

HEALTHIER READING PARTNERSHIP BOARD MINUTES - 9 JULY 2009

Present:

Bev Searle (Chair)	NHS Berkshire West
Councillor Ennis	Reading Borough Council
Councillor Orton	Reading Borough Council
Sarah Gee	Reading Borough Council
Anne Laing	Reading Voluntary Action
Jackie Lonsdale	NHS Berkshire West
Melani Oliver	Reading Borough Council
Grant Thornton	Reading Borough Council
Kim Wilkins	NHS Berkshire West
Deborah Wilson	Berkshire Scout Enterprises Ltd

Also in Attendance:

Councillor T Harris	Reading Borough Council
Sheena Masoero	Reading LINK
Nicky Simpson	Reading Borough Council
Rachel Spencer	Reading LINK

Apologies:

Chris Turner	Reading Citizens' Advice Bureau
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1. MINUTES

The Minutes of the meeting held on 7 April 2009 were confirmed as a correct record and signed by the Chair.

2. DRAFT TERMS OF REFERENCE

Further to Minute 3 of the previous meeting, Grant Thornton, Head of Community Planning, submitted a report which set out draft Terms of Reference (ToR) and other arrangements for ratification by the newly constituted Healthier Reading Partnership (HRP) Board. It also set out further work required to develop a more detailed Partnership Agreement for consideration by the Board at its next meeting.

The report explained that, following an externally facilitated review, the HRP had agreed at its last meeting to the establishment of a reconstituted partnership and that it would no longer meet in its then current form. It had also agreed the membership of the new partnership board and interim chairing arrangements, subject to ratification by the newly constituted partnership, and the establishment of a task and finish officer group to work on developing and establishing the new HRPB in collaboration with key stakeholders.

Appendix 1 to the report set out the proposed membership of the reconstituted Partnership Board for formal ratification, as follows:

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Category	Person / Organisation	Comments
RBC (5)	Elected members x2	From the Executive - to ensure no conflicts of interest in relation to scrutiny activities / functions
	Adult Care x1	Appropriate head of service or Director
	Children's Services x1	Appropriate head of service or Director
	Chief Exec's Dept x1	Appropriate head of service or Director
RBC Observers (2)	Elected members from the two other main political parties	To ensure cross-party engagement and involvement.
PCT (3)	Reading Area Director x1	
	Strategic health improvement lead x1	
	Commissioning x1	
Voluntary/ Community sector (4)	RVA officer	Role is to advise on voluntary sector involvement in all the work of the HRP and contribute to the effective delivery of the Strategy.
	Vol/ Comm Sector rep x2	Selected via sector election process
	LINK x1	Board member

The report also proposed that the PCT Area Director continue as Chair on an interim basis, pending the agreement of any new arrangements (to be brought forward as part of a more detailed Partnership Agreement).

Appendix 2 to the report set out final proposed Terms of Reference for the Board, which had been developed as part of the externally facilitated review process, and firmly embedded the role of the Board in a strategic context. The ToR stated that the remit of the HRP included the full spectrum of policy and services across both health and social care, from prevention to intervention and care, and set out the following purpose of the HRP:

"The Healthier Reading Partnership exists to improve health and well-being and reduce health inequalities in the Reading population. It will achieve this by:

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- Discussing and agreeing strategic direction and priorities across all relevant organisations and partnerships (public, private, voluntary and community sectors)
- Ensuring co-ordination and integration of strategic planning, business planning and delivery and resources across all the relevant organisations and partnerships”

It also listed the following partnership tasks that the HRP would carry out in order to fulfil its purpose:

- a) Lead on the development and delivery of the Healthy People and Lifestyles theme of the Sustainable Community Strategy.
- b) LAA
Oversee negotiation on and securing delivery and resourcing of relevant Sustainable Community Strategy priorities and LAA targets.
 - Ensure effective performance management of LAA targets linked to the Healthy People and Lifestyles theme.
 - Receive progress reports from the LAA Performance Group, keep fully informed regarding risks and issues, and take appropriate action to remedy any problems.
 - Supply to the LSP a narrative to the progress report, along with any additional information required and actions taken/needed.
- c) Oversee the development, endorsement (by the LSP) and delivery of a joint Reading Health & Wellbeing Strategy and an associated shorter term Action Plan which sat under the Sustainable Community Strategy and linked to other relevant strategies, such as the Strategic Health Authority’s regional plan, Children and Young People’s Strategic Plan, Social Care and others. The Reading Health & Wellbeing Strategy and Action Plan would need to reference but not duplicate these other strategies and add value.
- d) Ensure that the Reading Health & Wellbeing Strategy and Action Plan was regularly reviewed and refreshed, reflecting changes in the evidence base, relevant policies and plans in order that the partnership set the direction for health and well-being in Reading.
- e) Ensure that the Reading Health & Wellbeing Strategy and Action Plan was well informed by local evidence, such as the Joint Strategic Needs Assessment and by the views of local people, including the most vulnerable and hard to reach.
- f) Influence the development of the Joint Strategic Needs Assessment and ensure it informed priorities and actions.

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- g) Advocate for and promote the independence of vulnerable people.
- h) Maximise the use of existing resources through better alignment and integration of service delivery and seek to attract additional funding.
- i) Ensure that the public and service users were involved appropriately in the development and implementation of all its work in accordance with the Duty to Involve.

The report stated that there was a need to develop a more detailed Partnership Agreement to cover a range of issues linked to how the HRPB would operate and manage its business, eg deputising, changes in personnel, co-option etc. It proposed that this detailed work was carried out with a view to submitting a full Partnership Agreement to the next meeting of the Board.

The report proposed, however, that the Board should consider the role of observers at this meeting (both the elected member observers and those co-opted for special topics) and recommended that the following role be agreed to enable clarity and appropriate participation from the outset:

“Observers would be able to take an active role in the meetings of the HRPB, including participation in debate and discussion (subject to the usual discretion of the Chair in managing the overall business of the meeting), but would not have any voting rights on any formal decisions.”

The report also suggested that there should be an officer group to support the work of the Board and to ensure that its work programme was developed and delivered effectively (a model that was being successfully operated by the Local Strategic Partnership). It therefore proposed that an HRP Management Group was formally established, initially comprising:

- Area Director PCT: Bev Searle
- RBC Head of Strategy and Performance: Sarah Gee
- RBC Head of Community Planning: Grant Thornton
- Voluntary sector representative: to be confirmed

The Management Group would support the partnership by co-ordinating the agenda/work programme, drafting and quality assuring reports, and ensuring decisions and tasks were followed through between Board meetings. The report recommended that the voluntary sector representative was agreed through discussion outside the meeting, and that the membership of the Management Group be kept under review to ensure it was fit for purpose and had the capacity to undertake the work required.

Anne Laing reported that the two voluntary/community sector representatives on the HRP Board had been selected via the sector's election process as Chris Turner, from

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Reading Citizens' Advice Bureau, and Deborah Wilson, from Berkshire Scout Enterprises Ltd. She also reported that Chris Turner was willing to be the voluntary sector representative on the Management Group, and that Anne would deputise for him in his absence.

It was noted that the external review had proposed that the Royal Berkshire and Berkshire Healthcare NHS Foundation Trusts not be members of the HRPB but had stated that, as provider organisations, they could contribute more positively to standing sub-groups or task and finish groups. It was suggested that these organisations could also be invited to attend HRPB meetings for specific agenda items, as necessary.

The meeting discussed the role of observers, noting the advice given at the last meeting that the statutory responsibilities of the LSP and related partnerships made it appropriate that members of the executive (Cabinet) be appointed to the HRPB, but that lead spokespeople from the other Groups would be able to attend as observers, thus avoiding any conflict of interest with their involvement in the scrutiny process. It was also queried how many observers could attend meetings, and it was suggested that the Management Group consider this further when developing the section of the Partnership Agreement on deputies, etc.

It was suggested that it would be beneficial to have a Black & Minority Ethnic (BME) community representative on the new HRPB, as long as robust links to the BME community could be established, and that the Management Group should investigate how this could work.

AGREED:

- (1) That the membership of the Partnership Board, as set out in Appendix 1 and above, be ratified, subject to (7) below, and provider organisations be invited to attend HRPB meetings for specific items, as appropriate;
- (2) That the PCT Area Director continue as Chair of the HRPB on an interim basis, pending the agreement of any new arrangements;
- (3) That the Terms of Reference, as set out in Appendix 2, be agreed;
- (4) That the role of observers on the Board be agreed as set out above;
- (5) That a more detailed Partnership Agreement be developed for consideration at the next meeting;
- (6) That a Management Group be formed to support the HRP, as set out above, with the following membership:
 - Area Director PCT: Bev Searle
 - RBC Head of Strategy and Performance: Sarah Gee
 - RBC Head of Community Planning: Grant Thornton

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- Voluntary sector representative: Chris Turner (deputy Anne Laing)

- (7) That the Management Group investigate the possibility of having a representative from the BME community on the HRP Board and consider further the attendance of observers and deputies when developing the Partnership Agreement.

3. CYCLE OF MEETINGS

Grant Thornton, Head of Community Planning, submitted a report outlining a rationale for adding two extra meetings of the Healthier Reading Partnership Board to the four already scheduled, in order to maximise the impact and effectiveness of the Board.

The report explained that the HRP had previously met quarterly and for the Municipal Year 2009/10 meeting dates had been set on this basis as part of the Council's annual planning cycle, for 9 July 2009, 6 October 2009, 14 January 2010 and 13 April 2010. However, whilst quarterly meetings were usual and could fit well with a performance management cycle, they were not conducive to effective partnership development or strategic impact. The Local Strategic Partnership (LSP) had found that quarterly meetings tended to get dominated by important but routine business and did not allow the space for more blue-sky thinking, strategic policy development, and in the early stages of a partnership, fulfilling the "forming" role and building relationships and effectiveness. The report stated that the LSP had therefore agreed to meet six times a year, four on a quarterly basis but with two "free" dates to focus on more strategic issues and be less encumbered by routine business. It proposed that the HRPB adopt the same model, which could be incorporated in the detailed Partnership Agreement.

The report also stated that the external review of the partnership had strongly recommended that an away day be held for the core Board members of the HRP, perhaps with one or two supporting officers, at an early stage, to give the new Board an opportunity to get to know each other, reflect on the emerging Health and Well-being Strategy and Action Plan and to think about the partnership's future work programme. It recommended that the first additional meeting should be held as an away day, ideally prior to the scheduled meeting on 6 October 2009.

It was suggested that it would be useful for a glossary to be produced, in order to help those involved understand the terms used in health and social care.

AGREED:

- (1) That, in addition to the quarterly meetings already scheduled, a further two meetings of the HRPB be held in each annual cycle;
- (2) That the first additional meeting in 2009/10 take the form of an "away day";

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- (3) That dates for the additional meetings for 2009/10 be canvassed outside the meeting;
- (4) That the Management Group produce briefing material for those involved in the HRPB, including a glossary of terms used in health and social care.

4. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Bev Searle, West Berkshire Area Director, NHS Berkshire West, updated the meeting on the development of the Joint Strategic Needs Assessment (JSNA).

She explained that there was a statutory requirement for PCTs and local authorities to produce a JSNA, which provided a detailed and thorough look at the current and future health care, wellbeing and quality of life needs in the area, to provide an evidence base to underpin the Sustainable Community Strategy and Local Area Agreement, and inform commissioning decisions. In 2008, a minimal dataset had been used to comply with government requirements, as the PCT had recently completed a health needs assessment, but the PCT was now working with the three local authorities in its area to develop the next three draft JSNA documents; she would bring the Reading JSNA to the next meeting of the HRPB.

Bev reported that the Reading Health Profile 2009, which gave a snapshot of health in the Reading area, had now been published and circulated copies at the meeting.

It was noted that the previous JSNA had flagged up areas for more in- depth, or “deep dive”, analysis, and that a process for agreeing these would need to be established, as there would be many issues vying for the limited resources available. There were already a number of action plans in place in the Local Area Agreement or Children & Young People’s Plan to address health indicators significantly below average, but those areas not being picked up by other action plans would need to be identified for deep dive or to be included in the HRP strategy.

The meeting discussed the issue of data provision and circulation, noting the wish of the Board to have access to health data at the most detailed level possible, as well as the importance of managing the resources available for data provision and ensuring that Board meetings were not swamped by data. It was suggested, for example, that data provision at meetings should be linked to specific agenda items where action was being considered. It was proposed that this issue should be considered further by the Management Group, in conjunction with the forward plan and resource management, and at the planned away day.

Kim Wilkins and Melani Oliver reported that data was currently being collated for a joint scrutiny review of children’s health and that this information could be circulated once available.

AGREED:

- (1) That Bev Searle bring a report on the JSNA to the next meeting;

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- (2) That the Management Group work on developing a forward plan for the HRPB and consider associated information requirements, including data provision and circulation, and that this be considered further at the planned away day;
- (3) That Kim Wilkins and Melani Oliver circulate the information collated for the joint scrutiny review of children's health, once available.

5. DRAFT READING HEALTH & WELLBEING STRATEGY

Bev Searle, West Berkshire Area Director, NHS Berkshire West, submitted an initial draft of the Reading Health & Wellbeing Strategy. The Strategy set out a vision to achieve a healthier Reading by working in partnership, aiming to:

- Reduce health inequalities
- Achieve more people living healthier lives and preventing more ill health
- Enable older people and people with long term conditions to live at home
- Give children and young people the best start in life through improving their own and their families' health and well-being

The document put the strategy into context, referring to government papers and initiatives, explained the HRP, the Sustainable Community Strategy and Local Area Agreement, described the HRP Action Plan and gave details of the key priorities for action.

The meeting discussed the draft strategy and the points made included:

- The draft strategy was a good start, but the vision needed sharpening up, to define more clearly what a "healthier Reading" meant;
- As the HRP developed its own action plan and targets, it would be important for the Board to be aware of and not replicate the existing LAA and health and social care targets which had already been agreed with the Government Office for the South East, the Strategic Health Authority and the Care Quality Commission;
- It was noted that many older people's problems were caused by isolation, and it was reported that there was a scheme sponsored by Age Concern to provide befrienders to those whom GPs identified as at risk of admission to secondary care because of loneliness. This scheme could be added to the "priorities for action" section of the strategy;
- Once the strategy had been agreed, it could be decided how the other existing partnerships such as the Older Persons' Strategic Partnership would link and report to the HRP.

AGREED:

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- (1) That the comments raised above be taken on board and any further comments or ideas on the strategy be submitted via Nicky Simpson;
- (2) That the Management Group develop the draft strategy for further consideration at the next scheduled meeting of the HRPB.

6. READING LINK

Sheena Masoero, Reading LINK Coordinator, and Rachel Spencer, Advice Manager for Reading Voluntary Action, gave a presentation on the work of the Reading Local Involvement Network (LINK). Copies of the presentation slides and the Reading LINK Annual Report 2008/09 were distributed at the meeting.

They explained that Local Involvement Networks (LINKs) had been set up to replace Public & Patient Involvement (PPI) Forums, but with a wider remit, and to give citizens a stronger voice in how their health and social care services were delivered. The role of LINKs was to find out what people liked and disliked about local services, monitor and investigate local services, use their powers to hold the appropriate commissioners or providers to account and make recommendations to them to help improve and shape services to meet local need.

The Council had contracted Reading Voluntary Action to act as the host organisation to advise, support and promote the activities of the Reading LINK. A Reading LINK Interim Board was already in place, with the current members bringing a wide variety of experience and knowledge, and elections to the 12 seats would be taking place in October 2009. A Reference Group of individuals and organisations had also been established, but not yet fully utilised.

A Stakeholder Event had been held in January 2009 which had highlighted two themes which the LINK had decided would form the focus for its work programme, which were "The need for person-centred health and social care services" and "Access to information relating to health and social care".

The LINK had statutory powers to request information from commissioners, make recommendations to commissioners, providers, managers and scrutinisers of local care services, enter specific services and view care provided, and also to refer matters to the Housing, Health & Community Care Scrutiny Panel. The LINK would prioritise and look into specific issues of concern to the community and was currently carrying out two pilot projects on Diabetes Care and Provision of Toenail Cutting for the Elderly. It expected to carry out around four such projects a year, involving Task & Finish Groups comprising Board members, professionals and service users, and was in discussion with the University of Reading about employing a researcher to deal with more complex issues.

Rachel suggested that the LINK could support the HRP by: providing a mechanism for communicating the views of local people to the HRP, meeting the Duty to Involve; providing a route for local people to take part in consultation; contributing ideas, reforms or innovations from LINK activities for providing better value from services;

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and enabling the HRP to be well informed by local evidence. She suggested that the HRP could support the LINK by: providing context to local activities to avoid duplication and providing wider options for LINK issues and projects; reviewing and implementing LINK recommendations across services; providing evidence of changes which had occurred related to LINK activities; and recognising the independence of the LINK.

Sheena reported that a decision on which LINK Board member would be the representative on the HRPB had not yet been made and so the host staff would attend meetings until after the LINK Board elections in October 2009.

The meeting discussed how the HRP and the LINK could work together and in the discussion the points made included:

- The HRP would review and respond to LINK recommendations as appropriate, but would not always be able to implement recommendations, depending on issues such as resourcing;
- The HRP and the LINK should be able to help improve the quality of consultations on health and social care by working together on the planning and coordination of consultations and ensuring that all appropriate networks, reference groups and databases were used;
- If the specific interests of the members of the LINK Reference Group could be identified, this could help when carrying out consultations. It was also important to disaggregate the views of individuals and agencies/organisations in consultation responses;
- Whilst it was important for the LINK and HRP to work together and a member of the LINK Board would be on the HRPB, it was vital that the LINK retained its independence.

AGREED: That Rachel and Sheena be thanked for their presentation.

7. BROAD STREET MALL WALK-IN HEALTH CENTRE

Bev Searle, West Berkshire Area Director, NHS Berkshire West, updated the meeting on progress of the establishment of a GP-led Walk-In Health Centre in Broad Street Mall in partnership between NHS Berkshire West, Assura and a number of local GPs.

She reported that the five year contract for the centre would start on 10 August 2009, the centre would provide a flexible range of bookable appointments, walk-in services and other services for both registered and non-registered patients (as long as they lived in Berkshire West), and it would be open from 8am to 8pm, seven days a week.

She said that all those involved were keen to make the most of the opportunities afforded by the new centre, especially in relation to making contact with and providing services to non-registered patients. It was reported that non-registered patients, as well as registered patients who could not get GP appointments as quickly

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as they wanted, often clogged up Accident & Emergency departments and that there was a need to educate the public on healthy lifestyles and the appropriate uptake (or not) of health services; it was suggested that the HPRB should consider this further at a future meeting.

The meeting discussed the importance of good publicity about the new centre, not just so that patients knew about the new service, but also to inform the public about how health service money was being spent well on services for them. It was suggested that the HRPB could look at public perception of services as part of its work planning, as provision of and access to information was a key theme which came from public consultations and this emphasised the need for consistent publicity to keep raising public awareness.

AGREED:

- (1) That the position be noted;
- (2) That public perception of services, public relations and information provision, including education of the public on healthy lifestyles and the appropriate uptake of health services, be an agenda item for a future meeting of the HRPB.

8. FORWARD PLAN

Grant Thornton, Head of Community Planning, said that a number of items for future consideration by the Board had already been raised at the meeting, and a forward plan for the HRP would need further consideration by the Management Group and at the away day.

The intention would be to create a framework of agenda items for the year ahead from key themes, with flexibility to add extra items as necessary. Items were likely to emerge from discussions on the JSNA, and the HRP should be focussing where possible on preventative rather than reactive issues, and areas where partnership working could add value.

AGREED: That the Management Group consider key themes for the HRP and produce a draft forward plan of agenda items for consideration at the planned away day.

9. OTHER BUSINESS - TOBACCO CONTROL COORDINATOR

Bev Searle, West Berkshire Area Director, NHS Berkshire West, said that a jointly-funded Tobacco Control Coordinator Post had been established for Berkshire West, but that Reading Borough Council had not previously been in a position to contribute funding towards this post. She asked whether the Council could reconsider the possibility of providing the £6,000 required, and said that she could provide the necessary information on costs and benefits to support the request.

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AGREED: That Bev Searle provide further information on the request for the Council to contribute £6,000 to the Tobacco Control Coordinator Post, and Grant Thornton take the request through the appropriate channels.

10. DATE OF NEXT MEETING

AGREED: That a date for an away day be arranged and the next scheduled meeting of the Healthier Reading Partnership be held on Tuesday 6 October 2009.

(The meeting started at 6.00pm and closed at 7.45pm)

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