

READING HEALTH & WELLBEING BOARD MINUTES - 30 JANUARY 2015

Present:

Councillor Eden	Lead Councillor for Adult Social Care, Reading Borough Council (RBC)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin (Chair)	Lead Councillor for Health, RBC
Lise Llewellyn	Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
Eleanor Mitchell	Operations Director, South Reading Clinical Commissioning Group (CCG)
David Shepherd	Chair, Healthwatch Reading
Rod Smith	Chair, North & West Reading CCG
Avril Wilson	Director of Education, Adult and Children's Services, RBC

Also in attendance:

Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
Jan Fowler	Director of Nursing, Thames Valley Area Team, NHS England
Frances Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Ginny Hope	Head of Primary Care, Thames Valley Area Team, NHS England
Maureen McCartney	Operations Director, North & West Reading CCG
Clare Muir	Policy & Voluntary Sector Manager
Asmat Nisa	Consultant in Public Health, RBC
Melanie O'Rourke	Integration Programme Manager, RBC
Tricia Pease	Director of Nursing for Urgent Care, Royal Berkshire NHS Foundation Trust
Vanessa Reynolds	Director, Intelligent Health
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Suzanne Westhead	Head of Adult Social Care, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

Vicki Lawson	Interim Head of Children's Services, RBC
Nikki Luffingham	Interim Director of Operations & Delivery, Thames Valley Area Team, NHS England
Ishak Nadeem	Chair, South Reading CCG
Ian Wardle	Managing Director, RBC

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 10 October 2014 were confirmed as a correct record and signed by the Chair.

(a) Lymphoedema Treatment

Further to Minute 2 of the meeting on 10 October 2014, Cathy Winfield provided a verbal report. She outlined the evidenced-based four step treatment for lymphoedema: compression bandaging, skin care, exercise to increase lymphatic

drainage, manual lymphatic drainage. She thanked the Public Health team for their review of the evidence.

She stated that there were about 700 patients across Berkshire West with lymphoedema, including cancer patients. A specialist lymphoedema service was commissioned at Oxford University Hospital and Basingstoke and North Hampshire Hospital. The Duchess of Kent unit treated some non-cancer patients on an informal basis and the CCGs would explore with them whether this arrangement could be formalised as part of the 2015/16 contract to provide a more local service.

Resolved - That the action being taken by the CCGs be noted.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following questions were asked by Tom Lake in accordance with Standing Order 36:

(a) NHS Providers and Health & Wellbeing Board

“The absence of major NHS providers from HWB has narrowed the perspectives available on our local health economy. Will the HWB be looking at a way of changing this? Will it be possible to see the relationship between commissioners and major providers as more than a market relationship but rather one of common responsibility?”

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

“Health and Wellbeing Boards across the country have taken different approaches to engagement with providers. The Reading Health and Wellbeing Board operates within a complex health and social care system. There are three Health and Wellbeing Boards in Berkshire West and it would be challenging for the two providers to attend all three boards therefore the economy has developed a sophisticated matrix of joint working with providers to ensure provider engagement and leadership in the system:

- The Berkshire West Partnership Board brings together the three local authorities, four CCGs and key providers to co-design and oversee projects and programmes that span all partners.
- The Chief Officers of all the partner organisations meet monthly to oversee the co-design of the overall system and consider the process for developing new models of care in line with the Five Year Forward View.
- In Reading the Locality Integration Steering Group brings together all partners including the providers to deliver locally sensitive projects and programmes.
- There are also a number of joint programme boards: Urgent Care, Long Term Conditions and Frail Elderly, and Planned Care where health and social care commissioners work with providers and Healthwatch to solve system problems and improve services for residents.

The CCG is establishing a joint committee with NHS England for the commissioning of primary care (subject to NHSE approval) which will have representation from the HWB and GP providers.

Providers are invited to attend where this will enrich the Board’s discussion of a particular item and indeed both providers have regularly attended the board to

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ensure the board is aware of the provider's service and planning for the future. The system is recognised for the strength of its partnership working.

The Board is planning on reviewing the governance and membership for the Health and Wellbeing Board during the summer and the issue of provider's attendance on the board will be discussed with the two main providers."

(b) AAA Screening

"What are the most recent figures for the takeup of AAA screening in the Reading CCGs? (both of the 65-year-old cohort and of older self-referrers)."

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"Abdominal aortic aneurysm (AAA) screening is a way of detecting a dangerous swelling (aneurysm) of the aorta - the main blood vessel that runs from the heart, down through the abdomen to the rest of the body. This swelling is far more common in men aged over 65 than it is in woman and younger men, so men are invited for screening in the year they turn 65.

AAA screening uptake for Reading CCG's is currently at 71.36 % for 2014/15. 639 people were offered screening of whom 456 were tested.

By 31 March 2015 uptake is likely to have further increased. There is no longer a national uptake target, but the Thames Valley Area Team have a local target of achieving an 80% uptake.

AAA screening uptake for Reading CCGs amongst self-referrers is currently 97.37% (37 people out of 38)."

(c) Life Expectancy

"Is life expectancy continuing to improve in Reading?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"Life expectancy is a summary measure which provides a useful indicator of the general state of health of a population and allows for comparisons between groups. The most commonly used measure of life expectancy is life expectancy at birth.

The data shows that both males and females in Reading are living for longer and longer. The average life expectancy at birth in Reading is 78 years for males and 83 years for females. Between the period 2000–2002 and 2010-2012 life expectancy at birth (males) in Reading has risen from 75.9 to 78.4. Between the same period life expectancy at birth (females) in Reading has risen from 81.1 to 82.7

Although life expectancy in Reading is increasing along with the increase nationally, this increase has not been as dramatic as in other areas across the country. Females in Reading, on average, live as long as females nationally. Men in Reading are expected to live less long on average as men nationally.

The Marmot Review of health inequalities demonstrates very clearly the relationship between social circumstances and health. There is a considerable and significant difference in life expectancy between people living in the richest and poorest

neighborhoods nationally. Variations can also be seen locally across the Borough. Life expectancy is 9.2 years lower for men and 6.3 years lower for women in the most deprived areas of Reading than in the least deprived areas.”

In response to a supplementary question from Tom Lake about regional differences in life expectancy, the Chair explained that he did not have this information, but that the Public Health team could be asked to provide this information.

Resolved - That the Public Health team collate information on life expectancy in Reading in comparison with national figures and with other similar comparator areas and this information be circulated to members of the Health and Wellbeing Board and Tom Lake.

3. ROYAL BERKSHIRE NHS FOUNDATION TRUST CQC IMPROVEMENT PLAN

Tricia Pease submitted a report on progress against the Royal Berkshire NHS Foundation Trust’s Care Quality Commission (CQC) Improvement Plan in response to the findings following a CQC Inspection in March 2014.

The report explained that, following the CQC formal inspection on 24-26 March 2014, the Trust had been awarded an overall rating of ‘Requires Improvement’. It gave further details of the ratings for each CQC domain (Effective and Caring both “good” and Safe, Responsive and Well-led all “requires improvement”) and noted that two individual specialties (Critical Care and End of Life Care) had been awarded an “outstanding” rating. The report findings had included 13 required actions for the Trust and a further 14 suggested actions. These had been amalgamated into seven ‘Compliance Actions’ (regulatory legal actions that confirmed the essential standards the Trust had to meet through delivery of the action plan).

Following the inspection, the Trust had developed a detailed CQC Improvement Plan in response to the findings. Progress had been made against each of the key actions and the report summarised the current situation; some areas were progressing more quickly than others due to the nature and scale of improvement required.

The Trust had implemented an internal review process to test that actions taken had been embedded throughout the organisation and that there was evidence of improvement to provide assurance. The Trust was also working in collaboration with Bournemouth NHS Foundation Trust to set up an external Peer Review arrangement.

David Shepherd said that he had seen the Action Plan at another meeting and that there were few actions rated “green” for progress, but lots rated “amber”. He noted that it was important for there to be deadlines against actions so that progress could be monitored effectively. Tricia Pease said that the actions still rated “amber” were mostly where actions had been taken but these had not yet been tested and so, to avoid complacency, they had not yet been marked green. She explained that the detailed Improvement Plan could be shared with the Board, and that there was also an even more detailed plan in use internally by the Trust.

Councillor Lovelock noted that the report stated that, in the compliance action key area of “Risks of receiving care and treatment/assessment of need” under cancelled/re-scheduled appointments, the Trust was currently at 11% against a target of 9% by May 2015. She queried what the percentage had been at the time of inspection. Tricia said that she would take this question back to her colleagues.

Resolved - That a further report presenting the detailed CQC Improvement Plan and progress against it, and addressing the query above, be submitted to the next Board meeting.

4. GENERAL PRACTICE CQC (CARE QUALITY COMMISSION) REPORTS

Jan Fowler submitted a report by the Contract Manager at NHS England on the first three published results of ten Care Quality Commission (CQC) visits to GP Practices in North & West Reading which had been carried out during November 2014. Copies of the CQC reports for the following practices, which had been published on 22 January 2015, were appended to the report:

- Western Elms Surgery - Rating “Good”
- Peppard Road Surgery - Rating “Requires Improvement”
- Priory Avenue Surgery - Rating “Inadequate”

The report explained that where the CQC identified areas requiring improvement, the practice had to produce and implement an action plan.

The report stated that the Inspection report on Priory Avenue Surgery had concluded that the practice should be placed in ‘special measures’ for six months as of 22 January 2015. The practice would have a short period of time in which to improve on all of the recommendations made in the report in order to bring the working of the practice up to standard. Additional support for the practice would come from the Royal College of GPs in the form of a package part-funded by the practice and part-funded by NHS England, specifically designed to help practices that had been placed in special measures following CQC inspections, and tailored to the individual practice and its development needs. They would assist with the development of the action plan required by the CQC as part of the work. That plan was currently being finalised.

Jan Fowler explained that a number of the issues identified in the CQC report had already been known to the CCGs and NHS England, who had been working with the practice on how to make improvements, and the CQC-required improvements were now being amalgamated with the existing improvement work. She said that, although this was obviously a worrying issue for patients and the local population, there was no evidence of a direct risk to patients and there would be continued access to the GP service at the practice. She said that an update report could be brought to the next meeting giving more details of the improvements made.

The meeting considered the report and the points made included:

- The report for Western Elms Surgery was very good and it was expected that the CQC reports for other GP practices in North & West Reading were also likely to be good;
- There was concern locally about the long-term availability of GPs and therefore the viability of GP practices, as many local GPs were reaching retirement age and there was a national problem with GP recruitment and retention;
- Jan reported that Health Education England Thames Valley was doing work on GP recruitment and retention and that information could be provided on this work;

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- Cathy Winfield said that the CCGs had been looking at GP practices and had done a risk audit of GP practices, as well as having a programme of practice visits. Information from the risk audit (minus any commercially sensitive information) could be shared with the Board. She also reported that the CCGs were working with the University of Reading on a Physician Associates Programme and that this would hopefully provide 15 Associates after the two year training course, which would start in September 2015 (Physician Associates supported doctors in the diagnosis and management of patients);
- Once improvements had been made at a practice, it would be important that processes were put in place to ensure the service remained sustainably safe, once the initial support had been removed;
- Cathy Winfield explained that the four CCGs in Berkshire West were working with the Council of Practices on developing a strategy for Primary Care, and an update on this work could be provided for the next Board meeting, although the full strategy was unlikely to be finalised by that time. The Health & Wellbeing Boards had a standing invitation to sit on this shadow Joint Commissioning Committee for Primary Care and David Shepherd was already involved on behalf of Healthwatch;
- David Shepherd expressed concern that Healthwatch and the Priory Avenue Surgery Patient Participation Group had not known early enough about the issues at the surgery. It was suggested that the Chair of the Priory Avenue Surgery Patient Participation Group could take a more formal role in the meeting when the next report came to the Board;
- It was noted that it was important that lessons were learned about how problems could be identified early so that action could be taken and support given as soon as possible;
- It was noted that NHS England monitored patient registration numbers and that they were currently working with practices near Priory Avenue Surgery to monitor the impact on them of the problems at Priory Avenue Surgery.

Resolved -

- (1) That the report and position be noted;
- (2) That a report or reports be submitted to the next meeting to cover the following matters:
 - (a) an update on the improvements made at the Priory Avenue Surgery and on lessons learned, including how patients could be better updated and involved;
 - (b) any available intelligence on the quality and viability of the primary care sector in Reading;
 - (c) the work on GP recruitment and retention by Health Education Thames Valley;

- (d) an update on the work on the Primary Care Strategy by the shadow Berkshire West Joint Commissioning Committee for Primary Care.

5. NHS FIVE YEAR FORWARD VIEW

Cathy Winfield submitted an NHS Five Year Forward View document that had been published in October 2014, which set out why and how the health service needed to change, arguing for a more engaged relationship with patients, carers and citizens so that wellbeing could be promoted and ill-health prevented.

The document gave details of the need for a radical upgrade in prevention and public health, for patients to have greater control of their own care, including the option of shared personal budgets combining health and social care, and for steps to be taken to break down barriers in how care was provided.

It set out details of the principal additional models of care above the status quo that the NHS would be promoting in England over the next five years. These included:

- Multispecialty Community Providers (MCPs)
- Primary and Acute Care Systems (PACS) - at their most radical, similar to the Accountable Care Organisations (ACOs) emerging in other countries
- Urgent and Emergency Care Networks
- Viable Smaller Hospitals
- Specialised Care
- Modern Maternity Services
- Enhanced Health in Care Homes

Cathy Winfield advised that partners across Berkshire West had agreed to work on an exemplar patient cohort to develop thinking about new models of care. It was intended to return to the work done previously on the frail elderly pathway and look, working with the Kings Fund, at how different sorts of contract and different models of care could be developed, taking a patient-centred approach. Once this work had been developed into a proposal, it could be brought back for wider consideration, with the aim of implementing the new model for the frail elderly by April 2016 and learning from that project.

She also reported that a successful bid had been made to secure funding for 30 days of enabler input from the System Leadership Local Vision funding programme to work across the health and social care system, and work was in progress looking at tackling cultural issues across the system.

Resolved - That the document and position be noted.

6. BERKSHIRE CAMHS (CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES)

Gabrielle Alford gave a verbal report on the current situation with regard to CAMHS (Children & Adolescent Mental Health Services), saying that she would bring a formal report to the next meeting.

She explained that CAMHS were a high priority and there was national recognition that there were ingrained problems with the commissioning of CAMHS.

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A comprehensive review of the Berkshire CAMHS had been carried out in 2014, engaging children and young people, parents, carers, GPs and others. The results of this review, which had been published on the CCGs websites, had included a number of recommendations. Partners across the health and social care system were working together and looking at how best to implement these recommendations.

She gave details of some of the work being carried out and progress made to date, including:

- Looking at additional funding for CAMHS, system resilience and weekend CAMHS
- Looking at a business case to further reduce waiting lists
- Looking at the CAMHS care pathway
- Investigating school-based management of ADHD
- Reviewing counselling
- Investigating use of digital communication such as “apps” on self-harm, anxiety and depression
- Work with specialist commissioners around Tier 4 work, as part of a wider Crisis Concordat
- Work with Reading Borough Council looking at an Emotional Health & Wellbeing Strategy, including training opportunities for non-mental health commissioners
- Investigation of co-commissioning opportunities
- Looking at the workforce and use of digital technology, eg online counselling

Councillor Gavin reported that the Reading Youth Cabinet had carried out a survey of young people in schools on Mental Health, which had identified gaps in the system. She noted that there had been a clear view expressed that young people were not interested in digital “apps” when in crisis; they felt that digital communication was good for obtaining information, but that when they had problems, they wanted to talk to people they trusted.

Resolved -

- (1) That the position be noted and Gabrielle Alford bring a formal report on CAMHS to the next meeting;
- (2) That Gabrielle Alford be given a copy of the report of the Youth Cabinet Survey on Mental Health.

7. BEAT THE STREET READING 2014

Lise Llewellyn and Vanessa Reynolds submitted a report giving feedback on the Reading Beat the Street (BTS) Reading 2014 Walking Challenge programme and setting out proposals to deliver Beat the Street in 2015 across Reading. The report had appended a summary report on the 2014 Beat the Street programme.

The report explained that BTS 2014 had been commissioned by the North & West and South Reading CCGs, supported by Reading Borough Council Public Health and Transport teams, to increase physical activity levels and support sustainable travel, with independent evaluation funded by Public Health. The 2014 project had been developed based on the positive reception of the 2013 Caversham Beat the Street project, funded by Reading Borough Council Transport service grant.

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BTS had been carried out by Intelligent Health, a company which focused on promoting physical activity to improve health outcomes. Intelligent Health's Beat the Street community initiative was designed to inspire people to walk more. People scanned a card or key fob onto 'Beat Box' scanners located around the community in order to indicate that they had walked between the boxes, earning points that added up to win prizes for their team or school.

The report stated that 15,074 people had taken part in Beat the Street 2014 and headline independent evaluation results after three months had shown:

- An 18% increase in people categorised as inactive to active (from 35-53% in Reading). This change was statistically significant.
- 12% of survey respondents had a long-term condition such as COPD, arthritis or diabetes.
- 82% said that Beat the Street helped them feel more active.
- 73% said they felt healthier.
- 78% of people said Beat the Street helped them to walk more than usual.
- 76% of people said they would try to continue the changes after the competition ended.
- The main reason given for taking part was 'having fun'.
- Many people reported that Beat the Street got them out of their cars for shorter journeys.

The report proposed holding an eight week Beat the Street competition for Reading in 2015, which would build on the project outcomes from 2014. Lessons learned from previous Beat the Street projects would be applied, including an enhanced user experience, updated website and more opportunities to play by providing beat boxes in more areas. The project would retain a clear focus on narrowing the health gap - targeting people with long term conditions and those who were least active. Public Health would work in partnership with the CCGs to ensure clear links between Beat the Street and other Council programmes around workplace, sports and leisure and school travel initiatives, including the Reading schools expansion programme, and ensure strong linkages with the Council's Health Walks Programme Lead.

The report stated that, following CCG Board meetings in January 2015, the CCGs had both confirmed their interest in running Beat the Street again in 2015 and proposed to invest £70K each in Beat the Street for 2015 via their QIPP procedure, as it was felt that the project continued to represent worthwhile use of the QIPP budget. It was proposed that Public Health funding of up to £70K was also made available to enable joint and overall resourcing and delivery of the programme in 2015.

Resolved -

- (1) That the background to the Beat the Street walking initiatives and the feedback and evaluation results for the 2014 Beat the Street project be noted;
- (2) That the delivery of Reading Beat the Street in 2015 be supported.

8. UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES

Further to Minute 52 of the meeting held on 21 March 2014, Andy Fitton submitted a report giving a further update on the work of the sub-group set up to progress

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opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families. A revised Action Plan agreed by the sub-group in September 2014 was attached at Appendix A.

The report stated that the sub-group had reviewed, revised and streamlined its Action Plan, which now had three key themes. It set out key achievements to date and work agreed to make further progress, against the following key themes, as well as areas of work where longer-term input was required:

1. Improved access and knowledge of family services (across both Health and Reading Borough Council)
2. Education Opportunities and Support for Families
3. Increasing our quality and impact in specific areas (supporting breastfeeding/ uptake of immunisations/ reducing Post Natal Depression (PND)/ reducing obesity)

The report stated that funding had been secured from Public Health and South Reading CCG to fund a joint project manager for a year, anticipated to start in post in March/April 2015, to focus on accelerating progress in the education support to early years parents, improving early identification and help in mental health support to women and staff during pregnancy and into the first two years after the child's birth.

Councillor Gavin reported at the meeting that a new project had been launched on 29 January 2015 in Reading, the Oxford Parent Infant Project, offering support to parents where they struggled to form a bond with their infant, and that this project would be working out of three of Reading's Children's Centres.

Resolved -

- (1) That the progress made to date be noted and the further development of the work, as set out in the report, be supported;
- (2) That the sub-group continue to meet quarterly to maintain oversight of ongoing progress against the Action Plan;
- (3) That a further progress report be submitted to the Board in six months' time.

9. CHILD SEXUAL EXPLOITATION STRATEGY 2014-17

Frances Gosling-Thomas submitted a report presenting a Child Sexual Exploitation (CSE) Strategy which had been agreed by the Reading Local Safeguarding Children Board. The CSE strategy set out the partnership intent to improve the delivery of services to prevent children becoming at risk of CSE, protect children who were at risk or were victims, pursue and disrupt the activity of individuals and or groups of perpetrators and help victims and their families to recover from the abuse.

The report explained that the actions contained within the strategy would be developed into a detailed action plan/project plan to be monitored by the CSE & Children Gone Missing Steering Group which reported to the Reading Local Safeguarding Children Board. The strategy was intended to improve service delivery, reduce the risks associated with CSE and improve outcomes for children.

The report noted that achieving the action plan would be stretching and would require all partners to align and commit time and resources to ensure the outcomes were achieved at pace. It stated that the actions built on the successful foundations that were in place but were nonetheless ambitious and would have resource implications. The size and scale of CSE in Reading was not yet fully understood and only once this was quantified would it be possible to understand fully the resource implications that were required to deliver the ambitions of the strategy in their entirety.

Avril Wilson said that it was hoped to put in place a coordinator to drive the CSE Strategy work and that discussions with partners would be needed about resourcing this post.

Resolved - That the Child Sexual Exploitation Strategy and the requirement for an action plan to deliver it be noted.

10 TACKLING POVERTY IN READING STRATEGY & NEEDS ANALYSIS

Clare Muir submitted a report presenting the Tackling Poverty in Reading Strategy, Action Plan and Needs Analysis. The strategy and action plan were attached to the report at Appendix 1, and the needs analysis at Appendix 2.

The strategy and action plan had been developed with partners through the Tackling Poverty Delivery Partnership and had been agreed at the Policy Committee on 1 December 2014.

The strategy had four aims: improving life chances; supporting those who could not work or were on low incomes; increasing employability/addressing low income; and creating Sustainable Communities. These aims were pursued through six themes: Advice on Tax credits and Entitlements, Affordable Credit, Support into Work, Best start in life, In work poverty and Affording Basic Needs. A further four cross-cutting themes ran throughout the strategy: Disabled People, Older People, Tackling Poverty in a Multicultural Community and Health and Wellbeing.

The report explained that the Board had agreed to be the lead on the Health & Wellbeing theme in the strategy. It noted that there was health-specific data on poverty in the needs analysis and gave details of the health-specific aspects of the strategy and proposed that these be included in the Health & Wellbeing Strategy Action Plan and the Joint Strategic Needs Assessment.

Resolved -

- (1) That the report be noted;
- (2) That the health aspects of the Tackling Poverty in Reading Needs Analysis and Action Plan be included in the Health & Wellbeing Strategy Action Plan and the Joint Strategic Needs Assessment.

11. UPDATE ON FEMALE GENITAL MUTILATION

Suzanne Westhead submitted a report giving an update on the current position in Reading in relation to Female Genital Mutilation (FGM), as a result of a request from

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the Thames Valley Police and Crime Panel to the Chair of the Board to have a regular overview item on the Board's agenda for FGM. The report had appended:

- Appendix 1 - a map of known countries where FGM was practised
- Appendix 2 - the action plan from an intercollegiate report "Tackling FGM in the UK"

The report explained that, in February 2014, the Designated Nurse Safeguarding for the four CCGs in Berkshire West had brought to the attention of the Local Safeguarding Children Boards (LSCBs) an intercollegiate report published by the Royal College of Midwives (RCM) entitled 'Tackling FGM in the UK'. The Chair of the LSCBs had requested that a task and finish group be formed to review the report with reference to the three Councils across Berkshire West.

The aim of the group had been to scope local statutory responses to FGM and to develop recommendations for action based upon policy recommendations from the RCM document. The action plan contained in the intercollegiate document had been used as a starting point to review the local response to FGM and in developing a robust multi-agency and community approach to safeguarding children at risk of FGM across Berkshire West.

The report gave details of the local prevalence of FGM, the findings of the task and finish group, actions taken to date and recommendations made to the Children's and Adult Safeguarding Boards in respect of FGM. It stated that the recommendations would form the basis of an action plan to be drawn up by the two Boards.

This plan would be scrutinised by the Health and Wellbeing Board in its quality assurance role. The action plan would also be open to scrutiny by the Council's Adult Social Care, Children's Services and Education Committee (ACE) which led on health scrutiny for the Council.

David Shepherd reported at the meeting that Healthwatch were also finalising a report on Female Genital Mutilation.

Resolved -

- (1) That the report be noted;
- (2) That it be noted that the Children's Safeguarding Board and the Adult Safeguarding Board would develop an action plan to proactively address FGM in Reading and the Health and Wellbeing Board would have an overview of the action plan;
- (3) That the Board receive an annual overview of the Female Genital Mutilation issues in Reading to help tackle FGM.

12. PROTOCOL AGREEMENT BETWEEN READING HEALTH & WELLBEING BOARD AND WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB)

Suzanne Westhead submitted a report which presented a Protocol Agreement that set out the expectations of the relationship and working arrangements between Reading Health and Wellbeing Board (HWB) and the West of Berkshire Safeguarding Adults

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Partnership Board (SAPB). The report sought the HWB's endorsement of the Protocol, which had already been agreed by the SAPB.

The report set out the shared principles for the working protocol, explaining that the protocol listed the key responsibilities of each board and how each one should interact with the other. The protocol detailed the key lines of communication between the boards and described the interconnectedness of senior management representation on each board, which ensured the partnerships were made aware of key topics for discussion/concern. It also described the route by which concerns highlighted by one board could be raised with the other board.

Resolved - That the protocol agreement between the Health & Wellbeing Board and the Safeguarding Adults Partnership Board be agreed.

13. FINAL PHARMACEUTICAL NEEDS ASSESSMENT

Further to Minute 9 of the last meeting, Lise Llewellyn submitted the final Pharmaceutical Needs Assessment (PNA) for the Reading Borough Council area for 2014, for approval and publication following consultation. Detailed consultation responses were set out in Appendix 1 to the report and the final PNA was attached at Appendix 2.

The report explained that the PNA would be used by the NHS to commission pharmaceutical services in Berkshire. It would also be used by the Public Health team in Reading to commission local services.

The report gave details of the consultation on the draft PNA, which had finished on 16 December 2014, summarised the key issues identified from the consultation and had appended the detailed consultation responses. It stated that the PNA had been amended and was now presented for final approval and publication.

Resolved -

- (1) That the final Pharmaceutical Needs Assessment be approved for publication;
- (2) That the team involved in drafting the PNA be thanked for their hard work.

(Rod Smith declared an interest in this item and took no part in the debate or decision. Nature of interest: Rod Smith was a shareholder in a Pharmacy in Caversham.)

14. DATE AND TIME OF NEXT MEETING

Resolved -

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 17 April 2015.

(The meeting started at 2.00pm and closed at 4.33pm)