

READING HEALTH & WELLBEING BOARD MINUTES – 15 MARCH 2024

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)
John Ashton	Interim Director of Public Health for Reading and West Berkshire
Helen Clark	Deputy Director for Berkshire West Place, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Councillor Alice Mpofo-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Gail Muirhead	Prevention Manager, Royal Berkshire Fire & Rescue Service (RBFRS)
Katie Prichard-Thomas	Chief Nursing Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Rachel Spencer	Chief Executive, Reading Voluntary Action
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC

Also in attendance:

Marisa Alexis	Public Health Principal- Health Protection Lead, RBC
Trisha Bennett	Community Development Coordinator, Whitley Community Development Association
Sharon Brookes	Service Manager, East CAMHS, BHFT
Keith Brown	Chair, West of Berkshire Safeguarding Adults Partnership Board
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Sharon Herring	Associate Chief Nurse for Patient Experience, Workforce & Education, RBFT
Emma Mapes	Keyworking Team, Berkshire West, BHFT
Bev Nicholson	Integration Programme Manager, RBC
Amanda Nyeke	Public Health & Wellbeing Manager, RBC
Martin White	Consultant in Public Health, RBC

Apologies:

Councillor Jason Brock	Leader of the Council, RBC
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Steve Leonard	West Hub Group Manager, RBFRS
Lizzie Mottram	Primary Care Network Lead
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Sarah Webster	Executive Director for Berkshire West Place, BOB ICB

37. MINUTES

The Minutes of the meeting held on 19 January 204 were confirmed as a correct record and signed by the Chair.

38. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Jamie Gordon in accordance with Standing Order 36:

a) ADHD Assessment & Support

Hello, my name is Jamie and I am an ambassador for ADHD UK in Reading.

My question today relates to Attention Deficit Hyperactivity Disorder, the lack of post diagnostic support for individuals with ADHD & the wait time from when a person firsts speaks to their GP about ADHD until they receive confirmation of an ADHD assessment.

Adults with ADHD are five times more likely to take their own life than those without ADHD.

One quarter of women with ADHD have tried to take their own life.

One in 10 men with ADHD have tried to take their own life.

It is believed that 25% of adults in the criminal justice system have ADHD compared to 2.5 adults in the general population.

In Berkshire there is a 3-year waiting list from when an adult or child discusses ADHD with their Dr to when they are granted an assessment

If someone is coming to Berkshire from elsewhere in the country there is an additional 2 year waiting list for a medication review that determines whether your original diagnosis is recognised or not. It is a similar story for those who chose to go for a private assessment.

So, my questions for the panel today are:

- To what extent are you aware of these problems?
- What is being done to raise awareness across all sectors about these issues?
- Is there anything being done to tackle the 3 year waiting lists for ADHD assessments amongst adults and children?

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

Waiting times

Below is the picture Berkshire wide. Waits can vary as some assessments will be prioritised due to high levels of clinical need or risk.

Children/Young People ADHD - at the end of February

- 10% have been waiting for more than 2 years
- The average wait for those who were seen in February was 104 weeks

Adult ADHD - of those seen 2023-24 to date

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The majority of those seen (59%) had a wait of 2-3 years, with 33% waiting less than 2 years. However 8% waited longer than 3 years.

Transfer from another NHS provider or from a private provider

When a child/young person or adult (taking ADHD medication) transfers from another NHS provider or wishes to move their care to the NHS from a private provider, the assessment report is reviewed. Providing it contains all of the information we need; the wait for a medication appointment will be up to 18 months for children/young people and over a year for adults. If the report does not contain all of the information required to make decisions about medication, then the wait will be the same as for a new assessment. The GP will usually be able to continue prescribing ADHD medication while they wait for the appointment. Unfortunately, we are not able to prioritise appointments on the basis of a private provider having started ADHD medication. When a private provider initiates medication, the responsibility for monitoring and reviewing this remains with them until we can offer an appointment.

To what extent are you aware of these problems?

The system is very aware of the issues affecting ADHD services. Referrals have long outstripped the service capacity and this has resulted in large numbers waiting and long waits. This is a national picture with services across the country facing similar pressures and waits being measured across the country in years (with waits of up to 10 years being reported in some cases). This has combined with additional pressures from Covid-19 and a national shortage of qualified staff. The recent global shortage of ADHD medication has also placed additional pressures on the services. The service understands how difficult waits can be for children/young people and adults, and reducing the waiting time remains a top priority, with a great deal ongoing work. It is essential for Berkshire Healthcare, Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) and system partners to work together to respond to the challenges.

What is being done to raise awareness across all sectors about these issues?

We work in the system to emphasise the importance of early needs led support, which does not need to rely on or wait for an assessment. In terms of the support on offer, we are fortunate that in Berkshire much of the same support and advice that is available after a diagnosis is also available before an assessment.

Children and Young People: Our website has [“Getting Help Now”](#) information for families and this is also sent out. In the west of Berkshire, the NHS commissioned Children and Young People’s autism and ADHD support service is delivered by Autism Berkshire and Parenting Special Children and provides a wide range of support including advice, workshops and courses which are all available to families at any point. Further information is available on their website: <https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/>

NICE Guidelines recommend parent advice and training programmes following an ADHD diagnosis and families are in fact able to access this even prior to an assessment through this service and this includes a series of linked workshops:

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- *Workshop 1:* Introduction to ADHD: What is ADHD/Challenges & concerns/Strengths and opportunities/Signposting to support
- *Workshop 2:* Anxiety and ADHD: What is anxiety/What is the relationship between ADHD and anxiety/Coping strategies for children/young people and parents/carers
- *Workshop 3:* Managing ADHD Behaviours: Attention Deficit Behaviours/Hyperactive Behaviours/Impulsive Behaviours/Behaviour Management Strategies

We also emphasise the need to provide support as early as possible as the young person's needs will be the same the day after an assessment as the day before. This includes free [PPEPcare](#) training to empower settings to understand and meet needs. [Neurodiversity newsletters](#) provide updates to families and other stakeholders.

The Adult ADHD service offers signposting to [online support guides](#) that offer behavioural and psychological strategies to support ADHD symptoms (including education, work, sleep, managing mood, relationships etc) and an on demand webinar. All of these resources are available at any point (including prior to assessment or without a referral).

System collaboration: Berkshire Healthcare has also been collaborating with other service providers across the region to share learning and innovation to respond to the challenges that are being faced by all services. Within Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) we have projects underway for both children/young people and adult ADHD services to determine the most effective assessment models and pathways. This includes the role of Artificial Intelligence in supporting assessments and a pilot of Spencer3D in schools (digital tool to profile and support identified needs in school settings which can happen with or without assessment or referral).

Is there anything being done to tackle the 3 year waiting lists for ADHD assessments amongst adults and children?

An ongoing programme of quality improvement and service transformation is in place. In addition, both children/young people's and adult services have worked in partnership with private providers to increase the number of appointments offered. However, referrals have also increased.

Below is some of the work currently underway:

Children and Young People's ADHD

- **Increasing capacity:** Despite the national shortage of qualified staff, the service has been able to recruit to a number of new posts. We have also offered a number of weekend clinics.
- **Quality Improvement:** Current projects include improvements to the referral process, reducing DNAs, concluding assessments in as few appointments as possible, ongoing review of processes to identify and implement ways to further increase productivity (while providing good clinical quality and family experience, automating tasks to release more clinical and administrative capacity; ongoing review of skill mix required for tasks to reduce the impact of the national shortage of qualified professionals.

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Adult ADHD service

- **Referral and triage process:** The Adult ADHD and Autism triage process ensures that clients referred to the service are provided with avenues for support as well as links to support with mental health to all clients referred to the service.
- **Reducing wait for annual ADHD medication review:** additional short term funding has been provided to reduce the wait for an annual medication review.
- **Quality improvement:** current projects include improving the transition for CYP (to reduce waits to be seen after transfer to the adult service and improve support and experience)

Jamie Gordon asked a supplementary question, explaining that, as an adult with ADHD he had been advised by Healthwatch to go to Autism Berkshire for support, but Autism Berkshire had been confused as to why he had been referred to them and didn't have any support available for him, only for children with ADHD, so he was querying and objecting to why he had been sent to Autism Berkshire.

Councillor McEwan replied that this issue could be investigated and a response submitted to Jamie Gordon.

39. COMMUNITY WELLNESS OUTREACH PROJECT UPDATE

Further to Minute 16 of the meeting held on 6 October 2023, Bev Nicholson submitted a report and gave a presentation on progress made by the Community Wellness Outreach Project.

The report explained that the Integrated Care Board had received funding from the Prevention and Inequalities fund, and had asked Reading Borough Council, through the Integration Board, to set up a Community Wellness Outreach project that encompassed NHS Health Checks as a core service and offering wrap around support from Voluntary and Community sector parties to provide a holistic support offer. The Royal Berkshire Hospital, Patient Engagement and Experience Team (PEET) had already been running a programme in the communities working in collaboration with Reading Voluntary Action (RVA) to provide mini-Health Checks. Work had been carried out with them to identify what additional resource and equipment would be needed to scale up this scheme to delivering the full NHS Health Check and to support the voluntary and community sector partners to provide the wrap around wellbeing support, such as debt and benefits advice, mental health support, and lifestyle behavioural change such as smoking cessation, weight management and exercise through the JOY platform for Social Prescribing. The programme was available to all people over the age of 18 and would prioritise people from communities and groups that might be more disadvantaged and had not had any Health Checks or identified long term conditions.

The pilot project would run until the end of June 2025. There was a target to complete 5,200 NHS Health Checks within the project period, with particular emphasis on identifying those at risk of cardiovascular disease.

The report summarised the progress made up to the end of February 2024, including data on the number of people seen (a total of 193 by the end of February 2024 and a total of 267 by 15 March 2024, reported verbally at the meeting) a breakdown by age group and ethnicity, and information about health conditions found at sessions. Due to the time taken to set up the service, a soft launch had occurred in December 2023, and the project had

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started scaling up to incorporate multiple sessions from January 2024. The teams delivering the service were working on refining the sessions to ensure as smooth a service as possible and the project had been cautious about communications to avoid having long queues which could potentially damage the reputation of the pilot, so officers were working with community partners to ensure an appropriate reach. The clinics were currently operating on a drop-in model but would be phasing in a hybrid of invitation and drop-in by mid-March 2024.

The following partners attended the meeting and addressed the Board:

- Sharon Herring – Royal Berkshire NHS Foundation Trust, Meet PEET
- Rachel Spencer – Reading Voluntary Action
- Trisha Bennett – Whitley Community Development Association

They talked about their experience of setting up and running the Community Wellness Outreach service and why it was so valuable, in particular the ongoing relationships that could be developed in the community settings which built trust and enabled people with complex needs to ask for help and support and for professionals to identify other medical or mental health needs, not just those covered by the Health Checks. Discussions with the Meet PEET nurses could also help in prevention and encourage people to take their health conditions seriously, as they had more of a position of authority than family members.

The Board discussed the project, welcoming the success of the pilot so far and expressing keenness for funding to be found to sustain the project after the pilot had finished.

Resolved – That the report be noted.

40. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23

Professor Keith Brown submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report for 2022-23. A copy of the SAB's Annual Report was attached at Appendix 1 and the draft Reading Safeguarding Adults Report 2022-23 was attached at Appendix 2 – this was awaiting endorsement from the Adult Social Care, Children's Services and Education Committee on 20 March 2024 and once endorsed it would be appended to the SAB Annual Report.

The report outlined the role of the SAB, listed the priorities that the SAB had set for the previous 2022/23 year and detailed the priorities that the SAB had set for the forthcoming 2023/24 year. The SAB's Annual Report 2022-23 outlined the achievements of the SAB during 2022/23 across the Reading, West Berkshire and Wokingham areas and included:

- statistics on the number of safeguarding concerns and enquiries recorded;
- trends identified across the West Berkshire area;
- details of the risks identified and the actions taken to mitigate them;
- details of the progress made towards the 2022/23 priorities and achievements through working together;
- highlights from the Voluntary Sector and Healthwatch Sub Group;
- Annual Budget and financial contribution
- summaries of the Adult Safeguarding Reviews conducted by the SAB;
- reflection on areas of success in 2022/23 and areas for improvement;
- further details of the key priorities set by the SAB for 2023/24.

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The report stated that one of the areas identified in the annual report for improvement was for the West of Berkshire Safeguarding Adults Partnership to improve its links with Health and Wellbeing Boards, Community Safety Partnerships and Children's Safeguarding Boards. The SAB would be looking at how best to do this.

Resolved – That the report be noted.

41. CAMHS LEARNING DISABILITY TEAM & KEYWORKING TEAM, BERKSHIRE WEST – UPDATE

Further to 12 (3) of the meeting held on 6 October 2023, Sharon Brookes and Emma Mapes gave presentations on the new Child and Adolescent Mental Health Services (CAMHS) Learning Disability Team and on the new Keyworking Team for Berkshire West respectively, both of which had been commissioned on an ongoing basis. Copies of the presentation slides had been included in the agenda.

The CAMHS Learning Disability Team was a specialist mental health service that supported children and young people (aged 5-17) registered with a GP in Berkshire who had a diagnosed/suspected moderate or severe learning disability and were experiencing a significant or suspected mental health need and/or significant challenging behaviours that limited normal daily functioning. These children were experiencing significant inequalities in accessing mental health support and required a more specialist mental health service to meet their needs.

Details of the referral criteria and process were set out in the presentation, as well as the progress to date on recruitment of staff for the team and other activities. It was explained that the team had become operational on 29 January 2024, having taken on some pilot cases before going operational, and details of the numbers of referrals per month up to February 2024 were given, as well as the sources of referrals. It was reported at the meeting that the total number of referrals to date was 71, demonstrating the high demand and need for the new service.

The Keyworking Team for Berkshire West worked with children and young people up to 25 years old who had a diagnosis of autism and/or a learning disability, who were at risk of psychiatric inpatient admission, to give them extra support and help unlock barriers to get their needs met. The team had had a soft launch in January 2024 but had started collecting data in November 2023, working with young people's forums and schools to publicise the service.

The presentation gave details of the number and type of enquiries received from November 2023 to January 2024, as well as by area, age and EHCP status. It also gave details of the numbers of individuals in each RAG status on the Dynamic Support Register, which were updated verbally at the meeting, and the percentages in different referral statuses. It was explained, that even where referrals had been declined, the team would have given advice to the families of those at risk on suggested next steps. Examples of feedback on the work of the service were set out, as well as details of ongoing service development work and challenges.

Alice Kunjappy-Clifton noted the importance of communicating the availability of the services to all communities, especially to those seldom heard, and ensuring that the services liaised with diverse communities in culturally appropriate ways and Sharon Brookes said that she would be happy to liaise with Alice Kunjappy-Clifton.

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Resolved –

- (1) That the presentations be noted;
- (2) That Sharon Brookes liaise with Alice Kunjappy-Clifton at Healthwatch to discuss how best to advertise the services to diverse communities and ensure liaison in culturally appropriate ways.

42. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT

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

The Health and Wellbeing Implementation Plans and Dashboard Update was attached at Appendix A and contained detailed narrative updates on the actions agreed for each of the implementation plans and included the most recent update of key information in each of the following 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.

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.

43. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets for October to December 2023 (Quarter 3) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2023/24.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of December 2023, (Quarter 3) were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Met)
- The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence (Not Met)
- The number of older adults whose long-term care needs were met by admission to residential or nursing care per 100,000 population (Met in Q3)

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- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) (Met)

Further details against each of the targets were set out in the report which demonstrated the effectiveness of the collaborative work with system partners.

The report also covered the Better Care Fund Quarterly return, covering performance against the BCF Metrics for Quarter 3. The Quarterly Return had been signed off through the delegated authority process on 26 January 2024 and submitted on 8 February 2024. The National Conditions continued to be met and the full return was attached at Appendix 1. It was reported at the meeting that the Section 75 Framework Agreement had been agreed by the Integrated Care Board and the Council and had been signed and sealed on 21 February 2024⁵ in compliance with National Conditions.

Resolved -

- (1) That the Quarter 3 (2023/24) performance against the BCF metrics be noted;
- (2) That it be noted that the Quarter 3 BCF Return had been formally signed off and submitted by the deadline of 9 February 2024.

44. ESTABLISHMENT OF A BERKSHIRE WEST HEALTH PROTECTION & RESILIENCE PARTNERSHIP BOARD

Martin White submitted a report proposing the establishment of a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) to provide assurance to the three Health & Wellbeing Boards for West Berkshire, Wokingham and Reading, to the BOB ICP's Unified Executive and to the Berkshire Resilience Group that robust arrangements were in place to protect the health of residents across Berkshire West. Appendix A to the report set out the proposed Terms of Reference of the HPRPB.

The report explained that, during the Covid-19 pandemic, temporary working arrangements had been established across the three Berkshire West local authorities which had provided a mechanism for delivering against national guidance on health protection with a focus on Covid-19. The report listed local authorities' health protection duties and stated that there was a need to establish a permanent governance structure to exercise the strategic and mandatory assurance functions related to the Public Health Protection function.

The report listed the aims and objectives of the HPRPB, stating that the HPRPB would produce an annual work programme to deliver its aims and objectives. Further details of the work programme were set out in the proposed Terms of Reference. The HPRPB would report on a quarterly basis to the three Berkshire West Health and Wellbeing Boards and produce an annual report for them and for the BOB ICP's Unified Executive and the Berkshire Resilience Group, to provide a clear analysis of risk, mitigation and incidents.

The report proposed that a Director of Public Health should chair the HPRPB. This Director of Public Health would also sit on the Thames Valley Local Resilience Forum Executive Group and co-chair the Thames Valley Local Health Resilience Partnership, to provide a strong strategic link to other key statutory organisations within the Emergency

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Preparedness, Resilience and Response system. It was reported at the meeting that the Director of Public Health for Wokingham would initially chair the Board.

Resolved -

- (1) That a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) be established to provide assurance that robust arrangements were in place to protect the health of residents across Berkshire West;
- (2) That the Health Protection and Resilience Partnership Board report quarterly to each of the three Health & Wellbeing Boards across Berkshire West and produce an annual report to both these boards and the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Partnership's Unified Executive to provide a clear analysis of risk, mitigation and incidents;
- (3) That a Director of Public Health should chair the proposed Health Protection and Resilience Partnership Board;
- (4) That the draft Terms of Reference for the Health Protection and Resilience Partnership Board attached at Appendix A be accepted.

45. COMMUNITY HEALTH CHAMPIONS PROGRAMME UPDATE

Martin White submitted a report providing an update on the Community Health Champions (CHC) Programme and progress being made toward the programme's goals since the last update report in October 2023 (Minute 22 refers).

The report explained that the first CHC network meeting had taken place on 19 December 2023. Over 20 people had joined this meeting to learn more about the project, take part in conversations about health inequality and sign up to become Community Health Champions. At the time of drafting the report there had been 13 trained and active Community Health Champions with a further 39 waiting to be trained, half of which were due to receive their training during February 2024. When this cohort had been completed, the first milestone of 50 champions would have been achieved and exceeded.

The report gave further details of current progress, including the production of a recruitment video, which had received over 400 views by the beginning of February 2024 and work to develop social media campaigns and platforms for the project, including a new website. It stated that, as the network built, Community Health Champions had started to set the agenda based on priorities identified by their communities, including doing more around women's health including raising awareness and signposting support for those experiencing menopause. Other priorities that had been identified included physical activity and nutrition. The project team had also been developing awareness and skills amongst the champions to empower them to promote awareness of how to prevent disease, starting with the risks of measles and myth busting around the MMR vaccination.

Resolved: That the report be noted.

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46. ROYAL BERKSHIRE NHS FOUNDATION TRUST INTEGRATED PERFORMANCE REPORT – DECEMBER 2023

Katie Prichard-Thomas submitted a report summarising the Royal Berkshire NHS Foundation Trust's performance as at 31 December 2023 against the strategic metrics measured for its five strategic objectives, four breakthrough priorities and a range of watch metrics.

The report stated that the data in the report related to the period up to 31 December 2023 during which the Trust had experienced significant pressures across non-elective care and three days of Junior Doctor Industrial Action undertaken.

Despite these pressures, the Trust had continued to perform well on the Referral to Treatment elective care standard, with under 20 patients waiting over 52 weeks on those pathways. However, the sustained challenges were impacting on performance and there was a significant risk that this and the combination of workforce and financial pressures would continue to challenge performance into 2024-2025.

The Trust remained challenged across other Deliver in Partnership objectives. It remained significantly behind the 99% within 6-week diagnostic waiting standard with Endoscopy and Echocardiography driving its long wait position. Cancer performance standards continued to fall below national standards, with 70% of patients meeting the 62-day standard in December 2023.

The Trust's rate of turnover had continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sat at 7.91%, rapidly approaching the breakthrough priority target of 7%.

Financial performance as at Month 9 was £1.84m behind plan driven by continued spend on workforce. The Trust was preparing for the formal reforecast requested across the NHS at Month 10 and was currently on track, albeit with risks to deliver its budgeted full year financial position of £10.05m deficit. Efficiency savings were on track and due to be delivered in full by year end.

As in previous months, a number of watch metrics were outside of statistical control. Most related to the operational pressures experienced in the Trust and were expected to improve in line with strategic metrics. A final set related to mandatory training and appraisal completion which had been a focus of performance meetings with directorates.

The report gave further details of performance against each of the metrics, also setting out actions and risks.

Katie Prichard-Thomas also reported that the Trust had had a CQC Inspection of Maternity Services in November 2023 and the report had been published on 1 March 2024, with an overall rating of Good.

Resolved – That the report and the position be noted.

47. BOB ICB UPDATE BRIEFING

Helen Clark submitted a report presenting a briefing from the BOB Integrated Care Board, as at March 2024.

The report covered the following key areas:

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- ICB Board meeting – 19 March 2024
- BOB ICB Primary Care Strategy
- NHS Industrial Action
- Vaccination Programme – Measles and Covid-19

Resolved – That the report be noted.

48. BERKSHIRE WEST GP LEADERSHIP GROUP - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Further to Minute 35 of the previous meeting, when a decision on appointing a GP representative to the Reading Health and Wellbeing Board had been deferred, Nicky Simpson submitted a report recommending that the following change be made to the membership and therefore terms of reference and powers and duties of the Board:

- To co-opt a representative from the Berkshire West GP Leadership Group (which was set up to represent General Practice across Reading and Berkshire West in the BOB Integrated Care System) as a non-voting additional member of the Health and Wellbeing Board (to be Dr Andy Ciecierski).

The proposed amended terms of reference and powers and duties and operational arrangements of the Board were set out at Appendix 1 to the report and Appendix 2 contained a copy of the document tabled by Dr Ciecierski at the previous meeting proposing that the Berkshire West GP Leadership Group would be a more appropriate body for him to represent as a clinical representative on the Board than the Berkshire West Primary Care Alliance.

Resolved -

- (1) That a representative from the Berkshire West GP Leadership Group be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;
- (2) That the relevant amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed;
- (3) That it be noted that the Berkshire West GP Leadership Group representative would be Dr Andy Ciecierski.

49. DATES OF FUTURE MEETINGS

Resolved – That the meetings of the Health and Wellbeing Board for the Municipal Year 2024/25 be held at 2.00pm on the following dates:

- 12 July 2024
- 11 October 2024
- 17 January 2025
- 14 March 2025

(The meeting started at 2.00 pm and closed at 4.44 pm)