the recommendations and to also understand how, or if, they were implementing 'EDS2', the NHS Equality Delivery System programme that aimed to help them meet their Public Sector Equality Duty.

The Board discussed the report, noting that it was also important that voluntary sector providers considered their response to the report, so it would be helpful to raise this issue at Wellbeing Forums. It was noted that this was an issue that needed addressing in the Joint Strategic Needs Assessment, in light of the report. It was also suggested that a meeting could be set up with Debbie Simmons at the CCG to look at how best to take the survey findings to GP practices.

Resolved -

- (1) That the report be noted;
- (2) That health and social care officers review the information and recommendations within the report, look at how to address the issues raised, including with voluntary sector providers, and bring a response back to a future meeting of the Board.

5. READING DRUG AND ALCOHOL COMMISSIONING STRATEGY FOR YOUNG PEOPLE AND ADULTS - RESULTS OF CONSULTATION

Marion Gibbon submitted a report setting out the outcomes of a consultation on the draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-22 (the Strategy). The following documents were attached to the report:

- Appendix 1 - Draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022
- Appendix 2 - Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 Consultation Results

The Policy Committee on 24 September 2019 had noted the consultation results and endorsed the strategy and had also approved the recommissioning of Reading's Drug and Alcohol Treatment service in line with the Strategy (Minute 32 refers).

The report noted that three priorities had been identified in the draft Strategy: Prevention (reducing the amount of alcohol people drink to safer levels and reducing drug related harm), Treatment (Commissioning and delivering high quality drug and alcohol treatment systems) and Enforcement and Regulation (tackling alcohol and drug related crime and anti-social behaviour). A public consultation exercise had been carried out between 21 February 2018 and 23 April 2018, asking whether people agreed with the strategic priorities for Reading and to suggest what was needed to achieve each one. The consultation had shown high level of agreement with the

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priorities and the response would be used to develop a local action plan to support each of the three priorities.

Resolved -

- (1) That the results of the eight week consultation on the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 be noted;
- (2) That the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 be endorsed;
- (3) That the next steps in the production of the action plan for each of the three priorities be noted.

6. END OF LIFE (EOL) STARTING THE CONVERSATION - PRESENTATION

Janette Searle gave a presentation on starting conversations with people about End of Life (EOL) care. Copies of the presentation slides were included in the agenda.

The presentation addressed the importance of supporting people approaching the end of their lives and listed the following ambitions for palliative and EOL care from a national framework for local action 2015-2020:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is co-ordinated
- All staff are prepared to care
- Each community is prepared to help

Details of other work addressing EOL care were also given, including: work on Dying Matters and Dying to Talk, which had the aim of helping people to talk about death so that their wishes for EOL were known by family, carers and professionals; work on addressing the strategic challenges of the urgent and emergency care system from an EOL perspective; an information event held on EOL planning and work under way to establish a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process locally, creating a personalised recommendation for people's clinical care in emergency situations where they were not able to make decisions or express their wishes.

The presentation also covered information on the work carried out by Sunrise Senior Living, who were keen to ensure that EOL issues were addressed for residents in their care homes.

It was noted that the ReSPECT tool was expected to be used increasingly across health and social care systems, with the Royal Berkshire Hospital already taking the initiative to dovetail their care plans for people leaving hospital with those of GPs, for example.

Resolved - That the presentation be noted.

7. A PROPOSED NEW MODEL FOR READING'S JOINT STRATEGIC NEEDS ASSESSMENT

Marion Gibbon submitted a report and gave a presentation on a proposed new model for Reading's Joint Strategic Needs Assessment (JSNA). Copies of the presentation slides were attached at Appendix 1.

The report provided a summary of a proposed new model for Reading's Joint Strategic Needs Assessment (JSNA) comprising:

- an online, digital source of data to describe the demography and wider determinants of health of the Reading population that was user-friendly and configurable by the user;
- a repository for detailed, service-specific needs assessments carried out by internal and external partners with support from Wellbeing officers; and
- improved engagement with local research, especially qualitative and participatory research that captured the user voice.

The report set out the challenges presented by the current JSNA model, including the time taken to update the large number of JSNA sections, dangers of duplication and inconsistency, and the lack of effectiveness in involving health partners and in articulating user voices. It set out a number of options which were being considered for the online element and explained that further discussions would be held to discuss the funding of the new model and how its implementation would be overseen. It stated that other Public Health teams across Berkshire had also identified similar challenges and had begun working with the Public Health Services for Berkshire team to develop a shared vision for JSNAs across Berkshire. It was possible that a joint approach might be possible, which could offer an opportunity for greater efficiencies and access to a wider pool of resources and skills.

The meeting discussed the model and the points made included:

- It would be important that the new model linked with and did not duplicate the work of the population management planning tool;
- It would also be important to keep ward level information available, as voluntary sector organisations often used the JSNA information in funding bids, which were often very localised;
- The duty to develop a JSNA was a joint one with the CCG, so it was important that the CCG was involved.

Resolved - That officers continue to progress the development of Reading's JSNA in line with the new model described in the report.

8. INFLUENZA PLAN UPDATE 2018

Jo Jefferies submitted a report giving an update on the performance of the influenza (flu) vaccine campaign in winter 2017-18 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 locally.

The report had appended:

Appendix 1 - National Flu Programme Letter 2018/19

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- Appendix 2 - Berkshire Seasonal Influenza Vaccine Campaign 2017-18 final report
- Appendix 3 - Berkshire Flu Planning Workshop report and communications
- Appendix 4 - Reading Borough Council draft communications plan 2018/19

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 2017-18, set out learning from 2017-18 and summarised plans for the 2018-19 flu season.

The meeting discussed the report and the points made included:

- Care home, NHS and hospice workers were now eligible for free vaccines, but some might still not know, so this would be pushed through social media.
- Employers should be encouraged to pay for flu jabs for employees as it could help them improve productivity by reducing days lost to sick leave.
- There could be some connection between low take-up in some areas and the presence of a porcine element in the vaccine for some faith groups and communities, so if Councillors could engage as community leaders with faith groups, this might help improve take-up.

Resolved -

- (1) That the multi-agency approach planned for Reading be agreed and endorsed;
- (2) That respective organisations be supported to fulfil their responsibilities as set out in the National Flu Plan;
- (3) 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.

9. PHARMACEUTICAL SERVICES CONSOLIDATION APPLICATION CONSULTATION - APPROVAL OF REPRESENTATION

Marion Gibbon submitted a report on an application received by NHS England to consolidate two pharmacies - Boots UK Ltd, 45 St Martins Precinct, Church Street Reading, Berkshire RG4 8BA and Day Lewis PLC, Rankin Pharmacy currently at 30 Church Street, Reading, Berkshire, RG4 8AU.

The report had appended:

- Appendix A - Notification of the Application to the Health and Wellbeing Board on 14 September 2018
- Appendix B - Consolidation Application including floor plan and maps

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The report explained that the Health and Wellbeing Board had to publish and keep up to date a Pharmaceutical Needs Assessment. Paragraph 19 (5), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) required the Board to make representation on pharmacy consolidation applications to NHS England, which had to be sent within 45 days of the date of the initial notice, so a response was needed by 29 October 2018.

Sections 4.2 and 4.3 of the report gave details of the impact on local pharmaceutical provision of the application to consolidate pharmacies and the report recommended that a response should be sent saying that, if the application were to be granted, the removal of the premises from the pharmaceutical list would not create a gap in local pharmaceutical service provision.

Resolved -

- (1) That the impact on local pharmaceutical service provision of the application to consolidate be noted;
- (2) That the proposed response that, if the application were to be granted, the removal of premises from the local pharmaceutical list would not create a gap in local pharmaceutical provision, be approved.

10. INTEGRATION PROGRAMME UPDATE

Michael Beakhouse 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.

The report stated that, of the four national BCF targets, performance against three (limiting the number of new residential placements, increasing the effectiveness of reablement services and reducing the number of delayed transfers of care) was strong, with key targets met.

It stated that partners had not met the target for reducing the number of non-elective admissions (NELs) but work against this goal remained a focus for the Berkshire West-wide BCF schemes.

The report gave further details of BCF performance, stating that the BCF Operating Guidance for 2017/19 had been refreshed in late July 2018 to include information on the revised targets for 2018/19, which were now in effect and the performance had been assessed against them. The report also gave details of items progressed since March 2018 and the next steps planned for October 2018 to January 2019.

Resolved - That the report and progress be noted.

11. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2018 UPDATE

Kim McCall and Janette Searle submitted a report giving an update on the Health and Wellbeing Dashboard (attached at Appendix A), intended to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy.

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Paragraph 2.1 of the report set out details of updates to the data and performance indicators which had now been included in the Health and Wellbeing dashboard, Paragraph 2.2 set out areas where performance was worse than the set target and Paragraph 2.3 listed where updated data was expected to be available for the next update to the Board in January 2019.

Resolved -

That the performance updates, areas of performance worse than the set target and the expected updates to the Health and Wellbeing Dashboard set out in Appendix A and in paragraphs 2.1 to 2.3 be noted.

12. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 18 January 2019.

(The meeting started at 2.08pm and closed at 4.29pm)