

READING HEALTH & WELLBEING BOARD MINUTES – 19 JANUARY 2024

Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Tehmeena Ajmal	Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust (BHFT)
John Ashton	Interim Director of Public Health for Reading and West Berkshire
Sarah Deason	Healthwatch Reading
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Tim Readings	Group Manager: Community Risk Management Planning and Projects, Royal Berkshire Fire and Rescue Service (RBFRS)
Rachel Spencer	Chief Executive, Reading Voluntary Action
Sarah Webster	Executive Director for Berkshire West Place, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC

Also in attendance:

Lyn Bushell	Communications & Engagement Lead, Building Berkshire Together, Royal Berkshire NHS Foundation Trust
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
David Goosey	Independent Scrutineer and Chair, Berks West Safeguarding Children Partnership
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Bev Nicholson	Integration Programme Manager, RBC
Amanda Nyeke	Public Health & Wellbeing Manager, RBC
Andy Statham	Director of Strategy Transformation and Partnerships, RBFT
Martin White	Consultant in Public Health, RBC
Alex Wylde	Policy & Performance Manager, RBC

Apologies:

Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Steve Leonard	West Hub Group Manager, Royal Berkshire Fire & Rescue Service
Nicky Lloyd	Chief Finance Officer, RBFT
Jill Marston	Senior Policy Officer, RBC
Gail Muirhead	Prevention Manager, RBFRS
Katie Prichard-Thomas	Chief Nursing Officer, RBFT

27. MINUTES

The Minutes of the meeting held on 6 October 2023 were confirmed as a correct record and signed by the Chair.

28. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following question by David Maynerd was answered in writing:

a) Regulation of Hairdressers:

Why is it that Hairdressers are unregulated?

When, if hairdressers don't sterilize their equipment carefully after each use, dangerous scalp conditions can be passed on to the next customer. I have noticed over several years that my scalp seems to be sensitive and after a visit to the hairdresser I will nearly always get an itchy scalp, this turns to scabs forming on my scalp and when scratched cause small open wounds. These generally clear up in 6 to 8 weeks with daily use of Head and shoulders shampoo. But the cycle is repeated after my next haircut. Recently I discussed this with my hairdresser and he very kindly started cleaning and disinfecting all his tools before starting to cut my hair. This has drastically reduced the incidence of my problem. But a few months ago we were chatting I noticed that he had not remembered to clean all the his tools and after that visit almost immediately I had an itchy scalp and 3 or 4 bad sores developed. A few days ago I went back and mentioned that last visit and he carefully cleaned all his tools before starting and a few days later my scalp seems fine. I think most mens hairdressers just leave their combs in some disinfectant over night but this is not good enough. If a customer suffers from Dandruff, Psoriasis, eczema and many other hair problems they can easily pass this condition to the next customers through combs, electric cutters, scissors etc. not being sterilised before the next customer. Of course it may not be practical to soak all tools each time but they could be rinsed and sprayed each time ... it only takes a minute and or they can have two sets of combs etc one sterilising and one in use. As I understand it, talking to a new hairdresser in Brecon recently, a town I often visit, anyone can start a hairdressing business and there are no checks or qualifications asked for or made. If this is true, this is a dangerous health loophole which could easily be addressed.

REPLY by the Chair of the Health and Wellbeing Board (Councillor McEwan):

It is a requirement for hairdressers and barbers to register with Reading Borough Council's Environmental Health team who will monitor businesses to ensure that they achieve a standard of health and safety practice that minimises risk to their customers.

Hairdressers and Barbers must demonstrate compliance in the following two areas:

1. Maintain a clean and hygienic environment.
2. Decontaminate equipment appropriately.

The Hair and Beauty Industry Authority (HABIA) also sets standards for training and qualifications in the hair and beauty sector via the National Occupational Standards, these include hygiene but their adoption and implementation into local practice will vary. Hairdressers and barbers must also adhere to consumer protection legislation. They are subject to the Consumer Rights Act 2015 and the Consumer Protection from Unfair Trading Regulations 2008.

To attain compliance with these regulations, hairdressers and barbers are expected to carry out risk assessments, ensure staff are adequately trained and have an up-to-date Health and Safety policy in place. The salon owner has ultimate responsibility for ensuring the health and safety of staff and service users.

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The council recognises these legal duties are important and will carry out reactive visits following a concern being raised or complaint being logged. Unfortunately, we are not able to conduct proactive visits due to a lack of resources. However, members of the public are invited to log their concerns with our consumer protection department by emailing consumer.protection@reading.gov.uk

It should also be noted that many hairdressers and barbers take the health aspect of their work seriously and there are several examples of excellent health promoting practice. For example, The Lions Barbers Collective which trains hairdressers and barbers to have connected conversations with their male clients to help prevent the risk of suicidal ideation and suicide amongst men.

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

b) Marmot Town

Recent publicity regarding Coventry's advances in health equality have pointed to the possibility of becoming a "Marmot Town" through collaboration with the Institute of Health Inequality led by Sir Michael Marmot at University College London. Will the board consider this approach to tackling health inequality?

REPLY by the Chair of the Health and Wellbeing Board (Councillor McEwan):

The Institute of Health Equity at University College London facilitates the Marmot Places scheme. This builds upon earlier formats and strategic public health initiatives such as Healthy Cities. There are now over 40 local authorities in England and Wales who have become a network of The Marmot Places. These include Coventry, Greater Manchester and others where programmes of work have begun that seek to implement the 6 policy objectives recommended first by the Marmot Review in 2010 and in milestone reports since then. These have become 'marmot principles', evidence-based action that will reduce the social gradient in health:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

They recognise that the social economic determinants of health are beyond the health service and these are the prevention measures which will lead to the best and healthiest outcomes for everyone. The overarching approach to delivery recommended across all these policy areas is proportionate universalism, the idea that services should be provided universally but with a scale and intensity that is proportionate to the level of disadvantage.

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The prospect of becoming a Marmot Borough has been discussed amongst Officers and at Lead Councillor Briefings. In Reading we recognise that health is created outside of the healthcare system. We support these principles and know that there is much good practice in Reading Borough Council and amongst our system partners in the integrated care system and the local voluntary community sector that already aligns with these principles.

The way forward for us here in Reading is to receive the completion of the current Director of Public Health Annual Report which is expected in March 2024. This statutory document will be the first since 2021. It will be supported by evidence drawn from our Joint Strategic Needs Assessment and will provide strategic guidance about our local priorities for protecting and improving health in Reading.

This strategic guidance will enable us to take an informed view as to whether we will be recommending to the Board the aspiration to become a Marmot Borough and the benefits to Reading's residents.

c) Commissioning Decisions

In the current structure of an Integrated Care Board with place level structures it is unclear where commissioning decisions are taken and how they are reported to the public.

Will the board review accountability and oversight in our integrated care system so as to clarify where change is needed to bring commissioning decisions clearly to the public view?

REPLY by the Chair of the Health and Wellbeing Board (Councillor McEwan):

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board remains the NHS commissioning body, and has a duty to consult with the local authority and the public on any commissioning decisions that would have a substantial impact on services.

The Health and Wellbeing Board, along with the ACE Committee, continues to play an important role in co-development and scrutiny of commissioning decisions. Our jointly developed Health and Wellbeing Strategy sets out our local guiding priorities. We will continue to review progress of delivery against this Strategy regardless of whether the development work happens at a 'Place' level or as part of the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

29. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2022/2023

David Goosey submitted a report presenting the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2022/23, a copy of which was appended to the report. The BWSCP was a multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham, whose role was to co-ordinate the partners' safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

The report provided information on: the work and progress made on the BWSCP priorities; case review activity; the wider effectiveness and work of the partnership; and learning, development and communications. The annual report focussed on the work

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undertaken by the BWSCP as a partnership organisation and the covering report highlighted some of the key themes in the work, covering:

- Extra-familial harm – safeguarding children and young people from the risk of significant harm from outside the home, including a Thematic Review of services to young people in relation to serious youth violence, initiated following several serious incidents in early 2021.
- Threshold guidance arrangements – aligning the threshold guidance for child protection across the three local authorities in Berkshire West.
- Local Child Safeguarding Practice Reviews – six LCSPRs had been published by the BWSCP in 2022/23 and the report detailed key areas of learning from the cases.

Resolved – That the report be noted.

30. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT

Amanda Nyeke presented a report which gave an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and provided detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and in the locally agreed implementation plans.

The Health and Wellbeing Implementation Plans and Dashboard Update was attached at Appendix A and contained detailed narrative updates on the actions agreed for each of the implementation plans and included the most recent update of key information in each of the following five priority areas:

- Priority 1 - Reduce the differences in health between different groups of people;
- Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives.
- Priority 3 - Help families and children in early years;
- Priority 4 - Promote good mental health and wellbeing for all children and young people;
- Priority 5 - Promote good mental health and wellbeing for all adults.

The report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing Dashboard since the last report.

Resolved – That the report be noted.

31. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets for July to September 2023 (Quarter 2) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2023/24.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of September 2023, (Quarter 2) were:

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- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Met)
- The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence (Not Met)
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (Not Met)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) (Met)

Further details against each of the targets were set out in the report which demonstrated the effectiveness of the collaborative work with system partners.

The report also covered the Better Care Fund Quarterly return, covering performance against the BCF Metrics for Quarter 1, which had been reported at the October 2023 Health and Wellbeing Board. The Quarterly Return had been signed off through the delegated authority process on 26 October 2023 and submitted on 31 October 2023. The National Conditions continued to be met and the full return was attached at Appendix 1.

Resolved -

- (1) That the Quarter 2 (2023/24) performance against the BCF metrics be noted;
- (2) That it be noted that the Quarter 1 BCF Return had been formally signed off and submitted by the deadline of 31 October 2023.

32. BERKSHIRE SUICIDE PREVENTION STRATEGY 2021-2026 PROGRESS REPORT

Further to Minute 27 of the meeting held on 20 January 2023, Martin White submitted a report giving an update on the Berkshire Suicide Prevention Strategy 2021 - 2026. The report had appended:

- Appendix 1 Berkshire Suicide Prevention Strategy 2021-26
- Appendix 2 Pan Berkshire Action Plan 2023/24
- Appendix 3 Reading Local Suicide Prevention Action Plan 2023/24

The report explained that the Berkshire Suicide Prevention Strategy (2021 – 2026) had been developed in 2020 and endorsed by the Health and Wellbeing Board in October 2021 (Minute 25 refers). On 15 July 2022 (Minute 5 refers) the Board had endorsed a recommendation to refresh the strategy due to changes in the policy landscape. This period had coincided with significant changes to local public health and healthcare system. Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy (2021 – 2026) had not been universally adopted by all six local authorities, so the coordination, production, and oversight of the strategy refresh had been delayed.

On 11 September 2023, the Government had published a new national 5 year cross-sector suicide prevention strategy for England with a national action plan. Its aim was to bring everybody together around common priorities and set out actions that could be taken to:

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- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who had self-harmed
- improve support for people bereaved by suicide

After reviewing the Berkshire Strategy for 2021-2026 to ensure that approaches were aligned to the new national strategy, the Berkshire local authority suicide prevention leads had agreed to focus on refreshing the suicide prevention action plan at a local operational level. This would facilitate local implementation across the six Berkshire Local Authorities and result in local preventative activity.

The report gave details of the actions which had taken place to support the implementation of the Berkshire Strategy, including the collaborative development of a revised operational pan-Berkshire 2023/24 action plan by the six Berkshire suicide prevention leads and co-leads, outlining specific, targeted actions aligned with the original goals of the Berkshire Suicide Prevention Strategy 2021–2026 and the latest National Strategy of 2023. The priority actions outlined in the action plan would support the refresh of existing suicide prevention action plans in the six Berkshire local authorities.

The Reading Suicide Prevention Action Planning Group had met regularly on a quarterly basis since March 2023 and the report gave details of its role and activities, including reviewing the local action plan. It noted that the Reading action plan had been shared as a model with neighbouring authorities and the review's aim was to pinpoint three priority actions for Reading that aligned with the priorities outlined in the suicide prevention local profile and the national strategy. These actions were targeted to be achievable within the next year, considering the existing capacity.

The Board noted the increased rate of female suicides, the links between domestic violence and suicide and the planned actions around this issue within the action plans. It was suggested that a more detailed report on progress on the work on this matter should be brought to a future meeting.

Resolved -

- (1) That the progress on the Berkshire Suicide Prevention Strategy (2021-2026) and on the pan-Berkshire action plan 2023/24 be noted;
- (2) That the Reading Local Suicide Prevention Action Plan 2023/24 be noted and endorsed;
- (3) That a more detailed report on progress on the work on the issues around the links between domestic violence and suicide be brought to a future meeting.

33. READING ARMED FORCES COVENANT AND ACTION PLAN

Alex Wylde submitted a report on the progress made against the actions listed in the Reading Armed Forces Covenant Action Plan. A copy of the Reading Armed Forces Covenant Community Action Plan was attached to the report at Appendix A and the report highlighted the progress made against the actions. The report also provided updates on:

- The work of the pan-Berkshire Civil Military Partnership;
- The work of the Royal Berkshire NHS Foundation Trust relating to the armed forces and veterans;

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- The work nationally of the Armed Forces Covenant Fund Trust.

Resolved:

- (1) That the further development of the pan-Berks Civil Military Partnership be noted;
- (2) That the progress made against the actions set out in the Reading Armed Forces Covenant Community Action Plan (Appendix A), in particular the section on Health and Wellbeing, be noted.

34. BOB ICB UPDATE BRIEFING

Sarah Webster submitted a report presenting a briefing from the BOB Integrated Care Board, as at November 2023.

The report covered the following key areas:

- ICB Board meeting – 21 November 2023
- BOB Joint Forward Plan and Integrated Care Strategy – shared system goals
- BOB ICB Primary Care Strategy
- Primary Care Access and Recovery Plan
- BOB ICB Digital and Data Strategy
- Covid-19 and Flu Vaccination Programme Autumn 2023
- Berkshire West-specific updates

Resolved – That the report be noted.

35. BERKSHIRE WEST PRIMARY CARE ALLIANCE - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Nicky Simpson submitted a report recommending that the following change be made to the membership and therefore terms of reference and powers and duties of the Reading Health and Wellbeing Board:

- To co-opt a representative from Berkshire West Primary Care Alliance (which was set up to represent General Practice across Reading and Berkshire West in the BOB Integrated Care System) as a clinical representative and non-voting additional member of the Health and Wellbeing Board (to be Dr Andy Ciecierski).

The proposed amended terms of reference and powers and duties and operational arrangements of the Board were set out at Appendix A to the report.

The report also recommended that Sarah Webster, now the sole Integrated Care Board representative on the Health and Wellbeing Board, be the Vice-Chair of the Board, as required by the Board's terms of reference.

At the meeting, Andy Ciecierski tabled a document with an amended proposal to suggest that the Berkshire West GP Leadership Group would be a more appropriate body for him to represent as a clinical representative, rather than the Primary Care Alliance, and it was suggested that the information should be circulated to the Board members and the decision on the co-option deferred to the next meeting.

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Resolved -

- (1) That consideration of the appointment of a clinical representative to the Health and Wellbeing Board be deferred until the next meeting to allow consideration of the tabled information;
- (2) That Sarah Webster be appointed as the Vice-Chair of the Health and Wellbeing Board.

36. DATE OF NEXT MEETING

Resolved – That it be noted that the next meeting would be held at 2.00 pm on Friday, 15 March 2024.

(The meeting started at 2.00 pm and closed at 3.51 pm)