

## READING HEALTH & WELLBEING BOARD MINUTES - 15 MARCH 2019

### Present:

|                              |  |
|------------------------------|--|
| Councillor Hoskin<br>(Chair) | Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC) |
| Andy Ciecierski              | North & West Reading Locality Clinical Lead, Berkshire West CCG              |
| Councillor Jones             | Lead Councillor for Adult Social Care, RBC                                   |
| Sarah Morland                | Partnership Manager, Reading Voluntary Action                                |
| Emily Roberts                | Thames Valley Policy (substituting for Stan Gilmour)                         |
| David Shepherd               | Chair, Healthwatch Reading   |
| Councillor Terry             | Lead Councillor for Children, RBC  |
| Councillor R<br>Williams     | RBC (substituting for Councillor Lovelock)                                   |
| Cathy Winfield               | Chief Officer, Berkshire West CCG  |

### Also in attendance:

|                             |  |
|-----------------------------|--|
| Councillor David<br>Absolom | Chair of the Adult Social Care, Children' Services & Education Committee (ACE Committee), RBC  |
| Mandeep Bains               | Chief Executive, Healthwatch Reading   |
| Michael Beakhouse           | Integration Programme Manager, RBC & Berkshire West CCG  |
| Michelle Berry              | Neighbourhood Coordinator - Wellbeing, RBC   |
| Gwen Bonner                 | Clinical Director, Berkshire Healthcare NHS Foundation Trust (BHFT)                            |
| Alice Boon                  | Senior School Standards Officer, Better Futures for Children                                   |
| Gerry Crawford              | Regional Director, BHFT  |
| Jon Dickinson               | Deputy Director for Adult Social Services, RBC   |
| Andy Fitton                 | Service Redesign & Transformation Manager, Berkshire West CCG                                  |
| Marion Gibbon               | Consultant in Public Health, RBC   |
| Paul Gresty                 | Strategic Lead for Partnership, Prevention & Early Intervention, Brighter Futures for Children |
| Elin Jones                  | Director for Provider Efficiency & Performance, Department of Health & Social Care             |
| Kim McCall                  | Health Intelligence Officer, Wellbeing Team, RBC   |
| Lynne Mason                 | Business Manager, West of Berkshire Safeguarding Adults Board                                  |
| Jayne Rigg                  | Commissioning & Social Care Manager, RBC   |
| Janette Searle              | Preventative Services Manager, RBC   |
| Nicky Simpson               | Committee Services, RBC  |

### Apologies:

|                     |   |
|---------------------|---|
| Seona Douglas       | Director of Adult Care & Health Services, RBC   |
| Stan Gilmour        | LPA Commander for Reading, Thames Valley Police   |
| Deb Hunter          | Principal Child & Education Psychologist, Brighter Futures for Children                     |
| Tessa Lindfield     | Strategic Director of Public Health for Berkshire   |
| Councillor Lovelock | Leader of the Council, RBC  |
| Sally Murray        | Head of Children's Commissioning & Designated Clinical Officer for SEND, Berkshire West CCG |

### 1. MINUTES

The Minutes of the meeting held on 18 January 2019 were confirmed as a correct record and signed by the Chair.

### 2. CARE QUALITY COMMISSION (CQC) REVIEW OF READING HEALTH AND SOCIAL CARE SYSTEM - FINAL REPORT & DRAFT ACTION PLAN

Further to Minute 4 of the previous meeting, Cathy Winfield presented a report by the Director of Adult Care & Health Services with, attached, the final report by the Care Quality Commission (CQC) on the Review of the Reading Health and Social Care System that had been carried out by the CQC between 29 October and 2 November 2018. The report also had appended a draft Reading Action Plan drawn up by system leaders following a summit on 16 January 2019 to address the CQC report's recommendations, for the Board's approval.

The report explained the CQC Review had considered the Reading health and social care system performance along a number of pressure points on a typical pathway of care, with a focus on older people aged 65 and over. The Reading health and social care system comprised Reading Borough Council, Berkshire West CCG, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and the South Central Ambulance Service, as well as the providers of health and social care services within the wider marketplace, including voluntary and community sector organisations.

Following agreement of a draft report of the review on 17 December 2018, health and social care system leaders had held a summit on 16 January 2019 and had worked together to create the attached action plan, which outlined how the recommendations made by the CQC Review team would be addressed.

The review report set out its summary of findings, which included many examples of good practice, addressing the following questions:

- What are older people's experiences of care in Reading?
- Is there a clear shared vision and common purpose, underpinned by a credible strategy to deliver high-quality care which is understood across the system?
- Are there clear governance arrangements and accountability structures for how organisations contribute to the overall performance of the system?
- Are there arrangements for the joint funding, commissioning and delivery of services to meet the needs of older people?
- Are people who work in the system encouraged to collaborate and work across organisational boundaries to meet the needs of older people?

It also set out 13 key areas for improvement, and Cathy Winfield explained that a lot of work had already been done on many of the areas since the review, which was reflected in the draft action plan.

The draft action plan divided the areas for improvement into four groups, setting out the actions required, action owners and timescales for completion, as well as identifying risks and mitigating actions and providing notes on progress on the actions and RAG (red/amber/green) ratings for each area. The four groups were

- Strategic Development, Governance and System Alignment

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- Operational Delivery and Workforce
- Commissioning and Market Management
- Communication and Engagement

It was reported that the draft action plan still needed more work to make it more succinct and to tighten the objectives so that they could be tracked and measured. It was suggested at the meeting that there needed to be more focus in the action plan on the role of public and patient involvement in the system.

The report proposed that monitoring of the action plan should be carried out by the Reading Integration Board, which would then report progress to the Health and Wellbeing Board.

### **Resolved -**

- (1) That the final CQC Review report be noted and received;
- (2) That the draft action plan be endorsed;
- (3) That the proposed arrangements for the Reading Integration Board to monitor the action plan and report progress to the Health and Wellbeing Board be agreed.

### **3. THE NHS LONG TERM PLAN**

Cathy Winfield submitted a report and gave a presentation setting out the contents of the NHS Long Term Plan which had been published in January 2019. The presentation slides were appended to the report.

The plan described a new model of care that strengthened services in primary and community care. This model was characterised by groups of GP practices working together in Primary Care Networks (PCNs) or “neighbourhoods.” The NHS had been asked to work at locality level with partners in local government, community health services, the voluntary sector and communities themselves to develop PCNs. The intention was that all local services would operate on a neighbourhood footprint, increasing the coordination and integration of care for residents. This fitted well with the current priority in Berkshire West to “Design Our Neighbourhoods”.

The additional capacity in primary care would enable the shift to more pro-active care, identifying people at risk and intervening pro-actively to stop them developing new conditions, such as diabetes, or deteriorating further.

The NHS Long Term Plan placed new emphasis on the prevention agenda and on the reduction of health inequalities. It also set specific targets for improvements in care and clinical outcomes for key conditions such as cancer, cardiovascular disease, children’s health, and mental health. The plan also talked about the future organisation of services with the ambition that all areas were working as Integrated Care Systems by 2021.

The report stated that much of the plan aligned very well with the work already happening locally as the Berkshire West ICS and the Berkshire West 7. Commitment had already been made to strengthening the links between these two programmes

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with the leadership and support of the three Health and Wellbeing Chairs across Berkshire West.

The Integrated Care System would need to produce a five year strategy by the Autumn in response to the NHS Long Term Plan, and the recommendation was that the Berkshire West system produced a single plan that brought together the three Health and Wellbeing Strategies and the response to the Long Term Plan. The delivery of the strategy would reflect the needs of each of each of the localities and be locally-driven. This approach would also deliver the recommendations of the CQC to develop a single strategy.

### **Resolved -**

- (1) That the contents of the NHS Long Term Plan and the alignment with the local Berkshire West work programme be noted;
- (2) That the work to develop neighbourhoods in Reading be endorsed;
- (3) That the development of a single plan across Berkshire West be endorsed.

### **4. MAKING READING A PLACE WHERE PEOPLE CAN LIVE WELL WITH DEMENTIA: UPDATE ON PRIORITY 6 FROM THE HEALTH AND WELLBEING ACTION PLAN**

Further to Minute 11 (b) of the previous meeting, Michelle Berry submitted a report giving an update on delivery against the Health and Wellbeing Action Plan Priority 6 - *Making Reading a place where people can live well with dementia*. It included an overview of performance and progress towards achieving goals which contributed to making Reading a place where people could live well with dementia, as well as upcoming activities which supported the strategic objectives. The report had appended the latest version of the relevant section of the Health & Wellbeing Strategy Action Plan, on Making Reading a place where people can live well with dementia, and the Berkshire West CCG's Berkshire West Dementia Action Plan 2018-21.

The report stated that the Health and Wellbeing Board had agreed to review progress in this area, as recommended by Healthwatch Reading in the 'Conversations About Care' report which had been presented to the previous meeting of the Board (Minute 11 (b) refers). It set out progress on raising awareness of dementia, on diagnosis and support and on future planning.

Councillor Jones said that he had recently become aware of the eligibility, with GP sign-off, for a 100% Council Tax discount for those with severe mental impairment, but apparently the knowledge of and application of this was patchy across the country, and he queried whether this was promoted in Reading. Michelle Berry explained that the Carers' Hub, Alzheimer's Society and other similar agencies would know about this discount and people were likely to be signposted towards this benefit through them, but she could investigate what the Council was doing and what further work could be done on promoting this.

Sarah Morland said that those in the social prescribing service often saw dementia clients, but often carers also needed additional support and she queried whether GP practices were proactively supporting carers, as carers did not seem to know that

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they could have a carer's assessment and get support from the Carers' Hub. Michelle Berry said she would feed this back to Rabia Alexander, the Dementia Lead at Berkshire West CCG, to feed into the Berkshire West Dementia Steering Group.

### Resolved -

- (1) That the progress made to date against Reading's Health and Wellbeing Strategy Action Plan Priority 6 be noted;
- (2) That Michelle Berry investigate what the Council was doing and could do further on promoting the Council Tax discount for those with severe mental impairment;
- (3) That Michelle Berry feed back to Rabia Alexander the encouragement for GP Practices to proactively support carers and refer them for assessment and support, to feed into the Berkshire West Dementia Steering Group.

### 5. HOW ADVERSE CHILDHOOD EXPERIENCES AFFECT THE DEMAND AND TYPE OF SERVICES REQUIRED IN COMMUNITIES

Marion Gibbon, Paul Gresty and Emily Roberts presented a report seeking commitment to achieving a system-wide approach to raising awareness of ACEs (Adverse Childhood Experiences), Trauma-Informed Communities (TICs) and Trauma-Informed Practice (TIP), and of the inter-linkages of ACEs with substance misuse, suicide prevention and other adverse health and societal outcomes, in order to enable a robust approach to prevention and dealing with trauma within communities. The report also looked at how childhood trauma (ACEs) affected the development of children, young people and families, and impacted both on the demand for, and type of, public and community services and identified ways of working in partnerships to support communities and the national Policing, Health and Social Care Consensus.

The report explained that, in September 2018, the strategic partners and other key enablers that delivered preventative and early intervention approaches to children and families in Reading, had committed to establish a Reading Prevention & Early Intervention Partnership, which would ensure shared accountability for early help arrangements; and strategic governance to the Reading Prevention & Early Intervention Strategy, of which the Partnership had oversight. A report providing a summary of progress, priorities and governance had been presented to the Adult Social Care, Children's Services and Education Committee on 14 February 2019, a copy of which was attached at Appendix 1.

In order to deliver shared outcomes and priorities around early help, and ensure improved outcomes for children, young people and families in Reading, a number of 'Partnership Delivery Groups' had been established - including ACEs. On 24 October 2018, the first meeting of the 'Trauma-informed & Emotional Health and Wellbeing' delivery group had taken place. The vision for the group was that Reading became a 'trauma-informed' town and that schools and other key partners took a 'therapeutic approach' to supporting young people with ACEs.

The report explained how trauma and ACEs could have a big and long-lasting effect on people's lives, activities, behaviour and health and wellbeing, resulting in trauma survivors being disproportionately represented in public and community services clients, those with substance abuse problems or mental health conditions and those in

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the criminal justice system. It stated that a Trauma-Informed Community (TIC) was one where members of the community relied less on a clinical diagnosis of mental health issues or descriptions of criminal behaviour, for example, but first asked 'What is your life story?' This led to compassion from service providers and self-compassion by the public, which in turn led to better understanding and engagement with services. One study had shown that, simply by the raising of education and awareness of what was meant by trauma within a community, this had led to 33% fewer visits to GPs and 11% fewer visits to Accident and Emergency departments by frequent attenders. The report gave details of work already being carried out to embed the trauma-informed approach and set out proposals for the next steps.

It was reported at the meeting that the process of recruiting a trauma-informed practitioner was currently under way. RVA were hosting an event on 2 April 2019 showing the Resilience film referred to in the report and leading a discussion on how Reading could become more trauma-informed.

The meeting welcomed the approach and discussed the importance of appropriate review and evaluation of the planned work, so as to allow evidence-based decision making for future work.

### **Resolved -**

- (1) That the proposal to undertake a mapping exercise to gauge current knowledge around trauma-informed thinking (Adverse Childhood Experiences), and work being delivered across Reading, with a view to developing a vision and trauma-informed framework to bring consistency to embedding trauma in practice, via the One Reading Prevention & Early Intervention Partnership, be endorsed;
- (2) That the proposal to operationalise the framework to deliver the vision by embedding trauma-informed thinking in service delivery via a dedicated practice lead, funded by partners, be endorsed;
- (3) That the proposal to put in place a network of therapeutic champions across Reading be endorsed.

## **6. DEVELOPING THE JOINT STRATEGIC NEEDS ASSESSMENT**

Marion Gibbon presented a report describing a new approach to developing the Joint Strategic Needs Assessment (JSNA) for local authorities across Berkshire and requesting that this approach was approved to be taken forward from April 2019.

The report explained that the JSNA was a joint duty between the local authority and the CCG on behalf of each Health and Wellbeing Board. The JSNA provided a common view of health and care needs for the local community, focusing on health inequalities. It was used by health and social care commissioners to plan services, as an evidence base for preparing bids and business cases, by the voluntary and community sector to ensure that community needs and views were represented, by service providers to assist in future development of their services and by the public to scrutinise local health and wellbeing information, plans and commissioning recommendations.

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In 2018, the Consultants in Public Health had reviewed current arrangements and had noted the following:

- The JSNAs were taking a disproportionate amount of staff time to produce in relation to its use by commissioners and impact on evidence-based decision making.
- The format of pdf documents was rigid, not searchable and difficult to navigate.
- Commissioners were requesting information that was already in the JSNA. They were not turning to the JSNA as the first port of call for information because they felt that it was not timely or relevant when they were redesigning and recommissioning services.
- Not all elements were recognised as being part of the JSNA - for example the CCG profiles.
- The Berkshire JSNAs were out of step with developments across the country.

In July 2018, a lighter touch JSNA refresh for 2018/19 had been proposed to free capacity to re-examine the model of JSNAs across the Berkshire Local Authorities and recommend improvements. Concurrently, NHS bodies had been developing Population Health Management, a potentially powerful data and information system to inform clinical service design and delivery. There was a risk of duplication of effort and confusion of intelligence for commissioners.

In order for the JSNA to evolve to be more efficiently produced, complement population health management and better meet the needs of its users with timely and useful information and intelligence, a new model was proposed. Whilst each Authority's JSNA would be individual, a unifying vision supported by a set of principles was proposed for JSNAs in Berkshire Unitary Authorities as follows:

- “Local public health teams; the shared public health team; commissioners; health and wellbeing boards will actively work together to develop and promote the use of JSNAs as a suite of tools to identify health and wellbeing priorities and guide decision making, in order to reduce health inequalities and enable communities to live healthy lives.”

The report set out the principles for the new JSNA model and detailed the shifts in focus that would be required.

The new JSNA would be a suite of resources covering the following six areas: Data, Reports, Health Needs Assessments, Self-serve Analytical & Visualisation Tools, Bespoke Analyses and Other Sources of Information.

Many of these were already in place in some shape or form, but work would be needed to develop a new range of local routine reports, to roll out the self-serve tool and build the library of resources. A key new area of work would be the inclusion of data from patients and residents. The work would be led by Public Health, delivered by Local Teams and supported by the Public Health Shared Team, using existing budgets. The JSNA steering group had been refreshed and invitations had been extended to partner organisations.

**Resolved** - That the new JSNA approach be approved to be taken forward from April 2019.

**7. THE BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST MENTAL HEALTH STRATEGY 2016-21 – UPDATE**

Further to Minute 4 of the meeting held on 13 July 2018, Gwen Bonner and Gerry Crawford submitted a report giving an update on progress on the Berkshire Healthcare NHS Foundation Trust's (BHFT's) Mental Health Strategy 2016-21.

The report gave an overview of changes since July 2018, including:

- Developments in national policy and the local operating context
- Results of the 2018 Care Quality Commission Inspection of Mental Health Services
- What had been done in terms of:
  - Taking forward key initiatives and strategic intentions
  - Progress against national targets

It also set out the next steps planned in terms of activities to deliver the strategy.

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

**8. REFRESHED FUTURE IN MIND (LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & WELLBEING)**

Further to Minute 6 of the meeting held on 19 January 2018, Alice Boon and Andy Fitton submitted a report giving an overview and seeking approval of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing, which had been co-produced with partners, children and young people, and had been published in October 2018 in accordance with national Future In Mind requirements. The LTP provided an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

The report had appended a summary version of the refreshed LTP and a young person-friendly version summary. It explained that the full document built upon the 2017 LTP and provided an update on what had been achieved so far, the commitment to undertake the further work required, local needs and trends and resources required.

The report stated that a wide range of initiatives across the system was under way to improve emotional health and wellbeing of children and young people. Further details were given at the meeting of the progress of the successful bid to become a Trailblazer site for setting up a multi-disciplinary Mental Health Support Team for schools and of schools' involvement in the Therapeutic Thinking Schools Approach to behaviour management to reduce the risk of exclusions, as examples of initiatives linked to the LTP. 42 schools had volunteered to be trainers for changing the culture to the Therapeutic Thinking School Approach and it was hoped that changes to the numbers of children being excluded might be seen by the end of the year.

**Resolved** - That the refreshed Future in Mind Local Transformation Plan be approved.

**9. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2017-18**

Lynne Mason submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2017-18, which was attached to the report, for the Health and Wellbeing Board to consider the report, to meet statutory requirements.

The report stated that the SAB had to lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The overarching purpose of a SAB was to help and safeguard adults with care and support needs. It did this by: assuring itself that local safeguarding arrangements were in place as defined by the Care Act 2014 and statutory guidance; assuring itself that safeguarding practice was person-centred and outcome-focused; working collaboratively to prevent abuse and neglect where possible; ensuring agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; and assuring itself that safeguarding practice was continuously improving and enhancing the quality of life of adults in its area.

The Annual Report presented what the SAB had aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2017-18, both as a partnership and through the work of its participating partners. It provided a picture of who was safeguarded across the area, in what circumstances and why and outlined the role and values of the SAB, its ongoing work and future priorities.

Lynne Mason highlighted some of the key points from the report, noting that not as much progress had been made as expected on some actions due to a significant number of staff changes across the partnership and the absence of an SAB Business Manager for six months. She explained the learning process from Safeguarding Adult Reviews and how this had led to changing to a three year live business plan, which could be adapted to ensure that learning was prioritised appropriately. She noted that there had been a 22% reduction in the number of safeguarding concerns since the previous year, and partners were working together to understand the reasons for this and see if any further work was required.

**Resolved** - That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2017-18 be noted.

**10. INTEGRATION PROGRAMME UPDATE**

Michael Beakhouse submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets.

The report stated that, of the four national BCF targets, performance against one (limiting the number of new residential placements) was strong, with projected overall performance for the year in line with its target. It stated that partners had not met the target for reducing the number of non-elective admissions (NELs) but work against this goal remained a focus for the Berkshire West-wide BCF schemes.

Performance on reducing the number of delayed transfers of care was currently not on target for the year, but initiatives were in place that, if successful and reflected in the Quarter Four performance, would bring performance in line with the target.

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Progress against the target for increasing the effectiveness of reablement services remained in line with the decreased performance reported in the last report, but this was due to revised guidance around the methods of measuring their impact and did not reflect a drop in actual performance.

The report gave further details of BCF performance and gave details of items progressed since January 2019 and the next steps planned for April to June 2019.

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

### 11. HEALTH AND WELLBEING DASHBOARD - MARCH 2019 UPDATE

Kim McCall submitted a report giving an update on the Health and Wellbeing Dashboard (attached at Appendix A), to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy.

Paragraph 2.1 of the report set out details of updates to the data and performance indicators which had now been included in the Health and Wellbeing dashboard and Paragraph 2.2 summarised performance against the eight priority areas.

It was noted at the meeting that, whilst Reading was unlikely to meet the NHS healthcheck targets in Priority 1 in the current year, the work on the new Primary Care Contract and Quality Outcomes Framework was likely to have a positive effect and there was also targeted work going on to get healthchecks for people with long term mental health conditions and unpaid carers.

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

### 12. ADULT SOCIAL CARE & HEALTH SERVICES - DIRECTION OF TRAVEL - "SUPPORTING OUR FUTURE"

Councillor Jones presented a report by the Director of Adult Care & Health Services setting out the draft strategic direction of travel for supporting adults, entitled "Supporting Our Future 2019-2022". The report had appended the draft strategy and the consultation document on the draft strategy.

The report provided an overview of the context and rationale for the development of Supporting Our Future for Adults, and of the approach set out under the prevention agenda.

The draft strategy set out the Council's vision and approach and the priorities in the delivery with partners in early intervention and prevention across Reading. It reflected changes from the Care Act 2014, and the current context of increasing demand and reducing finances, and emphasised to all involved the importance in supporting people to remain at home and independent. The strategy set out joint opportunities to work across the health and social care system economy in better supporting people to receive a seamless service at home.

The strategy included a workforce best practice "Five Ps" framework, which would enable the workforce to remain focused on prevention and independence at every stage in a person's journey. This stated that "Adult Social Care and Wellbeing through Supporting Our Future will focus on preventing the need for care, so to support maintain people to live a healthy, independent life at home longer, by having

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in place the right support, at the right time, in the right place”. The framework also set out details of the things that would be done to provide the five ps of “Best People, Best Place, Best Pound, Best Partner and Best Performance”.

Public consultation on the draft strategy had been going on since January 2019 and would finish at the end of March 2019, with the final strategy expected to be published in April 2019. It was reported at the meeting that the online consultation had closed in error on 1 March 2019 and officers said that this would be investigated and rectified.

### **Resolved -**

- (1) That the national and local context in which the Council was undertaking its statutory duties in the provision of adult social care, and in meeting the needs of children who transitioned to adult services, be noted;
- (2) That the Supporting Our Future Consultation Document, the outcome of consultation on which would influence the final strategy, be noted;
- (3) That the workforce practice Five Ps be noted.

### **13. DRUG AND ALCOHOL STRATEGY AND ACTION PLAN AND RE-PROCUREMENT UPDATE**

Further to Minute 5 of the meeting on 12 October 2018, Marion Gibbon submitted a report giving an update on the Reading Drug and Alcohol Commissioning Strategy and Action Plan for Young People and Adults from 2018-22 and on the drug and alcohol treatment service re-procurement exercise.

Reading’s Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022 had been approved by the Policy Committee on 24 September 2018 and the Board on 12 October 2018, following a public consultation exercise, and approval had been given to recommission Reading’s Drugs and Alcohol Treatment service in line with the Strategy (Minutes 32 and 5 refer respectively).

Three priorities had been identified in the draft Strategy: Prevention (reducing the amount of alcohol people drink to safer levels and reducing drug related harm), Treatment (Commissioning and delivering high quality drug and alcohol treatment systems) and Enforcement and Regulation (tackling alcohol and drug related crime and anti-social behaviour). The public consultation exercise had shown high level of agreement with the priorities and the responses would be used to develop a local action plan to support each of the three priorities.

The report explained that the outcome of consultation on the Strategy had enabled public health and social care commissioners to design a new treatment service specification. Reading Public Health had carried out a procurement exercise from October 2018 to February 2019 to re-procure a new drug and alcohol treatment service, the winning provider of which would be announced in spring 2019 once all the procurement regulations had been met. There would be a six month implementation period and the winning provider would start the new treatment service from 1 October 2019.

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A Drug and Alcohol Strategy Action Plan would be developed in line with the new tendered service and a revised action plan would be presented to the Health and Wellbeing Board in July 2019.

**Resolved** - That the report and the next steps in the development of the action plan be noted;

### **14. READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2017/18**

The Board received a report presenting the Reading Local Safeguarding Children Board (LSCB) Annual Report for 2017/18 on the work of and achievements of the LSCB for the 2017/2018 financial year, which was appended to the report.

The report explained that the Reading LSCB was the key statutory partnership whose role was to oversee how the relevant organisations co-operated to safeguard and promote the welfare of children in Reading and to ensure the effectiveness of the arrangements, as outlined in statutory guidance Working Together to Safeguard Children 2015.

The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading. The report had to be presented to the Health and Wellbeing Board in line with statutory guidance.

The report explained that the Annual Report contained information on activities and achievements that demonstrated the partnership working and scrutiny in the LSCB and the impact this had on practice, and listed the achievements and ongoing challenges for the LSCB and partners against the following priorities identified for the 2017/18 year:

- Neglect;
- Domestic Abuse from a Child's Perspective;
- Children with Special Educational Needs and/or Disability (SEND)
- Child Sexual Exploitation and Missing, including Trafficking, Slavery and Online Exploitation;

The report explained that, during 2017/18, and in line with recommendations made by partners involved in the three West of Berkshire LSCBs (Reading, West Berkshire and Wokingham), the LSCB Chair had overseen the merger of the three Boards into one Berkshire West Safeguarding Children Board. This had been developed as a transitional year, to establish how well a shared Board arrangement could work, and how this arrangement could morph into future multi-agency safeguarding arrangements, as required by Working Together 2018.

Working Together 2018 required a significant range of changes for LSCBs, including the removal of the statutory requirement to have an LSCB, an Independent LSCB Chair and a requirement for the three Safeguarding partners (Local Authority, Clinical Commissioning Groups and Police) to agree and publish multi-agency safeguarding arrangements. The three safeguarding partners would be expected to jointly ensure safeguarding practices were maintained, monitored and improved. In addition, Working Together 2018 included the establishment of a new national Child Safeguarding Practice Review Panel to undertake reviews of serious cases and the

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transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners under the governance of the Department of Health.

The statutory partners from across Berkshire West had been meeting as a Programme Board and planned to publish their local multi-agency safeguarding arrangements by 31 March 2019.

### **Resolved -**

- (1) That the annual report of the Reading Local Safeguarding Children Board 2017/18 be noted;
- (2) That a report be submitted to a future meeting by the statutory safeguarding partners on the future multi-agency safeguarding arrangements required by Working Together 2018.

### **15. DATE OF FUTURE MEETINGS**

It was requested that the possibility of Health and Wellbeing Board meetings being webcast be investigated.

### **Resolved -**

- (1) That the meetings for the Municipal Year 2019/20 be held at 2.00pm on the following dates:
  - Friday 12 July 2019
  - Friday 11 October 2019
  - Friday 17 January 2020
  - Friday 13 March 2020
- (2) That the possibility of the meetings being webcast be investigated.

(The meeting started at 2.00pm and closed at 4.35pm)