

READING HEALTH & WELLBEING BOARD MINUTES - 21 JUNE 2013

Present:

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

Also in attendance:

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| Sarah Gee | Head of Housing, Neighbourhoods & Community Services, RBC |
| Zoë Hanim | Head of Policy, Performance & Community, RBC |
| Tom Lake | South Reading Patient Voice |
| Maureen McCartney | Operations Director, North & West Reading CCG |
| Eleanor Mitchell | Director of Operations, South Reading CCG |
| Asmat Nisa | Consultant in Public Health, RBC |
| Councillor Rye | RBC |
| Nicky Simpson | Committee Services, RBC |
| Jonathan Smith | Head of Public Health Commissioning, Thames Valley Area Team, NHS England |
| Councillor Stanford-Beale | RBC |
| Councillor Tickner | RBC |
| Councillor Williams | RBC |
| Cathy Winfield | Chief Officer, Berkshire West CCG Federation |

Apologies:

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| Stephen Barber | Independent Chair, Reading Local Safeguarding Children Board |
| Helen Clanchy | Director of Commissioning, Thames Valley Area Team, NHS England |
| Rob Poole | Head of Finance & Resources, Housing & Community Care, RBC |

1. MINUTES

The Minutes of the Shadow Health & Wellbeing Board meeting held on 15 March 2013 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

(a) Male Abdominal Aortic Aneurysm Screening

"The aorta is the major artery carrying blood to the trunk and legs. In some cases the walls of the aorta are weakened leading to a widening or ballooning of the aorta

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(aneurysm). In severe cases this can lead to rupture which is extremely dangerous. The condition is more prevalent in males than in females.

An estimated 7 deaths per year might be saved by screening Reading's male population.

There is a national screening programme for men at age 65 (with self-referral for older men who have not yet been screened) with national funding for 2013/14. The Thames Valley programme is organised from Oxford by project manager Porvee Patel. The project has been running for some time outside Reading but as of writing not yet in Reading. The project manager proposes a centre at University Medical Centre in Northcourt Avenue.

Is HWB satisfied that this is adequate and convenient for all Reading residents? Will there be a public health campaign to encourage older men to self-refer?"

REPLY by the Lead Councillor for Health (Councillor Hoskin) on behalf of the Chair of the Health & Wellbeing Board (Councillor Lovelock):

"Thank you for your question on the Abdominal Aortic Aneurysm screening programme (AAA screening). AAA screening is a Thames Valley wide programme and as you have pointed out is run from Oxford. Since the reorganisation of the NHS in April 2013 the commissioning of the programme has been taken over by NHS England Thames Valley Area Team.

The AAA screening programme in the Thames Valley was due to go live on 1st of April 2012 but this was delayed until November 2012 and was working below full capacity for the first few months. I understand this to be the result of the requirements of staff training and the Christmas holiday and poor weather conditions lowering attendance rates.

The programme would normally invite men for screening within the year (April-March) in which their 65th birthday falls. However, because of the delay in the programme starting in the Thames Valley it was agreed with the national programme team that men with their 65th birthday in the period 1st April 2013 to 31st March 2014 would be invited between the programme go live date in November 2012 and 31st March 2014; in effect screening a one year cohort over a 17 month period on this occasion. Therefore this would mean that some men in the Thames Valley would be invited slightly earlier than usual.

I have been informed that the delays to the programme roll out in Berkshire and Reading in particular are mainly due to challenges with identifying suitable screening venues. (In North and West Reading 92.52% and in South Reading 99.34% of eligible patients still remain to be screened).

The University Medical Centre was considered as a venue as you have highlighted in your question, however this did not come to fruition. Two other venues have now been identified. One is at Shinfield/South Reading Surgery and the other is very central at Reading Walk-in-Health Centre in Broad Street Mall.

Initially eligible men registered with those two practices will be invited for screening and then this will be broadened out to men registered with other surgeries. Each

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venue has agreed to host a clinic once a month until the year end and screening will start in early June.

The Thames Valley Area Team will be supporting the programme manager in identifying further suitable venues in other parts of Reading and are committed to commissioning an equitable screening programme to ensure all eligible men have the opportunity to take up the offer of screening at an accessible location.

Although the implementation of this national screening programme has been slower to start in Reading, the programme will be focusing its resources on Berkshire in the coming months and the programme manager is confident that the cohort will be screened on time before the end of March 2014.

To answer your question regarding any plans for a Public health campaign to encourage older men to self-refer - there are no such campaigns planned. The reasons for this are because the programme is new and the priority will be to *invite* the current eligible cohort and to get the programme established. If a promotional campaign were to be run at this early stage there would be a risk of overloading the programme with self-referrals when it is just in the early stages of becoming established. However, if a man over 65 contacted the programme he would not be turned away - he would be offered screening.

The Health and Well-being Board are committed to ensuring all early intervention and prevention opportunities through national screening programmes such as this one are performing well in Reading and will be monitoring the on going progress and developments of this programme of work through regular updates from the NHS England Thames Valley Screening and Immunisation team."

(b) Child Obesity

"Reducing the impact of child obesity is a specific plan objective in South Reading.

Berkshire NHS Public Health have devised a programme to be delivered in Primary Schools for ages 7-12 to increase activity, improve diet and understanding of these matters for the child and their family. This is the "Let's Get Going" programme.

The programme has so far been delivered three or four times at particular schools, reportedly with good results. It is delivered in conjunction with Berkshire Youth.

Delivery of this or similar projects involves cooperation between Public Health, CCGs and schools as well as other partners, so HWB is well-placed to guide delivery.

Has the HWB got a mechanism for assessing the early results, and the need across all primary schools in Reading? Has it a way of developing a programme commensurate with need? Will HWB be looking at this particular programme over the coming year?"

REPLY by the Lead Councillor for Health (Councillor Hoskin) on behalf of the Chair of the Health & Wellbeing Board (Councillor Lovelock):

"Thank you for your question on the Let's Get Going programme.

Let's Get Going is an 8 week, school based, healthy lifestyle programme for primary school children. The aim of the programme is to improve health, wellbeing and the

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quality of life of children aged 7-11 years to enable them to be more physically active and eat a healthier diet.

Let's Get Going is a Berkshire West programme operating across Reading, West Berkshire and Wokingham. Since the re-organisation of the NHS in April 2013 the commissioning of the programme has been taken over by Local Authorities with associated funding sitting within the transferred public health budget.

The Reading Health and Wellbeing Board are currently developing an action plan to support the delivery of the key goals set out in the Health and Wellbeing Strategy. Implementation of Let's Get Going is included within the draft action plan. Monitoring progress against activities and programmes of work included within the action plan, including Let's Get Going, will be a key mechanism by which the Board will receive information on progress and outcomes. The action plan will be a standing item on Board agendas.

On the specific question of assessing early results for Let's Get Going, an independent evaluation of the Let's Get Going pilot undertaken with Geoffrey Field School was undertaken in 2012 and which showed a number of positive findings, and I have made a copy of the summary evaluation report available for you.

In relation to Let's Get Going programme developments for 2013/14, throughout the coming year the programme will be delivered by Berkshire Youth, a voluntary sector organisation. Work is in train with the provider across Berkshire West around developing a specification for activities across the year.

As you have rightly pointed out, it is important that programme developments are commensurate to and with need. Public Health will be leading the development of a Reading obesity strategy and action plan over the forthcoming months and this will be an important piece of work to inform future developments. Work will include, in liaison and partnership with guidance from Public Health England and local stakeholders, reviewing the evidence base and best practice; organising a partnership stakeholder event to inform the process of developing the strategy and action plan and scoping out the existing services commissioned across Reading that would translate as "assets" in such a strategy. Outputs will be used to develop recommendations to inform commissioning plans and intentions to address current needs and gaps in early intervention/prevention provision around obesity.

The refresh of the Joint Strategic Needs Assessment for 2013/14 will provide a further opportunity to bring together the latest data and intelligence on health and wellbeing needs for the Reading population, information from which will be also be used to inform future programme developments.

The Health and Well-being Board are committed to ensuring all programmes of work which promote healthy lifestyle and which can reduce the impact of childhood obesity are performing well in Reading and will be monitoring the on going progress and developments of this programme of work via the Health and Wellbeing action plan and through updates from Public Health as required."

3. HEALTH & WELLBEING BOARD - TERMS OF REFERENCE AND OPERATIONAL ARRANGEMENTS

Further to Minute 7 of the meeting of the Shadow Health & Wellbeing Board held on 15 March 2013, Zoë Hanim submitted for final approval the latest updated version of the terms of reference and operational arrangements for the Health & Wellbeing Board. The document explained that the HWB was now set up under the Health & Social Care Act 2012 and, under Section 194 (11) of the Act, the Board had to be treated as a committee, subject to Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4 of the Council's Constitution. It gave details of the Board's profile, and had appended the powers and duties of the Board, as agreed at the Council AGM on 22 May 2013 and set out in Article 8 of the Constitution.

It was reported that the NHS Commissioning Board had now changed its name to NHS England and that any references to Commissioning Consortia should now refer to Clinical Commissioning Groups.

AGREED: That the Terms of Reference and operational arrangements for the Health & Wellbeing Board be agreed, subject to appropriate amendments to update names as set out above.

4. NEW HEALTH STRUCTURE

Asmat Nisa submitted a report setting out the basis of the new health structure following the implementation of the Health & Social Care Act 2012, and an overview of the key health organisations and their new responsibilities.

Appendix 1 to the report listed the key health organisations and described their responsibilities, and Appendix 2 contained a diagram showing the new key organisations.

It was noted that the information provided was useful for those involved in health, but it was suggested that it needed to be translated into accessible language for use by the public and community groups.

Avril Wilson said that a report was being submitted to the Adult Social Care, Children's Services & Education Committee on 1 July 2013 on a new Special Educational Needs (SEN) Strategy. From September 2014 "statements" were due to be replaced with a single common Health, Education and Social Care plan for the most vulnerable children. There was pan-Berkshire work in progress to prepare for the change and a wide consultation process was planned for July-October 2013, leading to preparation of a finalised SEN strategy and action plan. It was suggested that the Board should be a formal consultee on these new arrangements.

AGREED:

- (1) That the report be noted and further work be done on how best to provide information on the new health structure for the public and community groups;
- (2) That a report be submitted to the next Board meeting as part of the consultation on the SEN Strategy, particularly in relation to the new arrangements for Health, Education and Social Care plans.

5. HEALTH & WELLBEING STRATEGY ACTION PLAN

Asmat Nisa submitted a report on the progress to develop an Action Plan to underpin delivery of the Health & Wellbeing (HWB) Strategy. The report had appended:

- A draft HWB Strategy Action Plan (Appendix 1)
- The outcomes of the HWB Board Workshop held on 12 April 2013 (Appendix 2 - tabled at the meeting)

The report explained that, as the first step in producing the Action Plan, information had been sought on key supporting strategies and programmes of work that would take place in 2013/14 and which directly contributed to the delivery of the agreed HWB Strategy goals and objectives. Information from key external stakeholders, including CCGs, had also been sought, and Asmat gave an update at the meeting on information provided and meetings held, and noted that the CCG plans would need to be aligned with the HWB Strategy.

The action plan was still in development, with the plan capturing existing local authority activity as well as some of the new responsibilities that the council had in relation to its new public health function. Local and pan-Berkshire work was taking place to consolidate understanding of the range of services that were being commissioned and provided and how they related to the plan.

Members of the Board, as well as a range of health professionals and advisory officers, had attended a workshop on 12 April 2013 to explore a partnership approach to shaping what delivery might look like for the objectives within the strategy. Suggestions for high impact and high influence activity, which could contribute to the delivery of the strategy vision and goals, had been identified. A number of the suggestions had been examined in more detail to establish what partnership activity could take place to help contribute to the delivery of the strategy objectives. The outcomes of the workshop were attached at Appendix 2, some of which were already captured within the draft action plan.

The process had highlighted the need for any proposals for new developments which supported improvements in population health and wellbeing to have a clear business case, with identified success measures and robust mechanisms to evaluate performance, to ensure that public resources were allocated appropriately. As the action plan was finalised and an approach developed to dealing with resource requests, a further report would be presented to the Board.

Asmat explained that this was a high level plan, and there would be a monitoring framework developed under the Plan, which would have SMART targets and a Red/Amber/Green (RAG) rating system.

It was noted that the plan referred to outcomes from the Public Health Outcomes Framework, and it was suggested that those from the NHS Outcomes Framework should also be included.

AGREED:

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- (1) That the report be noted and the draft Action Plan be endorsed for further development, subject to inclusion of references to NHS Outcomes Frameworks as well as Public Health Outcomes Frameworks;
- (2) That an update on the development of the Health & Wellbeing Strategy Action Plan be submitted to each Board meeting.

6. PROPOSALS FOR STANDARDISED PACKAGING OF TOBACCO PRODUCTS - UPDATE

Further to Minute 5 of the Shadow HWB Board meeting held on 29 June 2012, Lise Llewellyn submitted a report giving an update on progress on the Department of Health and the Devolved Administrations' national consultation on policy proposals to require cigarette packs and other tobacco packaging to conform to a standardised format.

On 29 June 2012, the shadow Board had endorsed the submission of a response to the consultation in support of plain packaging legislation for tobacco, and Cabinet had also endorsed a supportive letter in response to the consultation at its meeting on 16 July 2012 (Minute 37 refers). The consultation had closed in August 2012.

The report explained that no information had been released summarising the contributions to the consultation or its findings, there had been no mention of tobacco packaging in the Queen's Speech in May 2013 and a BBC interview with the Minister on the day of the speech had confirmed that no decision had yet been taken.

The report stated that, in May 2013, a collaboration of professional bodies including the Royal College of General Practitioners, the Faculty of Public Health and the British Medical Association had written an open letter to the Prime Minister expressing concern over lack of progress, and a copy of the letter was appended to the report.

Councillor Hoskin expressed concern at the lack of progress, and said that he proposed to submit a motion to Council on 25 June 2013, asking the Council to back standardised packaging for tobacco products and ask the Leader and the Managing Director to write to the Prime Minister on this matter, asking for the results of the consultation to be published.

Elizabeth Johnston and Rod Smith expressed their continued support as clinicians for the proposed standardised packaging proposal, and other members of the Board also expressed their support.

AGREED:

- (1) That the report be noted;
- (2) That the Board's support for the introduction of plain packaging legislation for tobacco be reiterated;
- (3) That Councillor Hoskin submit a motion to Council on 25 June 2013 on standardised packaging for tobacco products.

7. PHARMACY ROLE IN HEALTH & WELLBEING

Lise Llewellyn submitted a report on the role of pharmacy in Health & Wellbeing and on work being carried out with pharmacies to improve services in Reading.

The report noted that 99% of the population - even those living in the most deprived areas - could get to a pharmacy within 20 minutes by car and 96% by walking or public transport, so community pharmacy played a key role in delivering main line health services and the new contract which had been developed had tried to develop a wider role for community pharmacies. The report gave details of the contractual arrangements, under which pharmacies provided essential services (such as dispensing and repeat dispensing services, and promotion of healthy lifestyles) and enhanced services (such as emergency contraception services, stop smoking services and minor ailments services). It also listed opportunities for pharmacies to help in health and wellbeing, as part of cross-Berkshire health promotion campaigns, in developing local enhanced services to tackle local issues, and in developing closer links with other services, such as in the care of the frail elderly.

The report explained the HWB Board's responsibilities in relation to the pharmaceutical needs assessment (PNA), checking the suitability of the existing PNA compiled by the PCT, developing a revised PNA by 1 April 2015 and then keeping it up to date. It stated that the Director of Public Health now attended the Local Pharmaceutical Committee, to ensure that existing and opportunities for additional services were taken forward in Berkshire and that local issues were addressed and taken forward for each Unitary Authority.

Lise said that a number of cross-Berkshire health promotion campaigns had recently been agreed, and that she would bring more information on these to the next Board meeting.

AGREED:

- (1) That the report be noted;
- (2) That Lise Llewellyn bring more information on the cross-Berkshire health promotion campaigns to the next meeting.

8. DEMAND & CAPACITY MODELLING

Avril Wilson and Cathy Winfield submitted a joint report on a recent report into demand and capacity within the adult social and health care economy across the west of Berkshire. It also set out some short and medium term actions that would help to manage demand in Accident & Emergency services and unplanned hospital admissions, and gave details of a bid to become a 'pioneer' on an integration programme.

The report explained that local health and social care partners had commissioned some work from Capita looking at demand and capacity within the adult social care and health care economy across the West of Berkshire. The final report by Capita was set out in Appendix A, which had been circulated separately prior to the meeting.

The report set out the trends which the Capita report had identified at local level, although it noted that many of these were not particular to Reading and reflected national stresses in Accident & Emergency (A&E):

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- Increased A&E attendances
- Increased use of Out of Hours provision
- Increased demand for Ambulances
- Pressure on A&E capacity
- Increased demand for non-elective procedures

The report set out the Capita report's conclusions and stated that partner agencies had met at executive level and agreed 17 short and medium term actions to alleviate pressure in the system, details of which were set out in the report.

The report also explained that the Government had published on 13 May 2013 a document which set out an expectation that there would be an integrated health and social care system in every locality by 2018, and that the Government had called for bids to become a 'pioneer' for this new integration work. This did not bring any additional money but would allow the local economy to draw down expert help and advice, such as workforce development and financial modelling. A copy of the letter inviting expressions of interest for health and social care integration 'pioneers' was appended to the report.

The report stated that all partners involved were committed to developing a bid to become a pioneer, but noted the complexity of working across three unitary authorities and their HWB Boards, four CCGs and two provider trusts and the ambulance service and proposed that the bid be coordinated by the Director of Education, Social Services and Housing on behalf of Reading Borough Council, in consultation with the Lead Councillors for Health and Adult Social Care, and the Chief Officer for the four CCGs on behalf of health partners, and that the work be coordinated through the Berkshire West Partnership Board, with regular reports to the HWB Boards.

The bid had to be submitted by the end of June 2013, and the result was expected by the end of September 2013.

AGREED:

- (1) That the results of the report on demand and capacity modelling across the local health and social care economy be noted;
- (2) That the actions already agreed to manage demand pressures within accident and emergency services and the numbers of unplanned admissions into hospital be noted and supported;
- (3) That it be noted and endorsed that the Director of Education, Social Services and Housing on behalf of the Council, in consultation with the Lead Councillors for Health and Adult Social Care, and the Chief Officer for the CCGs on behalf of health partners, would be coordinating a bid to become a pioneer under the newly announced integration agenda;
- (4) That it be noted and endorsed that a range of partner organisations represented on the Health & Wellbeing Board had a key interest in this work and that responsibility for delivery would rest with the Berkshire West Partnership Board;

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- (5) That a further report on the Care Bill and integration agenda be submitted to the Board in due course.

(Councillor Hoskin declared an interest in the above item as he worked for Capita, the company who had written the report.)

9. NORTH & WEST READING CCG - UPDATE REPORT

Rod Smith submitted a report giving an update on the work being carried out by the North & West Reading CCG, covering the following areas:

- Board Meetings in Public
- Launch of NHS 111
- Urgent and Emergency Care (a copy of the A&E Recovery & Improvement Plan was appended to the report)
- Introduction of Risk Stratification
- Health and Social Care Integration Pioneers
- Patient and Public Groups Engagement
- Launch of Health Watch
- Diabetes Care
- Bowel Cancer Screening
- CCG Prospectus
- CCG Website

Rod Smith expressed enthusiasm for the Council's "Beat the Streets" project being carried out in Caversham from June to September 2013, which was designed to encourage and inspire people to walk to school, to work, to the shops and into town rather than take their car, and noted that partners needed to look at how to build on this idea to help improve people's health and wellbeing, for example for diabetics. A workshop was being held on 15 October 2013, and it was requested that a report on the project evaluation and the workshop be submitted to the Board meeting in December 2013.

AGREED:

- (1) That the report be noted;
- (2) That a report on the Beat the Streets project, including a project evaluation and feedback from the October workshop, be requested for the 13 December 2013 Board meeting.

10. SOUTH READING CCG - UPDATE REPORT

Elizabeth Johnston tabled a report giving an update on the work being carried out by the South Reading CCG, covering the following areas:

- Board Meetings in Public
- Launch of NHS 111
- Focus on Children and Families, including:
 - Berkshire Children's Workshop
 - Reading Children & Voluntary Youth Service
- Breastfeeding

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- Health Screening
- Long Term Conditions
- Dementia and Older Peoples Conference
- Chronic Fatigue Syndrome
- CCG Prospectus
- CCG Website

AGREED:

- (1) That the report be noted;
- (2) That further information on the Chronic Fatigue Syndrome project and a condensed version of the write up from the Dementia and Older People's Conference be submitted to the next Board meeting.

11. PROGRESS REPORT ON HEALTHWATCH

David Shepherd submitted a report which gave an update on the work of Healthwatch Reading, which had been launched formally on 17 April 2013. The report covered the following areas:

- Transition to Healthwatch and Healthwatch Launch
- Healthwatch Voices Forum
- Voluntary Sector Commissioning
- Healthwatch Workplan 2013-14
- Patient Participation Groups Project
- Suicide Support Information Booklet
- Home Care Users Research Project

Cathy Winfield noted that one of the Healthwatch projects for 2013-14 was on Accident & Emergency co-design, and she suggested that Healthwatch should have a representative on the Urgent Care Programme Board. David Shepherd said that he would be happy to be Healthwatch's representative on the Board.

AGREED:

- (1) That the report be noted;
- (2) That Maureen McCartney liaise with David Shepherd to arrange for him to be the Healthwatch representative on the Urgent Care Programme Board.

12. JOINT STRATEGIC NEEDS ASSESSMENT VISION FOR REDESIGN

Lise Llewellyn submitted a set of slides giving details of plans for a refresh of the Reading Joint Strategic Needs Assessment (JSNA)

The report explained that the Reading JSNA had been developed in 2011/12 and needed to be refreshed in 2013. The vision was to develop a new style of JSNA that had the ability to:

- be accessible and web-based

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- provide relevant, easy to disseminate data
- "tell the local story"
- use Ward data as a tool to plan for localised services
- provide key stakeholders with data for commissioning intentions

The report set out a proposal for a phased approach to a redesign:

Phase 1 - Develop a web-based JSNA which told the local story with refreshed data and newly-created ward profiles

Phase 2 - Further develop the web-based JSNA to link to key strategies across the Council

Phase 3 - Build on other local information/data to provide details of health and wellbeing inequalities

Phase 4 - Review and update

Phase 1 of the redesign would involve a JSNA workshop on 12 June 2013, development and redesign of the JSNA from July to October 2013, production of a Web JSNA by mid November 2013 and the formal JSNA launch by 1 December 2013. The first draft of the JSNA would be submitted to the 13 December 2013 meeting.

The meeting discussed the proposals, noting that it would be good to make the JSNA more user-friendly, and that there would be information available at different levels and accessible by different themes such as wards or life stages, for use by all, from members of the public to health professionals, and also possibly a password-protected area for commissioners. Councillors expressed interest in also being able to see sub-ward level data, to be able to identify very local health inequalities.

AGREED: That the proposed phased approach to redesigning the JSNA be endorsed.

13. DELIVERY OF THE WINTERBOURNE VIEW CONCORDAT AND REVIEW COMMITMENTS

Avril Wilson submitted for information a copy of a letter from the Minister of State for Care and Support setting out the role that Health and Wellbeing Boards could play in delivering the commitments made in the Winterbourne View Concordat - a commitment by over 50 organisations to reform how care was provided to people with learning disabilities or autism who also had mental health conditions or challenging behaviours.

She also gave a verbal update at the meeting, reporting that the Council were completing an audit for submission to the Department of Health in early July 2013. This had identified that five people locally from this group were in inpatient placements. All had had recent care reviews and officers were satisfied that the quality of care that they were receiving was satisfactory. Further work would be carried out on developing a joint health and social care commissioning strategy for challenging behaviour and reports would be submitted to the HWB Board as appropriate.

AGREED: That the report and the position be noted.

14. BRINGFORWARD LIST

The Board considered a bringforward list of items for future meetings.

Further to Minute 2(a) above, it was reported that there were currently no facilities in the North & West Reading CCG area for Male Abdominal Aortic Aneurysm (AAA) Screening but discussions were being held about possible screening venues. It was reported that the University Health Centre was still a possible screening venue. It was suggested that an update on AAA screening be requested for the next meeting.

It was reported that a draft Early Help Strategy had been developed and was about to be submitted to the Adult Social Care, Children's Services & Education Committee on 1 July 2013 for approval to go out to wider consultation, and it was suggested that the Board should consider the strategy at its next meeting as part of the consultation, with the strategy being sent out in advance to give more time for its consideration.

It was suggested that a report on Joint Working in Children's Centres should be submitted to the next meeting.

AGREED:

- (1) That the bringforward list be noted and updated as necessary with the decisions made at this meeting;
- (2) That an update on AAA screening be requested for the next meeting;
- (3) That the draft Early Help Strategy be submitted to the next meeting, and be circulated in advance to allow more time for its consideration;
- (4) That a report on Joint Working in Children's Centres be submitted to the next meeting.

15. DATE AND TIME OF NEXT MEETING

AGREED:

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 20 September 2013.

(The meeting started at 2.00pm and closed at 3.40pm)