

READING HEALTH & WELLBEING BOARD MINUTES – 11 OCTOBER 2024

Present:

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| Councillor Ruth McEwan (Chair) | Lead Councillor for Education and Public Health, Reading Borough Council (RBC) |
| Andy Ciecierski | Clinical Director for Caversham Primary Care Network |
| Rachael Corser | Chief Nursing Officer, BOB ICB |
| Councillor Paul Gittings | Lead Councillor for Adult Social Care, RBC |
| Councillor Wendy Griffith | Lead Councillor for Children, RBC |
| Alice Kunjappy-Clifton | Lead Officer, Healthwatch Reading |
| Gail Muirhead | Prevention Manager, Royal Berkshire Fire & Rescue Service (RBFRS) |
| Matt Pearce | Director of Public Health for Reading and West Berkshire |
| Katie Prichard-Thomas | Chief Nursing Officer, RBFT |
| Rachel Spencer | Chief Executive, Reading Voluntary Action |
| Councillor Liz Terry | Leader of the Council, RBC |

Also in attendance:

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| Jamie Evans | Area Director, Healthwatch Reading, Healthwatch West Berkshire & Healthwatch Wokingham Borough |
| Lara Fromings | Assistant Director for Transformation, Commissioning and Performance, RBC |
| Tariq Gomma | Engagement Officer, Healthwatch Reading |
| Mary Maimo | Public Health & Wellbeing Manager, RBC |
| George Mathew | Inequalities Lead, Alliance for Cohesion and Racial Equality (ACRE) |
| Bev Nicholson | Integration Programme Manager, RBC |
| Dayna White | Neighbourhoods and Partnerships Manager, RBC |

Apologies:

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| Steve Leonard | West Hub Group Manager, Royal Berkshire Fire & Rescue Service (RBFRS) |
| Caroline Lynch | Trust Secretary, Royal Berkshire NHS Foundation Trust (RBFT) |
| Councillor Alice Mpofu-Coles | Chair of the Adult Social Care, Children's Services and Education Committee, RBC |
| Lara Patel | Executive Director of Children's Services, Brighter Futures for Children (BFfC) |
| Melissa Wise | Executive Director – Community & Adult Social Care Services, RBC |
| Martin White | Consultant in Public Health, RBC |

15. MINUTES

The Minutes of the meeting held on 12 July 2024 were confirmed as a correct record and signed by the Chair.

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

Mary Maimo presented a report and gave a presentation 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.

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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.

17. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report and gave a presentation giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets for April to June 2024 (Quarter 1) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2024/25.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of June 2024 (Quarter 1), were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Not 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 (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)

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 Quarter 1 return for 2024/25, attached at Appendix 1. The Quarter 1 return had been signed off through the delegated authority process in advance of submission by 29 August 2024. One of the National Conditions to be met was that the Council and the Integrated Care Board should have agreed the Section 75 Framework Agreement with the Integrated Care Board, for pooled funding, covering the period 2024/25. The Agreement was still in the process of being reviewed, with a view to signing and sealing by 29 October 2024, in order to remain compliant with the National BCF Conditions.

Resolved –

- (1) That the Quarter 1 (2024/25) BCF Return be noted;

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- (2) That it be noted that the Quarter 1 (2024/25) BCF Return had been formally signed off and submitted by the deadline of 29 August 2024;
- (3) That it be noted that the Section 75 Framework Agreement for 2024/25 was in the process of being agreed between the Council and the Integrated Care Board to be signed and sealed by 29 October 2024, ahead of the Q2 BCF return, to remain compliant with the BCF National Conditions.

18. GP ACCESS PROJECT – NEW WAYS OF WORKING – HEALTHWATCH REPORT

Further to Minute 20 of the meeting held on 6 October 2023, Alice Kunjappy-Clifton submitted a report by Healthwatch in Berkshire West presenting the results of a project to get local views of the new ways of working introduced at GP practices and the impact on accessing GP-led services. The Reading-specific data from the project was also presented in a separate report.

The report explained that, following the introduction of new ways of working at GP practices, Healthwatch had heard that people registered with local GPs were not aware of the new ways of working and their expectations did not match what they might experience when contacting their practice or seeking help. Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham Borough had therefore joined together for a collaborative project to raise awareness of the new ways of working and explore public understanding of them, in order to support GP surgeries to improve communication with the public, make efficient use of pathways, increase appropriate access to services and reduce complaints.

The report explained the new ways of working, which included: cloud telephony; care navigation/triage and involvement of other professionals; digital services and consultation alternatives. It stated that Healthwatch had conducted an online survey and focus groups and a total of 555 people had participated in the project across Berkshire West (total in Reading 185), 205 through focus groups (58 in Reading) and 350 through the survey (127 in Reading). The report gave details of the demographic data of respondents in Reading.

The report set out the results of the survey, covering the following areas, and setting out recommendations for each section, as well as giving examples through individual stories and quotes:

Accessing GP services

- how people accessed GP services
- difficulties accessing services
- the impact of the cost of living
- the impact of increased use of technology
- what went well with appointments

Care Navigation/Triage

- Raising awareness, including the production of a simple infographic
- Triage concerns, including trust, privacy, difficulties, efficiency and other issues

The NHS App

- Awareness and usage

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- Issues and concerns, including problems downloading/setting up, appointment booking, complex/confusing/difficult to use, limited functionality

Communication

- Inclusivity
- Listening to messages
- Consultation methods
- Communication methods
- Publicising information

The report had appended responses from the Head of Primary Care Operations at BOB ICB and the Strategy and Partnerships Lead at Brookside Group Practice.

Alice Kunjappy-Clifton explained that, since the new ways of working had been introduced in 2022, the services available for access to GP-led services varied greatly, and good communication of a consistent message was key, not just by the NHS but also with the Council, partners and community organisations. So far, since completion of the report, the feedback being received from the public was that things had not improved.

Rachael Corser referred to the response in the report from the BOB ICB and explained that the report would help inform some of the improvements planned in the recently launched Primary Care Strategy and that the report would be taken through the ICB's Quality Committee.

Andy Ciecierski acknowledged the issues raised in the report and explained that there was no NHS England mandate for all GP practices to provide a uniform system and there was also poor national messaging about the changes. It would be important for practices to work with patients and stakeholders across the health system to look at how to utilise the technology and systems available to the best effect, and this was a national challenge for General Practice. He said that there were useful messages within the report to take away and work on with colleagues and Patient Participation Groups to get messages out in as clear and consistent a way as possible.

Resolved – That the report be noted.

19. HEALTHWATCH READING – KEY ACTIVITIES UPDATE

Alice Kunjappy-Clifton submitted an update on key activities being carried out and planned by Healthwatch Reading, including:

- GP Access Project
- Talking Together: NHS Billing Errors Event
- Thinking Together: Interpreters Services Event
- Review of Healthwatch Reading Workplan
- Update on the Women's Hub project in Berkshire West and the impact for Reading.

Resolved –

- (1) That the report be noted;
- (2) That a report giving an update on the Women's Hub project be brought to a future meeting.

20. READING URGENT CARE CENTRE PILOT EVALUATION SUMMARY

Rachael Corser submitted a report giving a high-level summary of the evaluation of the Urgent Care Centre (UCC) pilot, which had been commissioned by the BOB ICB, located at Broad Street Mall and operational from 5 December 2022. The report gave an update on the service activity and the emerging conclusions from the pilot to inform future commissioning intentions.

The report stated that demand across NHS urgent care services had consistently increased in recent years, resulting in significant pressure on the local system, particularly in emergency and primary care. Several actions had been taken across the BOB area to ease pressures over the winter of 2021/22, including commissioning additional capacity in primary care and trialling primary care overflow hubs with the ability to divert patients from the Royal Berkshire NHS Foundation Trust Emergency Department (ED). However, these initiatives, although helpful for a small number of patients, had not had a significant impact on levels of ED demand related to minor illness presentations.

Subsequently, BOB ICB had agreed in July 2022 to pilot a primary care-led UCC until the end of March 2024 that allowed appropriate Berkshire West and non-Berkshire West patients to be diverted from the ED, provided additional appointments for GP practices when reaching capacity and allowed patients to self-present to the service. A procurement process had been undertaken through which HCRG Care Services Ltd had been identified as the preferred provider.

The UCC had opened on 5 December 2022 and HCRG had been contracted to provide the service until March 2024. The contract had subsequently been extended until March 2025 to enable the procurement of a further pilot, responding to and incorporating the findings of the evaluation.

The report gave details of the evaluation, setting out details of activity, capacity, impact on the ED and patient attendance. It stated that the UCC had been commissioned on a pilot basis and, although not delivering all of the intended benefits, the data had shown that a primary care-orientated service had been used by a large number of patients.

The conclusions drawn had noted the following points:

- A significant majority of practices with the highest utilisation of registered patients were within central and south Reading which suggested a Reading location would best meet need.
- The highest Did Not Attend rates reported had been for those patients booked in by the RBH ED which would indicate the redirection of patients was not having the desired impact on ED demand. A model of co-location at the RBH would both improve the volume of attendances from ED patients while also increasing the possibility of reaching 100% utilisation and meet the need from those registered with central and south Reading practices.
- It was likely that the large number of patients accessing the service who were registered outside of BOB ICS would reduce if the service was co-located on the RBH site. While a balance should be sought, a number of those patients accessed this service for ease and alternative models of same day access were available within their host localities. It was important that the needs of the Reading population were met.
- Co-location at the RBH would better support access outside of the shopping mall's core hours.

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- BOB ICB's position following the analysis of the pilot, allied with a commitment to improving access to emergency and primary care health services for the local population, was to progress the work under way to commission a service that responded to the evaluation outcome and delivered an improved offer to patients to be co-located at the RBH site.

Members of the Board discussed the report and the points made included:

- How was it known that the presence of the UCC did not reduce ED attendances if it was only those who did not go to the UCC from their referral by the ED that were monitored? Surely those who did go to the UCC without having been referred might have ended up in ED if the UCC had not been there, in which case that might have reduced the pressure?
- Out of the 2,500 attendees from outside the BOB area, how many of these overlapped with the unregistered patients? Had they been asked if they worked in Reading, as these might have been people who worked in Reading town centre even if they lived elsewhere, and easy access to a GP near their work was a useful benefit of the UCC, assisting both their health and Reading's economy.
- These other benefits of the UCC being in the town centre, including as a walk-in GP clinic, may have proved its worth for some patients and undermined the logic of the proposal to co-locate. It would be important to monitor patients who were attending the ED and/or the UCC because they were unable to get on a GP list.
- It was noted that 1,300 unregistered patients had attended the UCC and it was queried what was in place to support those patients to register or what would be in place in the new UCC.
- Rachael Corser said that national evidence was that co-locating a UCC with a main ED had more impact on reducing ED attendances. She said that she would see if more information could be obtained on the detail of attendees from out of the BOB area and on unregistered attendees - who they were and how they were supported - as well as ensuring that it was clear in the next evaluation about the intention of the UCC (about moving some of the non-emergency care but urgent care needs of the population) and looking separately at gaps/unmet need in primary care access.
- Katie Prichard-Thomas noted that if people referred by the ED to the UCC did not then attend the off-site UCC, this could also cause re-attendance at ED at a later date. She also noted that co-location could stream off 70-90 patients every day out of the ED and travel from the RBH off-site to the UCC could be negative for patient experience and safety. She said that she thought the decision to co-locate was the right one and noted that a pilot had started the previous week.
- Alice Kunjappy-Clifton said that the terminology itself was confusing to people outside the NHS. It was not clear to the public what the difference was between urgent and emergency care, so this needed to be clearly set out for the public in communications. Rachael Corser said that RBFT could work with Healthwatch on how to promote the use of emergency and urgent care appropriately.
- Co-location on one site would be helpful if you needed referral between the two, especially because of problems with parking.

Resolved –

- (1) That the report be noted;

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- (2) That Rachael Corser find out further information as set out above and give an update on this, and on progress with the UCC, to the next meeting.

21. DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2024

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

The report explained that Directors of Public Health had a statutory requirement to write an annual report describing the health of the population, which was evidence-based and a way of informing local people about the health of their community. It was underpinned by the Joint Strategic Needs Assessment for Reading and set direction for the local public health system. It would inform decision makers in local healthcare services, partner agencies, voluntary partners and communities to take preventative action that would prevent health inequalities and protect and improve health.

The 2024 Annual Report was the first standalone Reading Borough Council report for many years and set out the ambitions of the Council's public health team and outlined how they would work to improve the health and wellbeing of the local population and reduce health inequalities over the coming year.

The Annual Report also outlined the current position of public health in Reading and described the work carried out in the context of the three main domains of public health – health protection, health improvement and healthcare. It also explained that the Council had established a Public Health Board, which would oversee how the public health grant (from the Office of Health Improvement and Disparities) was invested and provide guidance and direction to the Council and its associated bodies.

The strategic priorities set out in the 2024 Annual Report formed the basis of the Public Health Team's service plan, their collaborative work with other Council directorates and influence with wider system partners over the coming year. However, these could not be set in stone as they might need to change and evolve in response to threats to health and the changing needs of the population, changes in national policy and local priorities.

Resolved – That the report be noted.

22. REVIEW OF THE READING HEALTH AND WELLBEING BOARD

Matt Pearce submitted a report proposing a review of the Health and Wellbeing Board's governance arrangements and working practices to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities. A draft brief for the review had been prepared and was attached at Appendix A, which included current strengths, drivers for change and next steps, including the following initial key lines of enquiry:

- How can we strengthen the role of the Health and Wellbeing Board so that it can oversee improvements to population health?
- How can we ensure that all system partners and stakeholders have a shared understanding of the purpose of the Health and Wellbeing Board, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and to what extent do they currently believe this is being fulfilled?

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- What does effective governance and accountability look like for the Health and Wellbeing Board and how should it operate/link across the different geographical footprints, eg neighbourhood, place and system?
- Provide clarity on the role and status of the Health and Wellbeing Board within the current committee system and its interface with other committees eg the Adult Social Care, Children's Services and Education Committee, which is the Council's Health Overview & Scrutiny Committee.

The report explained that Health and Wellbeing Boards were a formal statutory committee of the local authority, and provided a forum where political, clinical, professional and community leaders from across the health and care system could come together to improve the health and wellbeing of their local population and reduce health inequalities. They had been in place since 2013 and were a single point of continuity in a constantly shifting health and care landscape.

The last few years had been a time of significant and complex change, with the Health and Care Act 2022 introducing major reforms to the NHS landscape, including the formation of Integrated Care Systems, and a greater focus on 'place' level activity. Health and Wellbeing Boards needed to evolve and adapt to operate within this new context.

With the appointment of a new substantive Director of Public Health for Reading and West Berkshire, this provided a timely opportunity to review the governance arrangements of the Health and Wellbeing Board to strengthen its role in the new system architecture and operate effectively.

The Local Government Association had been approached and had confirmed that they would be able to support a review within the 2024/25 financial year. It was therefore proposed to undertake reviews of the Reading and West Berkshire Health and Wellbeing Boards in tandem. This would allow for synergies and opportunities for joint working at the Berkshire West Place level to be identified. It was proposed that the review be carried out towards the end of 2024.

Members of the Board suggested that the review should include looking at how to encourage more participation and involvement from members of the public in the Board.

Resolved –

- (1) That the carrying out of a review of the Health and Wellbeing Board, facilitated by the Local Government Association, be approved, in line with the brief set out in Appendix A, and also to include looking at public participation and involvement in the Board;
- (2) That members of the Board participate actively in the review.

23. COMMUNITY HEALTH CHAMPIONS PROGRAMME UPDATE

Dayna White submitted a report and gave a presentation giving an update on the Community Health Champions (CHCs) programme and the progress being made towards the programme goals since the last update report to the Board on 15 March 2024 (Minute 45 refers).

The report explained that the Community Health Champions project was a partnership project, delivered by the Public Health and Wellbeing team, the Alliance for Cohesion and

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Racial Equality (ACRE) and New Directions, which aimed to build a supported network of champions through the delivery of a growing programme of training and promotional events, to develop health knowledge amongst communities and strengthen community action, self-help and engagement with health-promoting activities and interventions.

It set out a summary of the progress during the past four months of the programme, including the progress on champion recruitment and training, the community groups who had been engaged, the events delivered by the programme and the award of small project grants for health and wellbeing community projects.

George Mathew addressed the Board, speaking about his experience of the programme, and noting that it was hoped that the target of 100 Community Champions would be achieved by the end of October 2024.

Resolved – That the report and presentation be noted.

24. BOB ICB UPDATE BRIEFING

Rachael Corser submitted a report presenting a briefing from the BOB Integrated Care Board, as at September 2024.

The report covered the following areas:

- ICB Board meeting – 16 July 2024
- GP Collective Action
- BOB ICB Operational Model
- Place Update – Berkshire West

Rachael Corser reported at the meeting that there had been another ICB Board meeting on 17 September 2024, as well as an extraordinary private ICB Board meeting to sign off the new BOB ICB Operational Model, which was now in the first stages of implementation.

She also reported that Sarah Webster had now had her baby and that Rachael Corser would be the ICB representative on the Board whilst Sarah was on maternity leave.

It was noted that it would be helpful for all partners to be given information about who was doing what in the new ICB Operational Model and who the new contacts were, and also to know what impact the current financial situation in the healthcare system was likely to have on local activities and strategies.

Rachael Corser said that she would ensure that changes in the ICB and new contacts would be shared with partners and suggested that a brief update on the financial position of the healthcare system could be included in the update to the next meeting.

Resolved -

- (1) That the report be noted;
- (2) That Rachael Corser include a brief update on the financial position of the healthcare system in the update to the next meeting.

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25. ROYAL BERKSHIRE FIRE AND RESCUE SERVICE HUB PLAN – WEST HUB 2024/25 – INFORMATION ITEM

A web link was provided to the Royal Berkshire Fire and Rescue Service's Hub Plan for the West Hub (which included Reading) for 2024/25, setting out strategic priorities and objectives. The Hub Plans had replaced the Service's previous Local Service Plans that had represented each of the unitary authority areas in Berkshire.

Resolved – That the plan be noted.

26. BERKSHIRE SEASONAL INFLUENZA AND COVID-19 CAMPAIGN – INFORMATION ITEM

The Board received an information report giving an update on the 2024-25 seasonal flu campaign across Berkshire West, the communications plans, local outreach programmes and the arrangements for employees of Reading Borough Council.

Resolved – That the report be noted.

27. ROYAL BERKSHIRE NHS FOUNDATION TRUST INTEGRATED PERFORMANCE REPORT – INFORMATION ITEM

A web link was provided to the Royal Berkshire NHS Foundation Trust's Integrated Performance Report from August 2024.

Resolved – That the report be noted.

28. BOB ICB ANNUAL REPORT AND JOINT CAPITAL RESOURCE USE PLAN – INFORMATION ITEM

The Board received a report providing web links to the BOB ICB's Annual Report for 2023/24 and the BOB ICS's Joint Capital Resource Use Plan for 2024/25.

Resolved – That the report and plan be noted.

29. 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 17 January 2025.

(The meeting started at 2.00 pm and closed at 4.01 pm)