

READING HEALTH & WELLBEING BOARD MINUTES - 19 MARCH 2021

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Andy Ciecierski (Vice-Chair in the Chair from Item 5)	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Maureen McCartney	Director of Operations & Urgent Care, Berkshire West CCG
Meradin Peachey	Director of Public Health Berkshire West
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Ramona Bridgman	Chair, Reading Families Forum
Rebecca Curtaayne	Communications Lead, Healthwatch Reading
Gill Dunlop	Pupil and School Support Service Manager, Brighter Futures for Children (BFfC)
Dom Hardy	Chief Operating Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Deb Hunter	Head of SEND and Principal Educational Psychologist, BFfC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Kathryn MacDermott	Acting Executive Director of Strategy and SRO for Recovery, BHFT
Sam Mortimore	Community Safety Advisor - West, Royal Berkshire Fire and Rescue Service
David Munday	Consultant in Public Health, RBC
Paul Myerscough	Lead Governor, BHFT
Bev Nicholson	Integration Programme Manager, RBC
Vicky Rhodes	Director of Early Help & Prevention, BFfC
Janette Searle	Preventative Services Development Manager, RBC
Nicky Simpson	Committee Services, RBC
Rachel Spencer	Chief Executive, Reading Voluntary Action

Apologies:

Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
Nick John	Reading LPA Commander, Thames Valley Police
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Kate Reynolds	Director of Education, BFfC
David Shepherd	Chair, Healthwatch Reading

1. MINUTES

The Minutes of the meeting held on 22 January 2021 were confirmed as a correct record.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) Place-Based Planning

The recent NHS White Paper envisages statutory reshaping of Integrated Care Systems such as BOB, including absorbing CCG functions.

Section 5.11 states:

"The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa). ICSs will also want to think about how they can align their allocation functions with place, for example through joint committees, though we are leaving this to local determination. NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies with their functions and duties broadly as they are in the current legislation."

At present the detailed knowledge, resource and skill to be a "place-based planner" for health resides with Berkshire West CCG rather than with the Reading HWB. If the Reading HWB or the grouping of Berkshire West HWBs are to take on the role of 'place-based planners' of health a completely new level of working with NHS capacity, usage and finance data will be needed as well as close cooperation with the main NHS providers for Reading.

How do you foresee the Borough Council taking on these new functions and resources?

Will there be a place within the new Health and Wellbeing Board for local GPs, who have driven much innovation in the lifetime of the CCGs, not least in their own primary care arena?

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

Thank you for your question Mr Lake. First of all, we do need to remember that we are still talking about a white paper, a report that lays out the government's proposals for future legislation. Whilst there maybe thing we like or don't like in the White Paper we will have to await the government's 1st draft of legislation and further guidance to get a better understanding of more specifically what the future reorganisation of the NHS will look like.

The Health and Care White Paper sets out proposals for future partnership working between the NHS and local government through Integrated Care Systems (ICSs). The stated intention is that local authorities will be involved in both ICS NHS Bodies and ICS Health and Care Partnerships, to support health and social care integration and encompass preventative approaches.

The ICS NHS Body will take over the functions and funding of CCGs, and will be able to delegate funding to place level. The ICS Health and Care Partnership

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will have responsibility for developing a plan to address the system's health, public health and social care needs.

Further national guidance is expected on how the new ICSs will operate, including how to align partners' practices and cultures. However, there is local experience of collaboration and planning which we will be able to draw on in Reading. For example, the production of a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy is currently a shared responsibility of the CCG and the local authority through the Health and Wellbeing Board. Through these functions, and also from our experience of collaborating on Better Care Fund plans, Reading Borough Council has established a strong foundation for collaborating with the NHS to share data and expertise.

Reading is currently working with our Berkshire West neighbours on the production of a new Health and Wellbeing Strategy. This aims to recognise cross-border travel and use of services within the Berkshire West area whilst also reflecting the particular issues relevant to each of the three boroughs.

In addition to the feedback gathered through the recent public engagement exercise to shape the new Health and Wellbeing Strategy, there is additional feedback we can draw on regarding local views on place-based planning for health. The CCGs within the BOB ICS established an Architecture Oversight Group, which oversaw an engagement exercise with a broad range of stakeholders towards the end of 2019. Through this exercise, people were invited to comment on how different structures would support delivery on commitments in the NHS Long Term Plan, provide appropriate oversight and accountability, and take advantages of opportunities to share expertise and resources between organisations. These will remain important considerations in designing the new ICSs for this area.

Our own Health and Wellbeing Board does, of course, include strong GP representation in the form of our Vice Chair. The question also refers to new joint committees, which are referenced in the White paper, and suggested members of these committees include primary care networks and GP practices, as well as community health providers, local authorities and voluntary sector representatives. Again, further detail is awaited at a national level on how these will operate.

b) Berkshire West CCG

After the fiasco of the tender for primary care services at Circuit Lane and Priory Avenue won by One Medical Group, the local CCGs issued no further such tenders but worked to encourage GP practice renewal through consolidation, through mergers and through bringing in new partners and encouraging development, with positive results.

After the dissolution of Berkshire West CCG how will such detailed and constructive oversight be maintained?

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

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NHS partners will be reviewing arrangements for the delegated commissioning of primary medical services as part of the further development of the ICS. This work is still at an early stage however it is intended that decisions on local primary care services will continue to be made at 'place' level and with the continued involvement of appropriate stakeholders.

3. IMPACT OF COVID-19 IN READING

David Munday, Gill Dunlop, Andy Ciecierski and Dom Hardy gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
- Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England and mortality per 100,000 population, as well as recent data on cases by age group, noting that the latest data was now showing only 1.2% of individuals testing positive, 34.6 cases per 100,000 population and two deaths in the previous week.
- Comparative data with other Berkshire authorities
- Information about the steps in the Recovery Roadmap
- Information on Covid vaccination local roll-out, progress in vaccinating priority groups and overall vaccination numbers, noting that there had now been almost 45,000 vaccinations in Reading
- Update on lateral flow testing
- Brighter Futures for Children - Schools overview, including information on:
 - Reading Schools' Attendance, noting that, as at 17 March 2021, attendance had increased to 93.1%
 - Reopening of Schools
- NHS Berkshire West CCG - information on the impact on Primary Care Services, including:
 - Changes to Access routes to GP services
 - Establishment of Covid-19 Respiratory Hub
 - Introduction of Oximetry at home
 - Covid Vaccination programme
 - Establishment of Recovery and Future Plans
- Royal Berkshire NHS Foundation Trust - information on the impact of Wave 2 of Covid-positive patients on the Trust and the current position

Resolved - That the presentations be noted.

4. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - UPDATE ON COVID-19 RECOVERY

Kathryn MacDermott submitted a report and gave a presentation and answered questions on the progress of the Covid-19 Recovery Programme for Berkshire Healthcare NHS Foundation Trust (BHFT), which covered the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate Services. The presentation gave

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details of the impact of Waves 1 and 2 of the Covid-19 pandemic on community and mental health services and of the impact of a review and reconfiguration of the BHFT estate to ensure safe environments for patients and staff. The presentation covered the following areas:

- Adult Community Health services
- Children's Community Health Services, including Children's and Young Persons' Mental Health
- Adult Mental Health services
- Serious Incidents and Duty of Candour
- Impact on staff
- Reducing health inequalities

Resolved - That the report be noted.

5. HEALTH OF ASYLUM SEEKERS AND REFUGEES PLACED IN A READING HOTEL DURING THE PANDEMIC

Mandeep Bains submitted a report presenting the findings of a project carried out by Healthwatch Reading between July and September 2020 to support asylum seekers and refugees placed in a Reading hotel during the pandemic with any health and wellbeing needs.

The report explained that Healthwatch had become aware that around 80 asylum seekers had been placed by the Home Office into a Reading hotel in March 2020 as part of the pandemic response. They had wanted to check their health and wellbeing needs were being met, their rights were being upheld and to give them a voice. Neither residents nor third parties had been aware of how long they might be staying at the hotel.

From discussions with the asylum seekers, it had become clear that they had a number of health and wellbeing issues with which they needed help. Some residents had been transferred from other areas of England whilst others had come straight to the hotel after arriving in the UK from another country. They had been at a disadvantage in terms of not being familiar with the Reading area and what services were available. Normal ways of working for NHS and care services had also changed during the pandemic so it had been even more difficult for the residents to access some services. For a number of residents, English was not their first language, which had been another barrier.

The report contained case studies which highlighted asylum seekers' multiple or complex health and wellbeing needs and unsafe gaps in care, and details of how Healthwatch and other local charities had supported them.

The report also contained formal responses to eight key questions that Healthwatch had put to local stakeholders - the Council, Berkshire West CCG and Berkshire Healthcare NHS Foundation Trust. It stated that the responses indicated that local organisations had got little notice of the asylum seekers arriving in Reading but once they were in Reading, the process of linking the arrivals into local health services had been slow and responsibility for their overall wellbeing had been fragmented.

The report summarised the following main findings:

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- Healthwatch had spoken with 43 asylum seekers/refugees from 19 different countries who spoke 16 different languages, all placed in the same Reading hotel
- Healthwatch had carried out four visits to the hotel from July-September 2020 to hear their views and had spent many hours afterwards trying to resolve their issues
- Most of the people spoken with were single young men but there were some family groups including single women with babies or toddlers
- Many had been living in the hotel since March 2020, after being moved by the Home Office from accommodation in eight other UK cities or towns, mainly London
- They were mostly experiencing dental, pain, insomnia or mental health problems
- Being moved from other parts of the UK had sometimes caused unsafe breaks in usual medication or ongoing treatment
- A Home Office weekly allowance had been stopped for some people, preventing them from buying over-the-counter medication, phone credit and other items
- A mass registration exercise with a local GP surgery had only taken place 16 weeks after the first residents had arrived
- Their rights to free NHS prescriptions and dental care had been delayed in many cases
- Healthwatch believed local and national agencies had not liaised well to meet people's needs
- Information-sharing between statutory services had been delayed or inadequate, preventing full understanding on who had arrived and left the hotel and their needs
- Local charities had been filling the gaps to provide support, visits, advice, advocacy and interpretation. Hotel staff had also unofficially provided pastoral care.

By 25 March 2021, all of the asylum seekers at the hotel were due to be moved on from Reading by the Home Office. As well as being submitted to the Health & Wellbeing Board, the report would be submitted to Healthwatch England so they could raise the issues involved with the Home Office, as there were lessons to be learned about how health and wellbeing needs were met and rights upheld when asylum seekers were moved around any part of England.

Maureen McCartney explained in more detail at the meeting the history of what information had been received by Berkshire West CCG about the asylum seekers and refugees. She said that the CCG had been told on 7 May 2020 of 61 people at the hotel, who had been there since 2/3 May 2020. In discussions with Clear Springs, who provided short term accommodation to asylum seekers for the Home Office, the CCG had been told the residents would be looked after by the London Immigration Assessment Centre and were likely to be in Reading only for a few days.

On 12 June 2020, the CCG had received a formal letter from NHS England about needing to put healthcare arrangements in place for the residents and the London Immigration Assessment Centre had confirmed they no longer had the capacity to do that. On 17 June 2020 the CCG had arranged for the Reading Walk In Centre to register them as patients and clinics had been held for the patients. Some residents

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had chosen to register elsewhere themselves or to stay with a registered GP in London.

Seona Douglas explained that, as the asylum seekers and refugees had been placed in Reading by the Home Office through the Immigration Office, they were not ordinary residents in Reading, and any interventions required by the Social Care Act would have needed to be requested of the Council by the Home Office; the only exception was safeguarding cases under Section 42, and there had been no enquiries to Adult Social Care on this matter.

It was noted that the report was helpful for the relevant organisations to better understand the issues involved, particularly in relation to barriers to accessing services for asylum seekers and refugees, and to be able to consider how to do things differently in any similar situations in the future.

Resolved - That the report be noted and welcomed.

6. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST MENTAL HEALTH STRATEGY - PROGRESS UPDATE

Kathryn MacDermott submitted a report on the progress of the Berkshire Healthcare NHS Foundation Trust Mental Health Strategy, which explained what it had been possible to deliver against the commitments set out in the Mental Health Strategy 2016-21, the impact of responding to COVID and the challenges/changes this would mean for the service offer going forward.

The report set out key areas in the NHS Long Term Plan and explained that the Plan had an ongoing commitment to investment in Mental Health services and new models of care, and gave details of the following eight key areas, as well as some specific projects:

- Community Mental Health
- Alternative Provision for those in crisis
- Access to Psychological Therapies
- Physical Health in Serious Mental Illness
- Children and Young People
- Schools and Colleges
- Learning Disabilities and Autism
- NHS 111 and Access to 24/7 community care

The report gave details of the BHFT current situation or “starting point” from its Three Year Plan, summarising its work and activities in the local, regional and national context. It also gave a summary of the 2016-21 Mental Health Strategy to provide safer, improved services with better outcomes, supported by technology, covering:

- Effective and compassionate help
- Working with service users and carers
- Straightforward access to services
- Supporting staff
- Good experience of treatment and care
- Working with partners and communities

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The pandemic had resulted in a massive increase in the use of technology and increased access to digital and online services, which had been beneficial in some areas. However, in other areas, service users had found services more difficult to access remotely and it was noted that a blended model would be needed going forward. Details of the changes in appointment types and referrals since the start of the pandemic were set out in the report.

The report gave details of progress on the following key initiatives:

- Prospect Park Hospital Development - Bed Optimisation and Staffing
- IAPT (Improving Access to Psychological Therapy)
- Zero Suicide
- Pathways and Clustering
- Emotionally Unstable Personality Disorder Project
- Structured Clinical Management
- Specialist Mental Health services
- Community Mental Health Team Function and Workforce
- Urgent Care

The report also gave details of the significantly increased demand for mental health services as a result of Covid-19, noting that a national model was predicting up to 20% of the population would need new or additional mental health support. The other factors which caused mental health problems had also not gone away, so a steep increase in demand was expected. Covid-19 had also meant that many patients were presenting later and were more poorly on presentation.

The report set out the priorities for 2021/22 in adult mental health, CAMHS and eating disorders. It explained that mental health transformation investment had been made available to Integrated Care Systems and Berkshire West had submitted Expressions of Interest to BOB ICS and had successfully secured funding for Crisis Alternatives, Integration with PCNs, and Suicide Prevention.

Deb Hunter noted that there were already lots of good examples of multiagency working but it would be important to continue good communication to plan and bid together with partners, especially with the increase in perinatal mental health. She also said it would be good to have further involvement with BHFT around early intervention and identification of eating disorders and around children and young people with autism with emotional wellbeing mental health issues, in order to put initiatives in place across Reading in line with emerging research. Kathryn MacDermott said that there had already been positive conversations with the CCG about what could be invested to reduce the waiting lists for children with autism and ADHD and further discussions with partners to ensure regular communication and planning would be welcomed.

Resolved - That the report be noted.

7. 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 for the financial year so far.

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The report explained that performance had been exceeded in relation to reducing the number of non-elective admissions (NELs). The performance now included some of the winter pressure period. Over the 10 recorded months (to January 2021), there had been 7,803 NELs against a target of no more than 10,607 for the year. Projections based on activity to date indicated an end of year cumulative figure of 9,363 - 12% below the target.

Performance in relation to limiting the number of people placed into residential placements was strong, with 340 placements made in 10 months (to January 2021), and a projected 409 placements for the financial year (against a target of no more than 571 for the financial year).

Progress against the target for increasing the effectiveness of reablement services had improved significantly for the cohort discharged in September to 91%. However, latest data for the cohort discharged from hospital in November 2020 (reported in January 2021), at the start of the second national lockdown, showed that figures were 10% below the target of 93% of people remaining at home 91 days after discharge from the service.

Delayed Transfers of Care (DTC) had been suspended on 19 March 2020 in response to a national directive to implement a Hospital Discharge Service in response to COVID-19, and instead had moved to monitoring Discharge to Assess pathways. Performance had been positive and remained on track with a projection of 19 against the minimum target of 18 to the end of the year, within the independent living flats at Charles Clore Court on Pathway 1.

Resolved - That the report and progress be noted.

8. HEALTH AND WELLBEING DASHBOARD & ACTION PLAN - MARCH 2021

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Action Plan (Appendix A) and on the Health and Wellbeing Dashboard (Appendix B), which set out local trends. The report therefore gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Action Plan and paragraph 2.2 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.

9. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 16 July 2021.

(The meeting started at 2.02pm and closed at 4.48pm)