

## HEALTHIER READING PARTNERSHIP BOARD MINUTES - 14 JANUARY 2010

### Present:

Bev Searle (Chair)	NHS Berkshire West
Councillor Ennis	Reading Borough Council
Anne Laing	Reading Voluntary Action
Nina Sethi	Reading LINK
Grant Thornton	Reading Borough Council
Chris Turner	Reading Citizens' Advice Bureau
Kim Wilkins	NHS Berkshire West

### Also in Attendance:

Councillor Beard	Reading Borough Council
Councillor T Harris	Reading Borough Council
Jackie Lonsdale	NHS Berkshire West
Michael Popham	Reading Borough Council

### Apologies:

Councillor Orton	Reading Borough Council
Melani Oliver	Reading Borough Council

### 1. MINUTES

The Minutes of the meeting held on 6 October 2009 were confirmed as a correct record and signed by the Chair.

### 2. MATTERS ARISING

Further to Minute 2 (2) of the last meeting, Bev Searle, West Berkshire Area Director, NHS Berkshire West, reported that the update on the Tobacco Control Coordinator post would be brought to the next meeting.

### AGREED:

That Bev Searle bring an update on the Tobacco Control Coordinator post to the next meeting.

### 3. DRAFT PARTNERSHIP AGREEMENT

Further to Minute 2 (5) of the meeting held on 9 July 2009 and Minute 3 of the meeting held on 6 October 2009, Grant Thornton, Head of Community Planning, submitted a report which had appended a revised draft Partnership Agreement for the Healthier Reading Partnership (HRP) Board and the person specification developed for Reading Local Strategic Partnership Board members and the Nolan Principles of Public Life.

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The draft Partnership Agreement incorporated the membership and Terms of Reference, previously agreed and set out how the Partnership would operate in relation to mechanics, roles, responsibilities and values.

The report set out the revisions to the Agreement since the last meeting, which were deleting the requirement to have named deputies and instead emphasised the importance of attendance to ensure meetings had a quorum. Where Board members were not able to attend, they would be able to send a substitute as an observer. The Agreement enabled the Board to co-opt an additional member from the Black and Ethnic Minority community at any time if the Board considered it was appropriate to do so. The report recommended that, if the Board was minded to approve the revised Agreement, the election of the Vice-Chair for the Board should take place before the next meeting and the Management Group should be given delegated authority to organise the election.

### AGREED:

- (1) That the revised Partnership Agreement, as appended to the report, be approved;
- (2) That the Management Group be authorised to organise the election of the Vice-Chair of the Board, in accordance with the provisions of 7(b) of the Agreement at the next meeting (13 April 2010).

### 4. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Further to Minute 5 of the last meeting held on 6 October 2009 and Minute 4 of the meeting held on 9 July 2009, Kim Wilkins, NHS Berkshire West, updated the meeting on the development of the Joint Strategic Needs Assessment (JSNA). The Local Government and Public Involvement in Health Act 2007 specified that local authorities and Primary Care Trusts (PCTs) would be required to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of the local community. The draft JSNA document had been developed in the light of the published guidance, which complemented the statutory guidance *Creating Strong, Safe and Prosperous Communities*, providing tools for local partners undertaking JSNA. It described the stages of the process, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans. It also contained guidance on using JSNA to inform local commissioning, publishing and feedback.

The Board was advised that the final JSNA assessment was now available to Board members and would need to be circulated for consultation with a broader audience as part of a wider communication strategy to capture qualitative information from the service users in the community as well as quantitative data from practitioners. The Board noted that the Audit Commission would be looking for evidence of where the JSNA had a positive impact. In this regard, it was considered that action to address alcohol abuse would be an appropriate area to focus on, as it would require extensive cross-agency working.

**AGREED:**

- (1) That the draft Joint Strategic Needs Assessment (JSNA) be circulated to members of the Board for their information;
- (2) That the process for circulating the JSNA to a wider audience for consultation be considered at the "out-of-cycle" meeting of the Board.

**5. AWAY DAY FEEDBACK**

Further to Minute 7 of the last meeting held on 6 October 2009 and Minute 3 of the meeting held on 9 July 2009, Grant Thornton, Head of Community Planning, submitted a report providing a high-level overview and summary of the Healthier Reading Partnership (HRP) Board away day which had appended the agenda for the day and more extensive summary notes.

The report stated that the Partnership had been formally re-constituted this year and had held an away day in order to strengthen shared knowledge across the partnership, drive forward the Health and Well-being Strategy and help determine the implementation priorities for the HRP and its future work programme.

The away day sessions on the local evidence base and the health economy, had identified the following key areas of focus for the Partnership:

- **Emotional well-being** and in particular the opportunity to support positively and influence the development of the **Talking Therapies Programme** currently being developed.
- **South Reading** initial focus for work to address geographic health inequalities, access to health services and use of community buildings.
- **Black and Minority Ethnic (BME) Community Health** issues, noting demographic trends and lack of robust local knowledge and data.
- **Alcohol** and in particular a perceived lack of services for those with emerging non-acute problems.
- **Sexually Transmitted Diseases (STDs)** noting the rise in prevalence reported in the Joint Strategic Needs Assessment (JSNA).
- **Practice Based Commissioning** and its importance in delivering effective primary health care tailored to local communities, especially in a context of resource constraints.

It was agreed that the Health and Well-being Strategy would be the key vehicle for the Partnership to develop strategies to address these key areas more effectively, but the following key immediate actions had been identified to take the work forward:

- A sub-group of the Board to meet with the manager of the Talking Therapies Programme.

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- PCT to pull together a review of information relating to needs in BME communities to inform further work.
- PCT to canvass the views of General Practitioners (GPs) on issues relating to alcohol. A presentation to the Board from Reading Drug and Alcohol Action team (DAAT) to be arranged following the outputs of the Scrutiny investigation into this area.
- A future report to the Board on STDs to be requested.

### AGREED:

- (1) That the outputs from the Away Day be noted and the actions set out in Section 4(b) of the report and summarised above be endorsed;
- (2) That a Sub-Group be established to meet the manager of the Talking Therapies Programme (Judith Chapman) consisting of Sarah Gee, Bev Searle, Grant Thornton and Kim Wilkins;
- (3) That consideration be given to how to incorporate the themes identified on the away day into the Health and Well-being Strategy and how it could drive actions to address issues more effectively;
- (4) That an "out-of-cycle" meeting be arranged to develop further the Health and Well-being Strategy Action Plan.

### 6. DRAFT HEALTH & WELLBEING ACTION PLAN

Further to Minute 6 of the last meeting held on 6 October 2009 and Minute 5 of the meeting held on 9 July 2009, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, submitted the draft Reading Health & Wellbeing Strategy. The draft Strategy had appended a draft action plan setting out objectives for three of the four priorities, namely; Reducing Health Inequalities; Achieving more people living healthier lives and preventing more ill-health; and Enabling more older people and people with long-term conditions to live at home. The fourth priority relating to giving children and young people the best start in life through improving their own and their families' health and well-being would need to be included in the next draft version of the Strategy. The Board noted that in the development of the Health and Well-being Strategy and Action Plan it would be appropriate to take into account the Joint Strategic Needs Assessment, whilst identifying any key themes/issues through the Strategy's development that could usefully feed into upcoming JSNA planning process for the current year.

### AGREED:

- (1) That Bev Searle be authorised to draft an action plan for the priority relating to giving children and young people the best start in life through improving their own and their families' health and well-being;

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- (2) That the Reading Health & Wellbeing Strategy and action plan be circulated as a consultation draft to Board members in the week beginning 25 January 2010 with comments to be required in the week beginning 8 February 2010 at the latest;
- (3) That the Management Group be authorised to set a date for the “out-of-cycle” meeting in March 2010 to develop further the Health and Well-being Strategy and Action Plan.

### 7. LOCAL AREA AGREEMENT 1: HEALTH RELATED PRIORITIES FOR USE OF PERFORMANCE REWARD GRANT

Grant Thornton, Head of Community Planning, submitted a report on the business cases for continued Performance Reward Grant (PRG) funding of current health related activities delivering against Local Area Agreement (LAA) 1 targets and suggesting recommendations to the Local Strategic Partnership (LSP) that would ultimately decide the allocations. Appendix 1 outlined the general framework and process for allocation of PRG and Appendix 2 provided a summary report from the HRP Management Group on the business cases for which the HRP was responsible.

Reading's Local Area Agreement 1 had been agreed for three years and was currently in its final year. In financial terms, the LAA had attracted approximately £0.9 million in pump priming money and had the potential to bring in around £4.2 million in Performance Reward Grant (PRG) if all 12 targets were achieved in full.

Since the agreement of LAA1, the Local Strategic Partnership (LSP) had approved a new Sustainable Community Strategy (SCS) based on a more extensive evidence base and cross-cutting review of key priorities for the area. These had also informed the development of the priority targets which made up LAA2. However, it was important to note that the existence of LAA1 had influenced the choice of targets in the subsequent LAA with an explicit requirement not to duplicate existing targets.

The expected level of PRG to be allocated in 2010/11, on current predicted levels of performance, was approximately £600k. Across the whole suite of business cases submitted the maximum level of funding requested from this allocation was approximately £777k. There were four health related business cases requesting a maximum total amount of £165k.

The HRP Management Group had regarded the business cases as equally high priorities relative to the levels of investment proposed. However, in view of the overall resource constraint it recommended that the amounts requested should be scaled back whilst ensuring that viability of the projects was not compromised. It was also the view of the management group that the Board should commission work over the coming year to look at options for sustaining priority activities in the longer term where they remained a high priority relative to other demands and in the context of the Health and Well-being Strategy. This would potentially reduce the reliance on PRG by seeking match-funding from “mainstream” resources and provide projects with a view to providing them with a more secure financial future.

**AGREED:**

- (1) That, subject to (2) below, the allocations of Performance Reward Grant (PRG) recommended by the Management Group for consideration by the Local Strategic Partnership be endorsed as follows:
  - (a) LAA1 Target 9b - Adult Participation In Sport and Physical Activity: £2,000;
  - (b) LAA1 Target 10a - Improving Maternal and Infant Health: £50,000 (and Match-Funding of £25k from Mainstream Resources);
  - (c) LAA1 Target 10b - Pregnancy Smoking Quitters: £25,000;
  - (d) LAA1 Target 11a&b - Older People: £30,000;
- (2) That the recommendations by the Management Group be reviewed by the project leads in order that any additional information regarding the recommended levels of PRG could be reported to the Local Strategic Partnership as part of its deliberations;
- (3) That work be undertaken in 2010/11 to look at options for sustaining high priority activities in the longer term where they remained a high priority relative to other demands and in the context of the Health and Well-being Strategy.

**8. IMPLEMENTING NICE GUIDANCE**

Kim Wilkins, Strategic Lead for Health Improvement Reading, NHS Berkshire West, briefed the Board on a paper on NICE (National Institute for Health and Clinical Excellence) guidance setting out a system for implementing guidance which was relevant to both the NHS and Local Authorities. NICE was the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. Its role was to provide patients, professionals and the public with authoritative, robust, reliable guidance on current best practice.

NICE produced three types of guidance:

- *Public health - guidance* on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- Health technologies (*Technology Appraisals*) - guidance on the use of new and existing medicines, treatments and procedures within the NHS
- Clinical practice - guidance on the appropriate treatment including *clinical guidelines* and *interventional procedures*.

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NHS organisations were required to implement all Technology Appraisals within three months of issue. The PCT also had an obligation to consider all other relevant guidance issued by NICE and implement best practice as appropriate.

The PCT had established a system whereby a group or individual was identified within the PCT with lead responsibility for each new piece of guidance. The PCT had also been required to demonstrate to the Healthcare Commission that it had robust systems for reviewing and monitoring compliance with NICE guidance. In future the Care Quality Commission (CQC) would be likely to require a similar level of assurance, which could also be extended to Local Authorities for relevant guidance. Where public health guidance included topics relevant to non-NHS organisations, it was recommended that it would be brought to the Healthier Reading Partnership Board for consideration and to determine whether the Local Authority would be better placed than the NHS to implement the guidance.

### AGREED:

- (1) That the following process in relation to NICE guidance agreed by the Joint Commissioning Partnership be endorsed:
  - (a) Local Authorities and NHS Berkshire West agree to share responsibility for reviewing and implementing guidance on relevant topics, with each organisation leading where appropriate;
  - (b) The PCT Public Health team be responsible for reviewing the relevant public health guidance and identifying leads who would arrange for relevant guidance to be added to Health and Wellbeing Partnership (or similar) agendas for discussion and agreement on further action;
  - (c) Health and Wellbeing partnerships to report back to their member organisations within 3 months of receipt of guidance on action agreed in response to guidance;
- (2) That the implications of the process set out in (1) above be further discussed at the "out-of-cycle" meeting in March 2010 to discuss the Health and Well-being Strategy and Action Plan.

### 9. BIG CARE DEBATE: CONSULTATION RESPONSES

Further to Minute 8 of the last meeting held on 6 October 2009, the Board received the Reading Older People's Partnership's response to the consultation on Government proposals to create a National Care Service - the Big Care Debate.

### AGREED:

That the consultation questions and responses to them be noted.

**10. OTHER BUSINESS**

**(a) LINK Project - Availability of NHS Dental Treatment**

Further to Minute 11 of the last meeting held on 6 October 2009, Nina Sethi, Alafia Coordinator for Reading LINK, said that the LINKs Board had agreed the availability of NHS dental treatment, as its next project topic. The project had four objectives: to improve access to NHS dentists; reduce inequality in dental health in Reading, especially in children under 5; identify dental health improvements in young mothers; and ascertain perceptions of quality of NHS dental care. The LINK Board had been liaising with NHS Berkshire West and would be develop recommendations in light of the discussions.

**AGREED:** That the position be noted.

**11. 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 13 April 2010.

(The meeting started at 6.00pm and closed at 7.46pm)

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