

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Seona Douglas	Director of Adult Care & Health Services, RBC
Deborah Glassbrook	Director of Improvement & Quality, Brighter Futures for Children (substituting for Eleni Ioannides)
Councillor Jones	RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Sarah Morland	Partnership Manager, Reading Voluntary Action
Cathy Winfield	Chief Officer, Berkshire West CCG

### Also in attendance:

Neil Carter	Royal Berkshire Fire & Rescue Service (RBFRS)
Jon Dickinson	Deputy Director for Adult Social Services, RBC
David Munday	Consultant in Public Health, RBC
Simon Hawkins	Quality Improvement Lead, Berkshire West CCG
Kim McCall	Health Intelligence Officer, Wellbeing Team, RBC
Sam Mortimore	RBFRS
Clare Muir	Policy & Voluntary Sector Manager, RBC
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Theresa Wyles	Urgent & Unscheduled Care Manager, Berkshire Healthcare NHS Foundation Trust

### Apologies:

Andy Ciecierski	North & West Reading Locality Clinical Lead, Berkshire West CCG
Eleni Ioannides	Director of Children's Services, RBC & Brighter Futures for Children
Kajal Patel	South Reading Locality Clinical Lead, Berkshire West CCG
David Shepherd	Chair, Healthwatch Reading
Councillor Terry	Lead Councillor for Children, RBC

### 1. MINUTES

The Minutes of the meeting held on 15 March 2019 were confirmed as a correct record and signed by the Chair.

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

The following question was asked by Tom Lake in accordance with Standing Order 36:

#### a) Primary Care Networks

“The composition of the Primary Care networks in Reading has just been confirmed by the publication of papers for the Health and Wellbeing Board.

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

Tilehurst Village and Chancellor House are branches of the same GP practice. They are about 5km apart. Chancellor House is physically much closer to many surgeries in the Central Reading PCN and to the University Medical Centre than to Tilehurst Village. The journey between the two surgeries is two long bus rides or a drive right across Reading.

Will patients be asked to travel to the partner surgery for weekend or late appointments and for less common services? How can this be reasonable?

Why cannot the two branches be members of different PCNs?

Does bureaucratic tidiness come before the convenience and practicality of the service for patients?"

**REPLY** by Cathy Winfield (Chief Officer, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

"Practices can only sign up to be part of one network. Tilehurst Village Surgery is the main site for the practice and Chancellor House operates as a Branch Surgery so they have decided to join a Network with the practices closer to their main site in the Tilehurst locality. However, Reading PCNs have already agreed that they will work together across a wider geography to offer the extended access appointments and this is the current arrangement so patients registered with this practice could be seen at a location closer to them."

### **3. PRIMARY CARE NETWORKS**

Cathy Winfield submitted a report on the establishment of Primary Care Networks (PCNs) in Reading.

The report explained that, following engagement with partners and in accordance with a process set out in the GP contract settlement for 2019-24, Berkshire West CCG had agreed the formation of 14 PCNs, which had gone live on 1 July 2019, six of which were in Reading. The report gave details of the GP practices involved in each network and explained how they worked, bringing together GP practices and others to plan and deliver care to populations of 30-50,000 on a neighbourhood footprint.

The report stated that, in applying to form PCNs, practices had had to demonstrate that their geographical footprint would make sense to other services and to the communities they would serve. Each PCN had also had to nominate a Clinical Director to lead their work, including interfacing with partners and the broader Integrated Care System, and had had to sign up to a mandatory network agreement which set out ways of working between practices. As the commissioner of primary care services, the CCG had had to ensure 100% of the Berkshire West population would be covered by a Primary Care Network and that any practice that wanted to join one had an opportunity to do so.

The report gave details of how PCNs were funded, how investment in additional workforce for primary care would help to diversify the workforce and enable practices to work together to meet workforce challenges. It also set out the key

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

requirements of the Network Contract Directed Enhanced Service (DES) involved, as well as setting out likely areas where PCNs could make a difference.

The report stated that the requirements of PCNs would build over time; in the first year there would be a focus on establishing effective relationships with partners with a view to requiring PCNs to put in place more formal relationships in later years, which could include other services joining PCNs. The Reading PCNs were starting to consider how they could work closely with social care and the voluntary sector at neighbourhood level to support integration and improve care for residents.

Initial discussions to develop this vision of integrated neighbourhood working had taken place through the Reading 'Design our Neighbourhoods' event on 10 July 2019, at which the six Reading PCN Clinical Directors had been joined by colleagues across the Reading health and social care system to start to think about how services could work better together at a local level to better meet people's needs. Following this, the Clinical Directors would look to take forward joint working with partners by joining the Reading Locality Integration Board, which would lead on the local delivery of neighbourhood working approaches.

The report explained that the ongoing development of PCNs in Berkshire West would be overseen by the newly-established Primary Care Programme Board. Work to ensure that the PCNs worked with partners at a local level to deliver maximum benefit for the communities they served would be led by Locality Integration Boards, of which the new Clinical Directors would now become members.

Cathy Winfield explained that the timescales involved had been very tight, as the Long Term Plan had only been published in January 2019, after which guidance on the PCNs had been received, and the GP practices had had to make their submissions by 15 May 2019 and the PCNs had had to be confirmed by 1 July 2019. This meant that, whilst partners' views had been sought, there had not been the time to involve partners as fully as the CCG would have liked to before the PCNs had gone live.

In response to a question, Cathy Winfield confirmed that a system had been organised so that GPs would be able to have both read and write access to patients' notes across practices, even at weekends, and this system would be developed to make it more user-friendly. She said that leaders in the system had also asked for a stocktake of progress on the Connected Care programme, which was working to enable professionals across the health and social care system to be able to access people's records as appropriate, as the user experience was variable in different parts of the system.

Cathy Winfield also said, in response to a question, that each PCN had to develop appropriate systems for engaging with patients, and an event was planned with Patient Participation Groups in September 2019, which would include discussing how multiagency partners could work together in neighbourhoods to develop more coherent engagement with patients and the public, using all the different channels available, as appropriate.

### **Resolved -**

That the progress made in establishing Primary Care Networks and the intention for the new networks to work collaboratively with partners to

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

develop neighbourhood services through the Reading Locality Integration Board be noted.

#### 4. CARE QUALITY COMMISSION (CQC) REVIEW OF READING HEALTH AND SOCIAL CARE SYSTEM - ACTION PLAN QUARTERLY UPDATE

Further to Minute 2 of the previous meeting, Seona Douglas submitted a report giving a quarterly update on the Action Plan developed following the Care Quality Commission (CQC) Review of the Reading Health and Social Care System that had been carried out by the CQC in 2018. The report had appended the updated Action Plan, which gave details of progress made on each area for improvement.

It was noted at the meeting that the colour-coded Red/Amber/Green priority rating in the action plan was not clear when printed in black and white and it was requested that the table also include the appropriate words or initials in the RAG rating column for clarity.

#### Resolved -

- (1) That the report be noted;
- (2) That for future reports, the action plan RAG rating column include appropriate words or initials where appropriate as well as being colour-coded.

#### 5. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP GOVERNANCE PROPOSALS

Seona Douglas submitted a report informing the Board of proposals for redesigned governance and staffing arrangements (collectively titled the Berkshire West Integrated Care Partnership (BWICP)) that would help to deliver a set of proposed strategic integration objectives for Health and Social Care partners across Berkshire West, and which had been agreed on behalf of the Council at the Adult Social Care, Children's Services and Education (ACE) Committee on 1 July 2019. The following documents were attached to the report:

- Appendix A - Berkshire West Governance (Executive Summary)
- Appendix B - Berkshire West Governance (Summary Report)
- Appendix C - Berkshire West Governance (Main Report)

The report noted that there were currently a range of governance boards and bodies across Berkshire West in respect of integration, and explained that it had been agreed in 2018 by the Chief Officers Group that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined. This had been further reinforced by the findings of the CQC System Review in Reading in late 2018. The documents attached to the report set out proposals for a new governance structure; these had been considered by a number of extant groups across Berkshire West, and were being taken through the relevant formal processes for final approval.

The proposed future governance structure included:

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

- System - Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Partnership to be the local health and social care system, rather than the current Berkshire West ICS.
- Place - Berkshire West to be the focus for place-based planning.
- Localities - each Unitary Authority area, with its own Health and Wellbeing Board and health scrutiny.
- Neighbourhoods - New Primary Care Networks of GP practices, intended to support a population of between 30-50,000 residents.

The report explained that key points arising from the merger of the two programmes included a greater role envisaged for elected Councillors, with their attendance being required at meetings of the proposed Leadership Board, and that the proposed staffing changes would, while releasing funds for reallocation at an amount to be confirmed, reduce Reading's integration staffing establishment from three FTE posts to one FTE post, potentially limiting the number of integration projects carried out at local level.

The report had asked the ACE Committee to approve the following proposed strategic objectives for the Berkshire West ICP's 2019/20 work programme, as set out in Appendix C:

1. An improvement in the health and wellbeing of our population;
2. Enhancement of patient experience and outcomes;
3. Financial sustainability for all constituent organisations.

The ACE Committee had resolved -

- (1) That the strategic objectives outlined in Appendix C to the report be approved as the basis of the Berkshire West Integrated Care Partnership work programme in 2019/20;
- (2) That the Governance arrangements and structure for the Berkshire West Integrated Care Partnership, as outlined in Appendix C (at figures 1 and 2 respectively) to the report, be agreed;
- (3) That the Terms of Reference for the Governance Boards and Groups, as outlined in Appendices 5a and 5c of Appendix C to the report, be adopted;
- (4) That the principles for resourcing the Berkshire West Integrated Care Partnership, as detailed in Section 5 of the report, be agreed.

**Resolved -**

That the report be noted and the decisions made by the ACE Committee be noted and endorsed.

### **6. RESPONSE TO HEALTHWATCH READING & SUPPORT U REPORT 'YOUR EXPERIENCES AS LESBIAN, GAY, BISEXUAL, TRANSGENDER PEOPLE ACCESSING HEALTH & SOCIAL CARE SERVICES IN READING'**

Simon Hawkins and Clare Muir submitted a report presenting a joint response from the Council and the Berkshire West CCG to the report by Healthwatch Reading and the

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

local LGBT+ charity, Support U, on “Your experiences as Lesbian, Gay, Bisexual, Transgender people accessing Health & Social Care Services in Reading”, which had been considered at the Board meeting on 12 October 2018 (Minute 4 refers).

The report listed the recommendations that had been made in the Healthwatch LGBT+ report, explained that the Council and the CCG had welcomed the report and had positive discussions regarding the benefits of joint working and sharing of learning for patients and clients locally, and stated that the CCG had set up an Integrated Care System Equality and Diversity Committee, to bring together the equality and diversity leads from the local system to ensure a consistent approach. The LGBT+ report had been discussed at the initial meeting of the Committee in January 2019, terms of reference for the Committee had been agreed in April 2019 and meetings would be held quarterly.

The report set out the aims of the Equality and Diversity Committee and set out joint responses to the four recommendations in the LGBT+ report, in the areas of training, welcoming, sensitive social care and use of national guidance.

### **Resolved -**

That the joint response be noted and Healthwatch Reading be asked to share it with Support U and others who had contributed to the LGBT+ report.

## **7. NHS LONG TERM PLAN - PUBLIC ENGAGEMENT REPORT**

Mandeep Bains submitted a report on the results of a public engagement exercise on the NHS Long Term Plan (LTP) carried out by the five local Healthwatches in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) NHS area.

The report explained that NHS England had commissioned a simultaneous consultation exercise by all 152 local Healthwatches in England on the NHS Long Term Plan that had published in January 2019, to be carried out in April and May 2019. Healthwatch Reading had acted as the coordinator for the BOB NHS area, analysing and compiling the BOB-wide findings and submitting them to the BOB Integrated Care System (ICS), previously known as the BOB Sustainability and Transformation Partnership, to ensure that patient experience informed the upcoming BOB ICS report on how it would implement the LTP.

The report gave details of the general survey findings (also setting out local breakdowns of data from the responses), of the specific conditions survey findings and of the focus group findings, listed key messages for commissioners and providers within BOB ICS to consider, and set out a statement of response from the BOB ICS.

The key themes and findings included:

- The public’s number one priority was getting healthcare when needed, without delay.
- People valued health professionals who listened, gave options, answered questions, had a caring manner, and adapted communication methods for those with extra needs.
- People with long term conditions valued the relationship they had with expert teams as it helped them better manage their care and stopped them having to

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

repeat their story, and 62% would prefer to wait to see a health professional they knew.

- Mental health services needed urgent investment and improvement.
- People wanted personalised goals from the NHS to become or stay healthy but also thought government, business, schools and councils should play a part.
- People wanted to keep their independence for as long as possible, staying at home for as long as it was safe, with high quality affordable or free social care.
- People who were happy with digital technology wanted it more widely used by the NHS, while those who could not use it (due to lack of skills or equipment, or poor broadband coverage) did not want to become 'second-class' NHS citizens.

### Resolved -

That the results of the NHS Long Term Plan Public Engagement Report be noted and be taken into account by partners as appropriate when developing their future plans and services.

### 8. HEALTHWATCH READING ANNUAL REPORT 2018/19

Mandeep Bains submitted the 2018/19 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2018/19.

The report explained who Healthwatch Reading were, set out highlights from the year, and detailed how Healthwatch had made a difference in the following areas:

- Amplifying the voices of 'seldom heard' groups
- LGBT+ project leads to action on equality for all
- Views of care home residents to inform new standards

It also gave details of how Healthwatch had helped people to find answers, including:

- Providing people with advice, information or advocacy
- Helping students to find their way
- Timely advice for patients affected by GP surgery closure
- Providing statutory advocacy via the Reading Voice service

The report also acknowledged the work of its volunteers, gave details of its finances, and set out its plans for 2019/20 to:

- Influence the new Integrated Care System and GP-led Primary Care Networks, with findings from a major engagement project on how extra NHS funding should be spent;
- Visit the local NHS Walk-In Centre and Emergency Department, to see if the way people used those had changed as GPs offered more appointments outside working hours;
- Explore views of digital advances, like video consultations with doctors and the new NHS app.

### Resolved -

- (1) That the report be noted;

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

- (2) That the Health and Wellbeing Board's thanks to the Healthwatch Reading team for their hard work be recorded and passed to the team.

### 9. READING'S ARMED FORCES COVENANT AND ACTION PLAN - MONITORING REPORT

Clare Muir submitted a report presenting an annual update on progress against the actions outlined in the Reading Armed Forces Covenant action plan, in particular the health-related actions, and on the general development of the covenant. The Action plan was appended to the report.

**Resolved -** That the progress against the actions set out in the Armed Forces Covenant action plan be noted.

### 10. INTEGRATION PROGRAMME UPDATE

Jon Dickinson 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 for the financial year 2018/19.

The report stated that, of the four national BCF targets, performance against one (limiting the number of new residential placements) was strong, with the target for the financial year met and exceeded. 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 and a paper had been written exploring trends within the NELs data and making recommendations for driving reductions in NELs.

The target for reducing the number of delayed transfers of care (DTOC) had been met for almost 50% of the financial year, with strong reductions in the number of social care delays compared to performance in previous years. Initiatives were in place that it was believed would continue to drive further reduction in DTOC rates for 2019/20.

Progress against the target for increasing the effectiveness of reablement services remained in line with the decreased performance reported in January 2019, but this was due to revised guidance around the methods of measuring their impact and did not reflect a drop in actual performance. Further activities were planned to align the reablement offer with emerging national best practice.

The report gave further details of BCF performance and gave details of items progressed since March 2019 and the next steps planned for July to September 2019.

It was noted that one of the items progressed had been the launch of the pilot of the Neighbourhood Care Planning Group (a joint working initiative between Adult Social Care and the North/West Reading and South Reading GP Alliances to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning) and it was suggested that a report on this pilot could be brought to the next meeting of the Board.

**Resolved -**

- (1) That the report and progress be noted;



## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

- (2) That a report on the pilot of the Neighbourhood Care Planning Group be submitted to the next meeting of the Board.

### 11. HEALTH AND WELLBEING DASHBOARD AND ACTION PLAN - JULY 2019

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Action Plan (Appendix A) and on the Health and Wellbeing Dashboard (Appendix B), which set out local trends. The report therefore gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Action Plan and paragraph 2.2 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

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

### 12. DEVELOPING A BERKSHIRE WEST SHARED JOINT HEALTH AND WELLBEING STRATEGY

Tessa Lindfield submitted a report outlining the reasoning for developing a Joint Health & Wellbeing Strategy across Berkshire West and seeking support from the Board for a methodology to develop the strategy. The report had appended an indicative timetable for the development of the strategy (Appendix 1) and proposed terms of reference for a Strategy Development Group (Appendix 2).

The report explained that, in April 2019, Health & Wellbeing Board Chairs from West Berkshire, Reading and Wokingham had agreed to propose development of a Shared Joint Health & Wellbeing Strategy (JHWS) across the three Local Authorities. This move had been supported by the CCG and Integrated Care System leadership. It had been acknowledged that, while the strategy would be shared, there would also be room for local priority setting within it and there was an ambition that the strategy could also set the direction of travel for the Berkshire West Integrated Care Partnership.

The report stated that the production of a shared JHWS would require a commitment to shared principles and an agreed process supported by some dedicated resources. It set out seven proposed principles and proposed that the production of the strategy was delegated to a task and finish Strategy Development Group, operating under the terms of reference set out in Appendix 2.

It was reported at the meeting that the timetable for the strategy development had already slipped from the indicative timetable set out in Appendix 1, but it was hoped to form the Steering Group over the summer and then start conversations with communities. It was noted that the community and voluntary sector had been omitted from the list of partners involved in the Steering Group, but that co-production, with community and voluntary sector input, would be important.

**Resolved -**

- (1) That the concept of a shared JHWS be supported;

## READING HEALTH & WELLBEING BOARD MINUTES - 12 JULY 2019

- (2) That the indicative timeline for the strategy development be noted;
- (3) That it be agreed to dedicate capacity for the strategy development;
- (4) That the development of the strategy be delegated to a Strategy Development Group, with community and voluntary sector involvement.

### **13. ROYAL BERKSHIRE FIRE & RESCUE SERVICE - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD**

David Munday submitted a report proposing the co-option of a representative from Royal Berkshire Fire & Rescue Service (RBFRS) as a non-voting additional member of the Health and Wellbeing Board and setting out the resultant proposed amended terms of reference and powers and duties and operational arrangements of the Board at Appendix A.

The report explained that the Prevention Lead for Reading and West Berkshire from RBFRS had asked if Reading Health and Wellbeing Board would like to have a representative from RBFRS on the Board, in order to help RBFRS assist partners in achieving their health and wellbeing goals and to promote the Prevention Service, as RBFRS was a key partner in the prevention work that could protect and improve people's health and wellbeing.

#### **Resolved -**

- (1) That a representative from Royal Berkshire Fire & Rescue Service 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, as set out in Appendix A, be agreed;
- (3) That the representative from RBFRS give a presentation to a future meeting of the Board on the Service's Prevention Work.

### **14. DATE OF NEXT MEETING**

**Resolved -** That the next meeting be held at 2.00pm on Friday 11 October 2019.

(The meeting started at 2.00pm and closed at 3.39pm)