

## READING HEALTH & WELLBEING BOARD MINUTES - 15 JULY 2022

### Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Tehmeena Ajmal	Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust (BHFT)
Councillor Jason Brock	Leader of the Council, RBC
Andy Ciecierski (Vice-Chair)	Clinical Director for Caversham Primary Care Network
Tracy Daszkiewicz	Director of Public Health for Berkshire West
Sarah Deason	Healthwatch Reading
Councillor Collette Dennis (substituting for Councillor Hoskin)	RBC
Councillor John Ennis	Lead Councillor for Adult Social Care, RBC
Caroline Lynch (substituting for Eamonn Sullivan)	Trust Secretary & Data Protection Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Eiliis McCarthy	Reading Locality Manager, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Councillor Alice Mpofo-Coles	RBC
Rachel Spencer	Chief Executive, Reading Voluntary Action
Belinda Seston	Interim Director of Place Partnerships, BOB ICB

### Also in attendance:

Rob Bowen	Deputy Director of Strategy, BOB ICB
Amanda Lyons	Interim Director of Strategy Delivery & Partnerships, BOB ICB
Sally Moore	Head of Communications & Engagement, RBFT and BOB ICB
Ashlee Mulimba	Healthy Dialogues
Amanda Nyeke	Public Health and Wellbeing Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC
Andy Statham	Director of Strategy, Transformation & Partnerships, RBFT
Lara Stavrinou	Compass Recovery College
Melissa Wise	Deputy Director for Commissioning & Transformation, RBC

### Apologies:

Ramona Bridgman	Chair, Reading Families Forum
Seona Douglas	Director of Adult Care & Health Services, RBC
Brian Grady	Interim Executive Director of Children's Services (& Director of Education), Brighter Futures for Children (BFfC)
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Jo Lappin	Assistant Director for Safeguarding, Quality, Performance & Practice, RBC

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Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Becky Pollard	Consultant in Public Health, RBC
Eamonn Sullivan	Chief Nurse, RBFT

### 1. MINUTES

The Minutes of the meeting held on 18 March 2022 were confirmed as a correct record and signed by the Chair.

### 2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Francis Brown in accordance with Standing Order 36:

#### a) Healthwatch Reading:

Healthwatch is now under new management.

What changes can residents and patient groups in Reading expect to see in the coming year?

How will Healthwatch demonstrate a greater effectiveness in discharging its statutory duties relating to the numerous facets of health care and social care in the Reading area?

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

The contract with The Advocacy People to deliver Healthwatch has been in place for 6 weeks and this time has been focussed on securing staff in place within a new structure and ensuring all transferred systems, such as the website, are functioning properly. The team are undertaking induction and training in The Advocacy People's systems, policies and procedures so they can continue to handle day to day queries and attend meetings where appropriate. The Advocacy People have welcomed onboard some of the previous Healthwatch Reading Advisory Board members and discussions on recruiting new Board members and Chair, plus other volunteers, are underway.

In terms of what people can expect over the coming year, a first draft workplan has been created using evidence collated over the last year from a range of sources as required by Healthwatch England such as:

- Engagement work within the community, including volunteer activity.
- Information from your Local Authority Joint Strategic Needs Assessment.
- Healthwatch led public meetings such as Annual Conferences.
- Surveys and questionnaires.
- Service user experience including that of staff and volunteers.
- Publicly available national and local data.
- Focus groups.
- Information from the Voluntary and Community Sector (VCS); including faith groups, community groups, charities, resident groups, patient groups etc.

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- Views and experiences of local people.
- Providers of health and social care services.
- Commissioners of health and social care services.

Healthwatch are working to finalise this shortly and this will be presented at a future Health and Wellbeing Board.

In terms of greater effectiveness as part of The Advocacy People, the Healthwatch Reading team has access to the central support team of ICT, Finance, Business Development and HR. As part of a wider family of five Healthwatch's, Reading will benefit from the economies of scale this creates (for example, a centralised marketing function, sharing surveys on common topics), share expertise/good practice operationally and strategically and utilise standard policies/procedures. This is particularly important in the Berkshire West area where The Advocacy People are the host provider for West Berkshire and Wokingham Borough as well as Reading. This means that, where appropriate and without compromising local input, a single team member will be able to represent the 3 areas creating obvious efficiencies.

The Advocacy People is a large organisation delivering advocacy and Healthwatch contracts across the south of England, including Reading and Berkshire, for many years and bring a wealth of experience to the Reading team. A good working relationship is being formed to deliver Healthwatch Reading going forward.

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

#### **a) Public Health**

Tracy Daszkiewicz gave a presentation and answered questions on the latest impact of the COVID-19 pandemic on Reading. The presentation slides had been included in the agenda papers, but it was noted that the situation had changed since collation and publication.

The meeting was briefed on the increase in COVID-19 transmissions within local communities. It was noted that although the current variant of the virus was highly contagious, the impacts were slight, with the illness being mostly mild and quite short-lived. It was noted that few people were becoming severely unwell and that, although hospital admissions had increased, they had not done so to the scale seen previously. COVID mortality rates remained very low.

The meeting heard that there was no free community testing taking place, however the issue had been raised and was being discussed. It was noted that testing rates had declined rapidly since free testing ended on 1<sup>st</sup> April 2022. The meeting heard that mapping work was being done to understand in which workplace settings testing was still taking place.

It was noted that public health advice remained unchanged. Those with symptoms should stay at home. People who were clinically vulnerable should continue to protect themselves as they saw fit.

#### **b) Vaccinations Update**

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Belinda Seston gave a presentation and answered questions on the vaccination programme in Reading. The presentation included the following points:

- It was explained that the JCVI had recommended an extra dose be administered in the Spring for certain target groups (over 75s, older people in care homes, and over 12s with weakened immune systems). The 'Spring Booster' programme had run from 22 March 2022 to 30 June 2022 but remained in place for those target groups to date.
- In Reading, the percentage of uptake of the Spring Booster for over 75s (74%) was below that of the BOB ICB area (81%) and the England average (78%). Compared to similar local authorities Reading placed joint 9<sup>th</sup> out of 14.
- In Reading, the percentage of uptake of the Spring Booster for people in older peoples' homes was 72%. Reassurance was given that all care homes had been visited and that work had been carried out to establish the reasons why the rate was not 100% (reasons included illness, being in hospital and issues around consent). Reassurance was given that work remained ongoing to provide the vaccine to unvaccinated patients in this group.
- In the Berkshire West area 42% of immunosuppressed people had received the Spring Booster vaccine. Primary care clinicians had been asked to identify and invite all eligible individuals by 27 June 2022.
- In Reading 14% of 5-11-year-olds had been vaccinated (compared to 16% for the BOB ICB area and 10% in England). Compared to other comparative local authorities Reading placed joint 1<sup>st</sup> out of 14.
- The plans for the Autumn vaccine programme were due at the end of July and that the details were still being worked on. However, it was expected that a further vaccine would be offered to residents and staff in care homes, frontline health and social care workers, over 65s and adults aged 16-64 in clinical risk groups. Where possible the Autumn vaccine would be co-administered with other vaccines, namely the annual flu vaccine programme.
- Detailed planning around implementation and arranging the necessary the infrastructure for the Autumn vaccination programme was still taking place and a further update would be provided in due course.

### c) Covid Vaccine Refusal in Reading - final Healthwatch Reading report

Further to Minute 47 of the previous meeting, Belinda Seston presented a report on the findings of the Healthwatch Reading project commissioned to understand why Reading had lower Covid vaccination uptake rates than neighbouring areas and the national average.

The report detailed the results of an online survey which had been completed by 163 people, the majority of whom had not received a Covid vaccine. The survey had included facilitated online discussions and the ability to leave comments. The survey had found that:

- 79% of survey respondents had not had any dose of a Covid vaccine
- 68% said they hadn't come forward for a Covid vaccine booster
- 76% said concerns about vaccine side-effects had put them off coming forward
- 34% said they hadn't come forward because they considered Covid to be a mild disease

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- 28% said they thought they were 'covered' by previously having been infected with Covid
- 71% said their mind was made up about not getting vaccinated
- Only 15% said more information about vaccine safety could change their mind

The meeting heard that the survey had highlighted the importance of communication and giving people the right information to allow them to make informed decisions. The findings of the survey had been shared with the Reading Community Vaccine Champion Steering Group and had been used to inform the Community Vaccine Champions' work programme and training.

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

#### 4. READING COMMUNITY VACCINE CHAMPIONS PROGRAMME - STRUCTURE & PROGRESS UPDATE

Amanda Nyeke gave a presentation and answered questions on the Reading Community Vaccine Champions Programme.

Reading had been given funding of £485K by The Department for Levelling Up, Housing and Communities (DLUHC), to use between January to July 2022 to promote vaccine uptake amongst seldom-heard communities, particularly those with low Covid vaccine uptake rates.

The programme's key deliverables were identified as follows:

- Increased outreach and engagement (1:1/focused contact) to understand local barriers and needs and promote vaccine uptake and public health guidance.
- Recruitment and appointment of Community Champions networks and local grant schemes.
- Tackle misinformation around vaccine safety, minimise practical barriers to accessing vaccines, increase trust and vaccine uptake, with a particular focus on young people.
- Increase vaccination rates overall to get as many people vaccinated as possible.
- Improve the reach of official public health messaging on vaccine safety to seldom-heard communities through local trusted voices.

The presentation explained that the programme had also provided a good opportunity to look at wider health and inequalities issues, explore opportunities and build trust with the Voluntary and Community Sector, increase community resilience and learn what methods worked to inform similar work in the future.

A multi-agency steering group had been setup to improve public health communications and drive collective Covid recovery. The steering group had agreed to focus on specific target groups within the community, including:

- the Chinese population, Polish population, Black or Black African and Asian/Asian British Pakistani groups
- Younger adults
- Areas of deprivation (Central, Leighton Park, Battle and Caversham Bridge)
- Vulnerable groups (homeless people, substance misusers, refugees)

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The programme would also aim to build on existing vaccine uptake work and strengthen the local infrastructure and partnership working with the CCG, PCNs and GPs.

The presentation outlined the programme's governance structure, key workstreams and data analysis methods. It explained how the programme used data and other sources to plan and develop engagement activities with specific target groups.

The presentation also covered the following areas:

- Community Champions Network;
- Community Grant Fund;
- Results of Work in Outreach and Pop-up Sites and
- Highlights and lowlights of the programme.

It was explained that consideration was being given to the possibility of extending the CVC programme by utilising the infrastructure, capacity and capabilities established to date to help deliver the Autumn vaccination booster programme and the annual flu vaccine programme.

### **Resolved -**

- (1) That the presentation be noted and the good progress and outcomes achieved to date be acknowledged;
- (2) That members of the Board continue to encourage partners to support the delivery of the CVC programme;
- (3) That consideration of the extension of the CVC programme beyond July 2022 be endorsed;
- (4) That a further update on progress be provided at the next meeting;
- (5) That the plan to deploy the infrastructure, capacity and capabilities established to date for the planning and delivery of other vaccination programmes and activities (such as the Autumn booster programme and the annual flu vaccination programme) be endorsed.

## **5. BERKSHIRE SUICIDE PREVENTION STRATEGY**

Tracy Daszkiewicz presented a report regarding the Berkshire Suicide Prevention Strategy. The report explained that a Suicide Prevention Strategy had been presented to and had been endorsed by the Board on 8 October 2021 (Minute 25 refers). However, since its adoption, new data profiles had become available and there was a new policy landscape that had led to the strategy being reviewed.

The report explained that that the Suicide Prevention Partnership had been re-established to refresh the local strategy to reflect the significant policy changes and changes to data analysis methods.

A Ten Point Plan had been put in place to progress and monitor work whilst development of the refreshed strategy was under way, in order to progress priorities so there was no delay in delivery whilst the strategy was developed. The Ten Point Plan aimed to:

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1. Introduce suicide prevention across all policy
2. Improve methods to tackle root cause vulnerability
3. Establish a trauma-informed approach
4. Assess and strengthen ways of tackling inequalities
5. Establish focus on debt and cost of living
6. Improve focus on children and young people
7. Establish means to address female suicide rates
8. Strengthen focus on links between mental health, self-harm and suicide
9. Continue to develop and establish support for people bereaved by suicide
10. Develop means for family support to ensure individual wellbeing

The report explained that a Suicide Prevention Summit was being arranged to take place in the Autumn to launch the consultation into suicide prevention to inform the strategy refresh. The meeting heard that the resulting draft strategy would be presented to the Health & Wellbeing Board in January 2023 with the final strategy and impact assessment to come to the Board in March 2023 for final agreement and endorsement.

### **Resolved -**

- (1) That the report be noted;
- (2) That the recommendation to refresh the Suicide Prevention Strategy be endorsed;
- (3) That the plan for the Suicide Prevention Partnership to arrange a summit in the Autumn to launch a full consultation process into suicide prevention to further inform the strategy refresh be endorsed.

## **6. ROYAL BERKSHIRE NHS FOUNDATION TRUST - OUR STRATEGY**

Andy Statham and Caroline Lynch submitted and answered questions on a report presenting the draft new strategy for the Royal Berkshire NHS Foundation Trust (RBFT) - "Our Strategy" (attached at Appendix 1), noting that the document was still under development and was yet to be formatted professionally.

The meeting heard that the strategy, originally launched in 2018 as the 'Vision 2025' strategy, had been refreshed for the following reasons:

- To reflect changes at local, regional and national level.
- To adapt language to capture insight from engagement with staff and stakeholders and to ensure that the strategy continued to resonate with the Trust's community.
- To set a direction of travel towards the new hospital encompassing how the Trust worked and the services it provided, alongside physical infrastructure.
- To increase the focus and clarity on the actions taken to achieve the Trust's objectives, including how the Trust would monitor progress.
- To simplify the Trust's message to aid communication and understanding and to keep the message relevant.
- To acknowledge the Trust's achievements over the last 5 years and to celebrate its successes to date.

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The draft strategy outlined the RBFT's updated strategic framework, which was organised into five strategic objectives. Each objective was supported by three goals, a range of enabling activities and a set of metrics used to assess progress. The five Strategic Objectives were:

- Objective 1: Provide the highest quality care for all;
- Objective 2: Invest in our people and live out our values;
- Objective 3: Deliver in partnership;
- Objective 4: Cultivate innovation and improvement;
- Objective 5: Achieve long-term sustainability.

The meeting heard that the Trust's vision and value statements remained unchanged but that its strategic objectives, whilst broadly the same as before, had been updated to add an emphasis of inclusion and equality through strategic objectives 1 & 2, to expand the Trust's focus on partnerships beyond NHS partners in strategic objective 3, to focus on improvement rather than transformation in strategic objective 4 and to expand the Trust's sustainability objective (objective 5) to encompass its impact on the environment. The meeting also heard that the Trust, through its new clinical services strategy, would contribute towards achieving joint Health and Wellbeing strategic objectives by adopting a posture of prevention.

In response to a query about receiving updates on progress and how the Trust would meet the current and emerging local needs of the Reading population, Andy Statham said that there would be regular reporting on progress on the Strategy in the public domain, and the Health and Wellbeing Board now had co-opted members from RBFT on the Board and would be given regular reports on progress on achieving the objectives in the Strategy. The Trust was also planning to work on understanding more about what patients and residents wanted and how they thought the Trust could improve and would be looking at different ways of doing this.

### **Resolved -**

- (1) That the report and draft strategy be noted;
- (2) That the Board receive regular updates on progress on the Strategy.

### **7. COMPASS RECOVERY COLLEGE UPDATE**

Lara Stavrinou submitted a report giving an update on the work of the Compass Recovery College, its mental health and wellbeing activities, outcomes and impact during the pandemic, including an overview of performance, progress towards achieving goals and key successes to date. The report had appended:

- Appendix A - Indicators to which Compass contributes per Public Health Outcomes Framework and Care Act duties which Compass Recovery College supports
- Appendix B - Attendance figures for 2021-22
- Appendix C - Reflection tool feedback for 2021-22
- Appendix D - Clinically Extremely Vulnerable Fund (CEV) and Contain Outbreak Management Fund (COMF) delivery
- Appendix E - Quotes and case studies



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The report detailed the work of Compass Recovery College, which took an education approach to improving mental health and provided free workshops and social groups to promote good mental health and improve personal wellbeing. The workshops had been designed and delivered by people with lived experience of mental health challenges, alongside clinical staff and other professionals. The workshops were aimed at people over 18 who had been directly and indirectly affected by mental ill health or wellbeing challenges and also included carers, family members and professionals. The workshops provided help and support to attendees to help them develop the skills and coping and self-management strategies needed to manage their mental health challenges.

It was explained that, since 2017, the number of people who had registered with Compass each year had increased. It was noted that since the pandemic the level of demand had increased significantly, but that Compass had also managed to grow its operation at the same time due to fixed term additional Covid funding. The report noted that Compass had worked to improve its feedback and evaluation processes and, in consultation with experts and service users, had developed a quick and simple reflection tool to gather feedback from participants at the beginning and end of each workshop. Data gathered using the new process had demonstrated very positive outcomes from the workshops, as scored by participants themselves.

Compass Recovery College had also been supporting RBC's Mental Health Reablement Programme pilot to equip health and social care professionals with skills and ways to provide compassionate and person-centred care to people who had recently been discharged from mental health hospitals. Feedback obtained from these workshop sessions had again been very positive.

The meeting heard about the CEV Programme workshops run by Compass for Reading's voluntary sector. These workshops were designed to support voluntary sector staff and volunteers who experienced additional mental health challenges with their clientele during their work. 52 individuals had participated across 36 unique organisations. The CEV Programme also provided support to develop bespoke mental health and wellbeing workshops for local grassroots community groups, particularly those groups that had been disproportionately affected by the Covid-19 pandemic.

Details were given of various programmes; including with Reading Community Learning Centre (RCLC), the Weller Centre, Sadaka, Reading Golders and the Alliance for Cohesion and Racial Equality (ACRE), which utilised money from Contain Outbreak Management Fund (COMF) to deliver mental health and wellbeing programmes and culturally tailored Mental Health Awareness and Suicide Awareness training and Suicide Prevention training for ethnic minority groups. Compass also ran a series of wellbeing workshops for refugees and asylum seekers living in bridging hotels.

The report concluded with several testimonies and positive feedback quotes provided by users of the service. The meeting also heard a good news story where a service user, who had attended a series of Compass workshops, had returned as a volunteer to develop and deliver a successful workshop and had then moved on to a specialist role in the NHS.

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

**8. BERKSHIRE DIRECTORS OF PUBLIC HEALTH ANNUAL REPORT 2021/2022 - HELPING TACKLE CLIMATE CHANGE ONE MEAL AT A TIME**

Tracy Daszkiewicz submitted a report presenting the Berkshire Directors of Public Health Annual Report for 2021/22, attached at Appendix 1. The focus of the 2022 annual report was climate change and the importance of food sustainability from a public health perspective. For sustainability reasons the report had been published online, alongside video content highlighting some local food sustainability projects.

The annual report highlighted the link between public health issues and climate change issues by looking specifically at food; its production, distribution and consumption, and what could be done at each stage of the process to reduce environmental impacts, whilst also considering the importance of good food choices in improving health and wellbeing. The annual report highlighted the importance of sustainability, noting that the most sustainable foods were seasonal and were grown locally. The report explored how by doing things such as cutting down on the amount of meat, dairy and processed foods they ate, a person could live a healthier lifestyle and at the same time help to tackle climate change.

The report included examples of various community-based organisations, projects and initiatives within the Berkshire area which had embraced environmentally friendly and food sustainability practices. The report also included a list of practical examples of what individuals could do to eat both more sustainably and more healthily.

The report highlighted the issue of health inequality, noting that not everybody could afford or access healthy food and a balanced diet. The report noted that those on low incomes needed to spend a far higher proportion of their disposal income to eat healthily and sustainably. The meeting discussed the issue of health inequalities more generally, including that in some parts of the town and in within certain communities, such as Whitley, health and wellbeing indicators were not improving.

**Resolved -**

- (1) That the annual report be noted and members of the Board share the report with their respective networks.
- (2) That an update on progress be submitted to a future meeting of the Board.
- (3) That the Director of Public Health contact Councillor Mpofu-Coles to arrange a visit to Whitley Ward to discuss health inequalities within the community.

**9. READING'S PHARMACEUTICAL NEEDS ASSESSMENT 2022-25**

Ashlee Mulimba submitted a report and gave a presentation seeking approval from the Health & Wellbeing Board to sign off on the Reading Pharmaceutical Needs Assessment (PNA) 2022-2025, to enable publication of the final PNA document on the Reading Borough Council website. The Reading Pharmaceutical Needs Assessment 2022-2025 was appended to the report at Appendix A, along with the PNA Public Engagement Strategy at Appendix B.

The report explained that the Health and Wellbeing Board had a statutory responsibility to refresh the PNA and to publish it on the Council's website by 1 October 2022. It was

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noted that the PNA needed to be made accessible for the duration of its lifespan and that if local pharmaceutical services changed during this time, the Council would need to publish supplementary statements to the website.

The report explained that the purpose of the PNA was to assess the need for pharmaceutical services in the Reading area, to publish a statement of that assessment and to establish whether there are any gaps in provision. The report explained that the PNA would be used to inform the decision-making process regarding applications for new pharmacies. It explained that PNAs could also be used to inform commissioning of services that may be provided within pharmacies such as those funded by the NHS and local authorities.

The report highlighted the PNA's findings that Reading was well served in relation to the number and location of pharmacies. It was noted that there were 29 community pharmacies, one dispensing appliance contractor and one distance selling pharmacy located within Reading, along with seven community pharmacies located within a mile of Reading's border. It was further noted that the PNA had identified no gaps in the provision of essential, advanced (NHSE-commissioned) and other NHS pharmacy (locally-commissioned) services in Reading.

### **Resolved -**

- (1) That the report be noted;
- (2) That the final Reading Pharmaceutical Needs Assessment 2022-2025 be formally approved by the Health & Wellbeing Board for publication on the Council's website;
- (3) That the Board be notified of any significant changes that occurred during the lifespan of the PNA.

### **10. INTEGRATED CARE SYSTEM DEVELOPMENT UPDATE**

Amanda Lyons gave a presentation updating the Board on the development of the Integrated Care System (ICS) following Royal Assent of the Health & Care Act 2022 in April 2022. The presentation gave an update on the system delivery plan and on preparation for the Integrated Care Partnership (ICP) strategy development.

The presentation detailed key ICS development activities completed between April and June 2022. This included:

- the transfer of the CCGs functions and staff into the newly established Integrated Care Board (ICB);
- assurance being given by Internal Audit and Regional Office that the CCG had completed all the required actions needed to ensure a smooth transition;
- approval of the ICB's Constitution by NHS England;
- the ICB being formally established (and CCGs dissolved) on 1 July 2022;
- the ICP working group working up proposals for the ICP for consideration by the Strategic Leaders Oversight Group.

The presentation outlined the relative roles within the ICS of the ICP, ICB, PBPs (Place Based Partnerships) and provider collaboratives, all of which involved local authorities who manage social care. The first Board Meeting of the ICB had been held on 1 July

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2022, at which it had agreed governance arrangements and received the 2022/23 Operational and Finance Plan, the BOB Green Plan and the System Delivery Plan.

The ICB's website ([www.bucksoxonberksw.icb.nhs.uk](http://www.bucksoxonberksw.icb.nhs.uk)) was being developed and would contain information about the Board, board members, governance documents/arrangements and contact information.

The ICB were required to produce a 'Working with people and communities strategy' to embed effective engagement and partnership working principles at the heart of the ICB's work. It was reported at the meeting that detailed guidance had recently been circulated by NHS England which explained what the strategy should contain. Work to develop the draft strategy by the 31 December 2022 deadline remained ongoing and would include a public engagement element (such as Citizen Panels).

The presentation highlighted the importance of developing PBPs. A Berkshire West PBP had been established but that work remained ongoing to develop delegation, function and decision-making processes. It was noted that for PBPs to thrive, other organisations would need to delegate authority to allow for effective decision making to take place. Building on existing partnership arrangements would be important and further detailed guidance on legislative options available to the ICB was expected imminently.

The presentation highlighted the ICB's key aims and goals, as set out in the Health & Care Act 2022. It was noted that the goals would play a fundamental role in steering the ICB's strategic development and integration work. The ICBs goals were:

1. Tackle inequalities in outcomes, experience and access;
2. Enhance productivity and value for money;
3. To improve population health and healthcare;
4. Help the NHS to support broader social and economic development.

The presentation explained how the ICB would deliver its goals by setting system priorities with partners and the public, by allocating its finite funding in line with strategy, by orchestrating system working along whole-patient pathways and by earning a seat at the table by focusing on where the ICB could add value.

The presentation gave details of the ICS development programme and explained that development of an ICP strategy was in its preparatory stages. Initial meetings had taken place with Health and Wellbeing Board Chairs and ICS Directors of Public Health to look at the specific requirements of the Health & Care Act 2022 and look at each Health and Wellbeing Board's strategy and each local authority area's Joint Strategic Needs Assessments which would feed into the ICP's strategic direction.

The presentation explained that tackling healthcare inequalities was a key goal of the ICS which would embrace the NHS 'Core20Plus5' approach to reducing healthcare inequalities.

The Board noted that, given the pace of change, it was important to ensure that residents and stakeholders were kept up to date on how the ICS changes would affect them. Amanda Lyons reported that the ICB was working through how to improve all its engagement processes and, following recent discussions and feedback, the Interim Director of Communications and Engagement was working with local authority

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Communications teams on how best to engage in meaningful communication with wider groups.

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

### 11. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP UNIFIED EXECUTIVE CHAIR'S REPORT - MARCH TO MAY 2022

Andy Ciecierski presented a report from the Chair of the Berkshire West Integrated Care Partnership Unified Executive on key issues discussed at meetings of the Unified Executive held between March and May 2022.

The report covered the following topics:

- Update from BOB System Leaders Group
- GP Representation in Berkshire West
- Ukrainian Crisis
- ICP Priorities
- Better Care Fund update
- Delivery Group
- Developing Place Based Partnerships
- Urgent & Emergency Care Strategy (UEC)

Andy Ciecierski also reported that his role had changed. He explained that he had resigned as Urgent Care Lead of the previous Berkshire West CCG (which had ceased to exist on 30 June 2022). He had no official role in the new BOB ICS but, in the transition period whilst the ICS was reorganising, he would continue as Vice-Chair of the Board pending clarification of future arrangements.

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

### 12. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP UNIFIED EXECUTIVE PRIORITIES

Belinda Seston presented a report setting out the Berkshire West 2022/23 Integrated Care Partnership (ICP) Unified Executive priorities, as agreed by the Unified Executive on 14 April 2022, along with intended benefits for both staff and residents. The report also provided an overview of the Berkshire West 2021-2030 Health & Wellbeing Strategy priorities and guiding principles which had framed and informed the priorities for 2022-23.

The report detailed the current year's priorities that had been decided by the Unified Executive and, at Appendix 1, provided a detailed overview, including explaining the context, ambition, scoping working and key deliverables for each of the four active programme areas and why two of the programme areas were currently on hold. The four flagship programmes and their aims were:

**Integrated cardio-vascular pathway and service** - this work programme sought to create an Integrated Service model for Heart Failure wrapped around the needs of patients and carers. The programme would look to prioritise the early detection, diagnosis and management of heart conditions, embracing proactive

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personalised care and look at how digital/technological enablers could support self-management and education.

**Multi-disciplinary Team (MDT) working focused on ‘low level’ mental health and health inequalities (locality driven)** - this work programme aimed to deliver locally based MDTs within primary care networks. The MDTs included primary care, community nursing and community mental health professionals and would build on existing integration work with the aim of also including adult social care workers, occupational therapists, physiotherapists and care workers. Patients under the care of an MDT would have one point of contact for the majority of their out of hospital care needs. It was hoped that this would improve outcomes for patients and services, help to reduce hospital admissions and readmissions and help reduce health inequalities.

**Children Young People and Emotional Wellbeing Transformation** - this work programme sought to improve the resilience, emotional wellbeing and mental health of children and young people. The programme wanted to see fewer children and young people escalate into crisis, but, for those that did, for good quality care to be readily available and delivered in a safe place to enable a quick recovery. The programme aimed to see partnership agencies working more closely together so that vulnerable children could access the help that they needed quickly and easily.

**Additional Roles Reimbursement Scheme (ARRS) Workforce** - this work programme sought to increase staffing capacity within local primary care networks by better utilising available ARRS funding to recruit more staff to specialist roles (such as clinical pharmacists, paramedics, physiotherapists, physician’s associates and social prescribers). The programme sought to recruit most new ARRS staff (80%) from outside the local health system to prevent a detrimental impact on other local health services. It was hoped the programme would deliver a more sustainable staffing model for primary care networks and create more capacity to address key priorities.

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

### 13. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and its performance against the national Better Care Fund (BCF) targets covering the period January to March 2022 (Quarter 4).

The report gave details of the five BCF metrics which had been updated in the BCF Planning Guidance for 2021/22 and had been adopted for Quarter 3 and 4 reporting. The metrics and outcomes were noted as follows:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). (Not Met)
- Reduction in length of stay of inpatients who have been in hospital for longer than: (i) 14 days (Not Met) and (ii) 21 days (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence. (Met)

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- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population. (Not Met)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). (Not Met)

Further details of delivery against the targets were set out in the report, which demonstrated how close the programme had come to meeting the targets that had not been met. The report also gave 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 -**

- (1) That the report and progress be noted;
- (2) That future reports include information on work being carried out with local partners to improve the outcomes and also showing how Reading compared with other systems on the core metrics.

### **14. BETTER CARE FUND (BCF) 2021/22 END OF YEAR RETURN**

Bev Nicholson submitted a report outlining the progress made and assurance of spend in respect of the Better Care Fund (BCF) 2021/22 in the form of an End of Year Return. The report provided assurance that the BCF National Conditions had been met in respect of the BCF funding and the return had been submitted by the deadline of 27 May 2022.

The report stated that the Executive Director of Adult Social Care and Health, Seona Douglas, in consultation with the Lead Member for Health, Wellbeing and Sport, Cllr Graeme Hoskin (the previous Chair of the Reading Health and Wellbeing Board) had approved the return on behalf of the Board and it had been submitted by the required deadline.

The Better Care Fund End of Year return for the period from 1 April 2021 to 31 March 2022 was attached to the report at Appendix 1.

### **Resolved -**

- (1) That the contents of the End of Year Return for Better Care Fund 2021/22 and the compliance with the BCF National Conditions be noted;
- (2) That it be noted that the return had been formally signed off and submitted by the deadline of 27 May 2022.

### **15. LAUNCH EVENT - BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY 2021-2030 & READING IMPLEMENTATION PLANS 2021-2024**

Amanda Nyeke submitted a report which set out a proposal to hold a half day event in September 2022 to launch the Berkshire West Health and Wellbeing Strategy 2021-2030 and the Reading Health and Wellbeing Strategy Implementation Plans 2021-2024. The aim of the event was to raise awareness of the contents of the plans to a wide audience and encourage a wide engagement in their delivery.

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The report explained that the aim of the event was to engage with a wide range of key stakeholders, including both statutory and non-statutory organisations, to bring people together to celebrate successes to date, encourage networking and the sharing of ideas and to encourage participants to make pledges to further strengthen local work to achieve the goals set out in the implementation plans. Further communications would be made after the event to inform the wider public about the pledges and commitments made to deliver the strategy. A draft programme for the event was attached to the report at Appendix A.

The report also proposed that the Reading Health and Wellbeing Board host an annual standing conference following the launch to review the progress made in delivering the strategy and implementation plans each year. This would provide an opportunity to review implementation plans and activities in a cycle of continuous quality improvement.

### **Resolved -**

- (1) That the Health & Wellbeing Board host a half day event in September 2022 and support the planning and running of the event;
- (2) That the Health & Wellbeing Board hold an annual standing conference to review plans and priorities and celebrate successes.

### **16. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN AND DASHBOARD REPORT**

Amanda Nyeke submitted a report that provided an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and detailed information on performance and progress towards achieving the local goals and actions set out in both the overarching strategy and the locally agreed implementation plans.

The Health and Wellbeing Implementation Plans and Dashboard Report Update was attached to the report at Appendix A and contained a detailed update on actions agreed for each of the implementation plans and included the most recent update of key indicators in each of the five priority areas:

- Priority 1 - Reduce the differences in health between different groups of people;
- Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives.
- Priority 3 - Help families and children in early years;
- Priority 4 - Promote good mental health and wellbeing for all children and young people;
- Priority 5 - Promote good mental health and wellbeing for all adults.

Full data for key indicators for each priority was provided in the full Health and Wellbeing Dashboard Report attached to the report at Appendix B.

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.



**17. DATE OF NEXT MEETING**

**Resolved** - That the next meeting be held at 2.00pm on Friday, 7 October 2022.

(The meeting started at 2.00pm and closed at 5.26pm)