

READING HEALTH & WELLBEING BOARD MINUTES – 12 JULY 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)
Helen Clark	Deputy Director for Berkshire West Place, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Mike Clements	Director of Finance, RBFT
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Gail Muirhead	Prevention Manager, Royal Berkshire Fire & Rescue Service (RBFERS)
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Matt Pearce	Director of Public Health for Reading and West Berkshire
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
Sharon Brookes	Service Manager, East CAMHS, BHFT
Karen Cridland	Director of Children's, Young People and Family Services, BHFT
Jamie Evans	Area Director, Healthwatch Reading, Healthwatch West Berkshire & Healthwatch Wokingham Borough
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Zainab Koroma	Engagement Officer, Healthwatch Reading
Carole Lee	Principal Occupational Therapist, RBC
Caroline Lynch	Trust Secretary, Royal Berkshire NHS Foundation Trust (RBFT)
Mary Maimo	Public Health & Wellbeing Manager, RBC
Jason Murphy	Community Safety Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC
Chidinma Nwahiri	Technology Enabled Care Lead, RBC
Martin White	Consultant in Public Health, RBC
Kate Wigley	Transformation Project Manager, RBC

Apologies:

Helen Alderman	Service Director for Universal and Specialist Children's Family and Neurodiversity Services, BHFT
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Councillor Wendy Griffith	Lead Councillor for Children, RBC
Councillor Alice Mpofo-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Katie Prichard-Thomas	Chief Nursing Officer, RBFT
Councillor Liz Terry	Leader of the Council, RBC
Sarah Webster	Executive Director for Berkshire West Place, BOB ICB

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1. MINUTES

The Minutes of the meeting held on 15 March 2024 were confirmed as a correct record and signed by the Chair.

2. WATER SAFETY PARTNERSHIP

Jason Murphy gave a presentation on the development of a Reading Water Safety Partnership (WSP) to prevent water-based fatalities and injuries on or around Reading's waterways. Copies of the presentation slides had been included in the agenda.

He explained that the Reading Community Safety Partnership (CSP) had recommended that Reading would benefit from a WSP because the town had several water ways, linked to the river Thames, the Kennet and Avon Canal and the Holy Brook, that were a signature attraction for the area and enjoyed by local people and visitors alike. However, the presence of so many waterways presented several risk factors that meant that the potential for serious injury or fatality was high. The Reading WSP had been set up with three core partners from the Reading CSP - Thames Valley Police, Royal Berkshire Fire and Rescue Service and Reading Borough Council. The partners were committed to working together to try to prevent as many water-based fatalities and injuries on or around Reading's waterways as possible.

The presentation gave details of data on incidents of 'rescue of person from water' and water related deaths in Berkshire and set out areas of data and knowledge gaps that the WSP wanted to work on. It also gave details of the WSP's partners and stakeholders and listed its objectives:

1. Promote and develop water-safety education and initiatives within Reading with particular emphasis on the most at-risk groups identified through incident data and local knowledge.
2. Proactively promote public awareness of water-related risks and ensure a consistent message through campaigns and communications.
3. Share best practice and resources across the Borough (and beyond) highlighting a multi-agency approach to water safety.
4. To be the focal point in responding to water related incidents in Reading and undertake a 'safety review' of the location.
5. Work with partner organisations and neighbouring local authorities to gather and improve data involving water incidents in Reading, to inform a targeted approach to water safety.
6. Improve local data gathering of incidents involving water in the Reading area.
7. Align to objectives of neighbouring local authorities with shared waterways, share data and develop consistency in training, risk assessment and response.

The presentation set out the agreed approach for the WSP, which would meet quarterly, with a wider community forum of stakeholders, including users of waterways, to be established to meet twice a year. The WSP's primary objective would be to develop a Water Safety Plan, aligned to a range of existing strategic partnerships, as well as working to:

- Identify locations of greatest risk and concern
- Update Agency and board member risk registers to reflect water safety risks
- Core Partners meet to review plan and commission learning on incidents that took place

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- Core Partners lead and contribute to local audits of water safety along the waterways

The WSP would provide an annual report to the CSP, as well as other Boards on request, on actions completed within the Water Safety Plan.

The Board discussed the issue of water safety and Gail Muirhead reported that the Fire Service already attended Primary Schools to give water safety awareness sessions but it was harder to get into Secondary Schools. She noted that wild swimming was becoming more popular, and that the Wild Swimming Association had some helpful safety tips on their website.

It was noted that different communities had different relationships with water and swimming and some immigrant communities were likely to be less aware of what help was available in case of a water-based incident, such as being able to call 999 and so there needed to be liaison with community leaders to tailor the advice given to communities. Alice Kunjappy-Clifton said that she would be happy to work with those involved with the WSP to help with cultural sensitivities and customs in different communities.

Resolved – That the presentation be noted.

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

Mary Maimo 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 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.

4. 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 January

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to March 2024 (Quarter 4) 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 March 2024 (Quarter 4), were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Not Met for Q4, overall Met for the year)
- 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 (Not Met)
- 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 End of Year report for 2023/24 and the refreshed BCF Plan for 2024/25, which was a light touch update, proposing adjustments to the national BCF metrics and budget allocations for the Discharge Fund, as agreed with the Integrated Care Board. Both the End of Year return and the refreshed Plan had been signed off through the delegated authority process in advance of submission by 23 May and 10 June 2024 respectively. Copies of the submissions were attached at Appendices 1 and 2.

Resolved -

- (1) That the Quarter 4 (2023/24) performance against the BCF metrics and the BCF Refresh Plan for 2024/25 be noted;
- (2) That it be noted that the End of Year 2023/24 BCF Return had been formally signed off and submitted by the deadline of 23 May 2024;
- (3) That it be noted that the BCF Refresh Plan for 2024/25 had been formally signed off and submitted by the deadline of 10 June 2024.

5. TECHNOLOGY ENABLED CARE AND INDEPENDENT LIVING

Kate Wigley, Carole Lee and Chidinma Nwahiri gave presentations on the use of Technology Enabled Care (TEC) to assist in independent living for those receiving adult social care. Copies of the presentation slides had been included in the agenda.

Kate Wigley explained that funding had been received from the Department of Health Digitising Social Care programme and the Adult Social Care Digital Transformation Fund for an 18-month project to research care technologies that could be used by individuals, carers or care providers and build the case for further change and innovation. The project was to evaluate the potential impact of TEC, how it could support change, its limitations, its scalability and its potential for wider purposes. The project was working with four providers, using two different “pattern of life” remote monitoring systems, an application

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to support people managing anxiety and an application to support people to gain skills for independent living.

The presentation covered:

- Project timeline (starting in January 2024 with evaluation in January-May 2025)
- Details of project progress (go live on 4 March 2024, with full team in place since 4 April 2024 – the latest figures to date were 86 installations and 69 live users)
- Case studies explaining how and why installations of TEC had been carried out for service users and the positive impact of the TEC.

Carole Lee and Chidinma Nwahirri gave a presentation on a 12-week TEC Pilot Review. This was a 12-month project, funded through a Better Care Fund grant, to provide and evaluate the impact of TEC in the community. It involved a “try before you buy” offer for people who were at risk of falls, isolated or anxious and who would benefit from the reassurance of a pendant and a call centre and responder service. The aims of the project were to support residents to remain safely in their own homes, enable fast track discharge from hospital, reduce falls and hospital admissions, reduce anxiety and feeling unsafe in the community and encourage a self-funder model for older people who might be unsure of the benefits of TEC.

The presentation covered:

- Referrals – average 10 referrals a month and 109 in the last 12 months
- A summary of the 12-week package – providing up to 12 weeks free monitoring and responder services to individuals referred to the scheme and a follow up with individuals to discuss if they would like to continue privately with the provider or find an alternative provider of their own choosing
- Details of what was included, costs and outcomes for those returning TEC
- Feedback from users, those who had returned TEC, and hospital occupational therapists and a case study showing the impact of a long lie fall, which the TEC could potentially prevent
- Barriers, lessons learned and future plans

It was reported at the meeting that the Reading Integrated Care Board was going to be asked to extend funding for the 12-week TEC pilot.

Resolved: That the presentations be noted.

6. EXPLORING THE ORAL HEALTH OF CHILDREN UNDER 10 IN NORCOT, CHURCH AND SOUTHCOTE – PART OF CORE20PLUS5 PROGRAMME

Zainab Koroma submitted a report on a Healthwatch Reading project exploring the oral health of children aged under ten years in Reading’s Norcot, Church and Southcote wards. Saadia Mohamed addressed the meeting on her involvement in the project as a Community Connector in South Reading and on her experiences as a parent of a child with additional needs of managing children’s oral health.

The report explained that tooth decay was the most common oral disease affecting children and young people in England and children from the most deprived areas had a higher level of decay than those from the least deprived. An oral health survey in 2022 had found that 32% of 5 year olds in Reading had one or more untreated decayed teeth

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(higher than the 29% national average) and Reading did not currently have an oral health strategy in place.

CORE20PLUS5 was an NHS England approach to reduce health inequalities of adults, children and young people of the most deprived 20% of the population. As part of the CORE20PLUS5 Connectors Programme, involving BOB ICB, Healthwatch Reading, Healthwatch Oxfordshire and Healthwatch Buckinghamshire, a project had been developed to work towards reducing the health inequalities in oral health for children and young people in locally deprived areas.

In Reading, a project had been organised using Healthwatch's Engagement Officers and Community Connectors to understand the experiences of families in three of the most deprived areas of Reading: Norcot, Church and Southcote (who came from different ethnic backgrounds and had a child/children under ten) of dental care for their children during the past two years. The findings could then contribute to a Reading oral health strategy.

The report gave details of how the project had been organised and set out its findings, in the following areas:

- Caring for children's teeth
- Children with additional needs
- Access to dental services
- How parents/carers learned how to look after children's teeth
- Oral care at home – what works and the challenges
- Experience at the dentist
- Parents/Carers notes and recommendations

The report also included family case studies and set out recommendations, how the project had made a difference and key learning points.

It listed the next steps, including:

- Supporting and advising Reading Borough Council Public Health on the production of an oral health strategy for all residents of all ages across Reading.
- Sharing the findings with the families that had participated in the project and inviting them in 6 months' time to a focus group to discuss what was happening with their child/children's oral health since their interviews.
- Presenting the findings to Reading's Health Overview and Scrutiny Committee (the Adult Social Care, Children's Services and Education Committee) and the Reading Integration Board.
- As the project was part of the wider CORE20PLUS5 Connectors Programme, with Healthwatch Buckinghamshire and Healthwatch Oxfordshire also completing projects in their areas, collaborating on a joint report about all the projects and findings. The joint report would then be presented to the BOB ICB Health Inequalities Board.

The Board welcomed the report and discussed the findings and recommendations, with points made including:

- The report would help inform the development of a Reading Oral Health Strategy
- The report would be useful for the ICB commissioners of dental health services
- The findings would help inform the Joint Health & Wellbeing Strategy and Public Health's behaviour change programmes

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- It was queried whether fluoride varnishing, which could be a key preventative measure against tooth decay for children, was provided by Reading dentists.
- Nationally, the most common reason for younger children being admitted to hospital was for dental work or tooth extraction, with associated cost and trauma and it would be useful to know if these figures were replicated locally.

Resolved:

- (1) That the report be noted and welcomed and the development of a Reading Oral Health Strategy be endorsed;
- (2) That Helen Clark find out about the provision of fluoride varnishing in Reading and provide any data on hospitalisation of children for dental work.

7. THE VALUE OF LISTENING – HEALTHWATCH READING ANNUAL REPORT 2023-24

Alice Kunjappy-Clifton submitted the 2023/24 Annual Report for Healthwatch Reading “The Value of Listening” which gave details of the work carried out by Healthwatch Reading in 2023/24.

The report explained who Healthwatch Reading were, how they had made a difference during the year and key achievements across Berkshire West and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

It also detailed how Healthwatch Reading had listened to the experiences of people in the community, including the following:

- Raising awareness of the impact of having no interpreter service locally
- Reducing health inequalities in oral health for children and young people
- Ways they had made a difference in the community

The report gave details of hearing from all communities, including:

- Being a voice for asylum seekers in Reading
- Listening to the voice of young people
- Establishing a greater connection with Reading communities to listen to their experiences

It gave details of how Healthwatch Reading had provided people with advice and information, including understanding NHS information and the urgent dental care service.

The report also acknowledged the work of Healthwatch Reading’s volunteers, gave details of its finances and 2023/24 outcomes achieved, and set out its priorities for 2024/25:

- Health Inequalities
- Social Care at home
- Pharmacy First Service

Resolved - That the report be noted.

8. DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2024

Matt Pearce had submitted the Director of Public Health's Annual Report on the health of the local population for 2024.

Resolved –

That, due to lack of time, consideration of the Director of Public Health's Annual Report on the health of the local population for 2024 be deferred to the next meeting.

9. PUBLIC HEALTH PROTECTION ACTIVITIES IN READING

Marisa Alexis had submitted a report providing information on Health Protection activities in Reading.

Resolved –

That, due to lack of time, consideration of the report on Health Protection activities be deferred to the next meeting.

10. UPDATE ON BERKSHIRE HEALTHCARE CAMHS SERVICES

Sharon Brookes gave a presentation on Berkshire Healthcare NHS Foundation Trust's Child and Adolescent Mental Health Services (CAMHS). Copies of the presentation slides had been included in the agenda.

The presentation covered:

- Details of the Thrive framework for CAMHS for system change, a whole-system approach which had replaced the previous tiered model, looking at needs rather than diagnoses.
- Referral trends
- Details of waiting times including new NHS England guidance (likely to be a 4 week target in 2025/26) and projects to improve flow and waiting times
- The structure, governance and core workstreams of the Reimagining Community CAMHS programme
- Improving Access to Help
- Mental Health Support in Primary Care Pilot
- CAMHS Crisis Service
- The new Berkshire Link Service for children and young people with complex needs

Resolved – That the presentation be noted.

11. UPDATE ON BERKSHIRE HEALTHCARE NEURODIVERSITY SERVICES

Karen Cridland gave a presentation on Berkshire Healthcare NHS Foundation Trust's Neurodiversity Services for children, young people and adults. Copies of the presentation slides had been included in the agenda.

The presentation covered:

- System support

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- Context and Challenges, including a high and growing demand for diagnostic services, additional pressures caused by Covid-19, shortages of qualified staff, national shortage of ADHD medication and more complex presentations, all resulting in long waiting times
- Current picture of numbers of adults, children and young people waiting for Autism or ADHD assessments, medication initiation or medication review, average waits and % waiting more than 2 years
- Actions for children and young people
- Actions for adults

It was noted that some people had turned to private healthcare for diagnostic assessments, and it was queried whether there was any data on ethnicity or socioeconomic status of those on the waiting lists to see if there were any inequalities. Karen Cridland said that some analysis on longest waiters had been done and she could provide this.

Resolved –

- (1) That the presentation be noted;
- (2) That Karen Cridland provide information on the inequalities analysis of those on the waiting lists *[Information provided after the meeting and included below]*.

Harm Review - ADHD and Autism referrals still awaiting triage in Common Point of Entry (CPE).

A review of ADHD and Autism referrals awaiting triage in CPE was undertaken. The review was initiated to identify any risks or harm that might be either hidden by, or because of, the delay in young people's autism and ADHD referrals being triaged and transferred from CPE. The review used quantitative data, flow data, and a qualitative audit of 35 referrals. The review found some variation in waits according to place and gender, but no significant discrepancy. Some variation was highlighted for black/black British Young People, with a disproportionate number of girls in the Reading area (8) waiting longer in triage. A deep dive into 8 referrals highlighted that a delay in school information being returned was the main contributor to the delays. Records showed that schools had been contacted to request the documentation required and that referrals showed as waiting, or as delayed discharges, whilst waiting for paperwork to be returned. Reassuringly, the review highlighted that, whilst there was a delay in the completion of all triage tasks and ultimately transfer or discharge, all referrals had been responded to with information about supports whilst waiting for an assessment. No significant clinical risks because of the delay were identified and the triage processes in CPE did not impact on the overall waiting time for an assessment due to longer waits in the ADHD and autism service for final assessment.

12. AUTISM STRATEGY – YEAR 2 ACTION PLAN UPDATE

Sunny Mehmi submitted a report on the progress of Year 2 (2023/24) of the All Age Autism Strategy Action Plan across Reading. The following documents were appended to the report:

- Appendix 1 - All Age Autism Strategy for Reading 2022 to 2026
- Appendix 2 - Autism Action Plan – Year 2 2023/24

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Appendix 3 - Reading All Age Autism Strategy Priorities

Appendix 4 - The Equality Impact Assessment

The report stated that the Reading All Age Autism Strategy had been adopted by the ACE Committee on 18 January 2023 and reported to the Health and Wellbeing Board on 20 January 2023 and that annual updates on the progress of the action plan would be presented to the Board.

The following seven priorities had been developed which had been used as the basis for the Strategy:

1. Improving awareness, understanding and acceptance of autism;
2. Improving support and access to early years, education and supporting positive transitions and preparing for adulthood;
3. Increasing employment, vocation and training opportunities for autistic people;
4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care;
5. Housing and supporting independent living;
6. Keeping safe and the criminal justice system;
7. Supporting families and carers of autistic people.

The Action Plan outlined the progress that partner agencies had made in delivering Year 2 of the Strategy, and the report listed some of the key developments in the seven priority areas, including autism training, early years support, transitions to adulthood, employment support, healthcare support, supported living accommodation, criminal justice support, and carers and family support.

The areas of work outstanding were planned to be undertaken in the next two years; these were outlined in Appendix 3 to the report.

Resolved – That the report be noted.

13. BOB ICB UPDATE BRIEFING

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

The report covered the following key areas:

- ICB Board meeting – 21 May 2024
- BOB ICB Primary Care Strategy
- Covid-19 Spring Booster Campaign
- BOB ICS performance – latest data

Resolved – That the report be noted.

14. DATE OF NEXT MEETING

Resolved – That it be noted that the next meeting of the Health and Wellbeing Board would be held at 2.00pm on 11 October 2024.

(The meeting started at 2.00 pm and closed at 5.31 pm)