

# **HEALTH AND WELLBEING BOARD**

## **MINUTES OF THE MEETING HELD ON THURSDAY, 24 SEPTEMBER 2015**

**Present:** Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Councillor Roger Croft (Executive Portfolio - Deputy Leader, Finance, Insurance, Health & Safety, Human Resources, Pensions, ICT & Corporate Support) and Lesley Wyman (WBC – Public Health).

**Also Present:** Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Tandra Forster (WBC - Adult Social Care) and Shairoz Claridge (Newbury and District CCG)

**Apologies for inability to attend the meeting:** Dr Barbara Barrie, Leila Ferguson, Dr Lise Llewellyn and Councillor Gordon Lundie

### **PART I**

#### **32 Declarations of Interest**

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Adrian Barker declared an interest in all matters pertaining of Time to Talk West Berkshire, by virtue of the fact that he was a trustee and Chairman of the youth counselling charity. He reported that as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

#### **33 Minutes**

The Minutes of the meeting held on 30<sup>th</sup> July were approved as a true and correct record and signed by the Chairman.

Adrian Barker reported that the item he raised at the last meeting regarding health impacts from major developments would be discussed at the Health and Wellbeing Management Group on 1<sup>st</sup> October 2015.

#### **34 Health and Wellbeing Board Forward Plan**

The Health and Wellbeing Board noted the forward plan.

#### **35 Actions arising from previous meeting(s)**

Adrian Barker referred to the action from the previous meeting regarding the Children and Young People's Survey, as the full report had now been circulated. He felt that the following points needed to be picked up, which had not been highlighted at the meeting:

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- 8% of children and young people surveyed in West Berkshire had said they were unhappy, which was above the national average.
- At one of the schools which took part, 68% said they had been bullied in the last year.

Lesley Wyman confirmed that these points would be picked up by both the Mental Health and Wellbeing Delivery Group and Children and Young People Delivery Group. Rachael Wardell reported that there was already work around bullying taking place and it would be interesting to see if the data within the Children and Young People's Society's report matched that locally.

Adrian Barker stated that the Board had not been informed of these points when they had been presented the data from the West Berkshire survey at the previous meeting and it was not an omission within the minutes.

Cathy Winfield reported that there was a specific piece of work taking place around children and young people's mental health. A lot of time had been spent developing tier three Child and Adolescent Mental Health Services (CAMHs) and CAMHs was also being extended to offer more tier four services. More focus was required regarding prevention and early intervention. Money was currently being directed into more costly parts of the pathway.

Rachael Wardell reported that a huge piece of work had also taken place over the summer on children's mental health and wellbeing and included exciting proposals such as an Emotional Health and Wellbeing Academy to help develop skills to help young people at a tier 2 level.

Adrian Barker reported that there were many new innovative ways of working being implemented for example around CAMHs and Adult Social Care. He suggested it would be worth revisiting the Health and Wellbeing Strategy to ensure these areas were incorporated. There was currently no process in place that he was aware of for refreshing the Health and Wellbeing Strategy (H&WBS). Lesley Wyman stated that all the new ways of working would be considered by the Delivery Groups. All of the groups were multi-agency and would be responsible for a number of actions. Lesley Wyman requested clarification on what needed to change within the H&WBS and Adrian Barker stated that he believed it was about joining up the new strands of work.

Cathy Winfield felt that it would be helpful to have a planning event prior to the refresh of partner plans and the H&WBS. This would support the joining up of work strands, the allocation of resources and ensure issues were jointly addressed. Rachael Wardell supported this as a way forward and felt that it would be helpful to know what impact new pieces of work were having. The priorities within the H&WBS were clear, although how areas were changing as a result was not yet apparent. Dr Bal Bahia stated that it was important to consider how the information would be communicated into the Health and Wellbeing Board and delivery groups on a regular basis.

**RESOLVED that** a planning event should be scheduled for 2016 prior to the refresh of partner plans and the Health and Wellbeing Strategy.

Councillor Hilary Cole felt that it was important to maintain the H&WBS. Adult Social Care was rapidly evolving in an ever changing environment and therefore it was important to ensure the H&WBS was fit for purpose and remained flexible.

### 36 Public Questions

There were no public questions received.

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### 37 **Petitions**

There were no petitions presented to the Board.

### 38 **Health and Social Care Dashboard (Shairoz Claridge/Tandra Forster/Rachael Wardell)**

Tandra Forster introduced the item to Members of the Health and Wellbeing Board with the purpose of highlighting any emerging issues.

Tandra Forster referred to ASC1 regarding the proportion of people still at home 91 days after discharge for hospital to reablement/rehabilitation services. This particular measure would be impacted upon by the change in the eligibility criteria. As a result of work taking place, including the Joint Care Provider Project, it was hoped that this indicator would remain green.

Rachael Wardell introduced the Children's Social Care section of the Dashboard to the Board. Positively the number of Looked after Children (LAC) has decreased and it was highlighted that the numbers had been managed down safely.

CSC2 regarding the number of Child Protection Plans was red. It was expected that this number would come down as the service was stabilised. Positively the number of agency staff had decreased.

Rachael Wardell highlighted that CSC3 was measured differently to how it had been in the past. The latest figure was red compared to what was considered the normal range. The remaining three indicators for Children's Social Care were green.

Councillor Mollie Lock queried how many children in West Berkshire were currently looked after. Rachael Wardell could not give the exact figure but reported that it was around 160.

Cathy Winfield referred to the target for Child Protection Plans and felt that it seemed unfair to set a target against such measure. Rachael Wardell confirmed that the service did not consider this a target. In relation to the Dashboard a red or green rating simply indicated pressure upon the service. It was agreed that the measure was more appropriate as a bench mark rather than a target.

Shairoz Claridge introduced the Acute Sector of the Dashboard to Members of the Board. Regarding AS1: four hour Accident and Emergency target, it was reported that the Royal Berkshire Hospital had achieved the target throughout quarter one. Great Western Hospital and Hampshire Hospitals were not commissioned by Newbury and District CCG and had their own processes in place. Great Western Hospital had met the target however, Hampshire Hospitals had not.

Shairoz Claridge referred to AS2 regarding the number of Delayed Transfers of Care per 100 000 population. Although the latest data was still on target there had been a slight rise since the previous set of latest data was reported.

Tandra Forster drew attention to AS3 regarding the average number of Delayed Transfers of Care, which were attributable to social care per 100 000. There had been a spike in average bed days and the red target was driven by other hospital pathways. Although Newbury and District Clinical Commissioning Group (CCG) was not the commissioner for Hampshire Hospitals, the area was still a contributing factor to their performance. It was hoped that the Better Care Fund Joint Care Provider Project would support the Royal Berkshire Hospital to improve its figures. There were a variety of factors in place that would hopefully bring the figure down.

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Cathy Winfield felt that good progress had been made and stated that she kept oversight of the 'fit to go' list. There was rising concern about the approaching winter with regards to workforce. Recruitment drives for nursing staff had taken place in both the Philippines and Ireland. The Urgent Care Board was due to meet imminently and would be focusing on the resilience of care homes. Tandra Forster agreed that workforce was consistently an issue. There were soon to be new NICE Guidelines and this coupled with the Home Care Living Wage, made the area particularly difficult to tackle.

Councillor Lock asked if links were made with the John Radcliff Hospital, as she was aware of a case where a patient had been sent home from hospital with no home care provision in place for four to five days. Tandra Forster reported that there should be a joined up discharge process. It was not a hospital's responsibility to ensure the care was in place however, it was its responsibility to have the right conversations.

With winter approaching Cathy Winfield felt that it was important to understand contracts with nursing homes. Tandra Forster confirmed that most of the Council's money was with Birchwood Nursing Home. Following the Health and Wellbeing Board meeting Tandra Forster reported that she was due to attend a meeting on seven day working. It was reported that there was a very enthusiastic social worker in post at the Royal Berkshire Hospital and it was hoped that they would gather support.

Shairoz Claridge reported that AS5 regarding Ambulance response times was red against the target. This indicator needed to be achieved on a Thames Valley basis. Work was going on with the South and Central Ambulance Team (SCAS), who had faced particular challenges around recruitment. Councillor Graham Jones queried if the possibility of achieving the target was diminishing with winter on the horizon. Cathy Winfield reported that a lot of focus had been given to workforce issue, which was hoped would overcome the further winter pressures. SCAS had also been asked for a recovery plan. Adrian Barker queried if the latest data (74%) was a Thames Valley figure and Shairoz Claridge confirmed that the figure was for West Berkshire.

Shairoz Claridge reported that AS6, AS7 and AS8 were all measures of volume. Moving onto the Community Services section of the Dashboard, it was highlighted that performance for CSC1 regarding Mental Health – Crises Response/percentage of responses within four hours, was very positive at 100%. Quarter one data had showed a consistently high achievement for this indicator.

Rachael Wardell stressed that the recruitment was a major issue and the recruitment and the retention of staff were the main areas for concern that needed to be tackled with a whole system approach.

Cathy Winfield reported That CCG Chief Officers had met and as a result of concerns raised about workforce a review of governance arrangements had been initiated.

**RESOLVED that** The Health and Wellbeing Board be informed about recruitment and workforce issues being faced by Health and Social Care and have the opportunity to discuss.

### 39 **An update report on the Better Care Fund and wider integration programme (Shairoz Claridge/Tandra Forster)**

Tandra Forster introduced her report that sought to update Members of the Health and Wellbeing Board about progress on the Better Care Fund schemes. It was reported that the two locality projects were currently rated as amber however, remedial actions had been agreed to ensure projects were on track.

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The Joint Care Provider Project was progressing well. The project would help to reduce duplication within the system and focused on the development of seven day working.

The Personal Recovery Guide Project was proving to be challenging and needed further work.

Tandra Forster explained that regarding the Integrated Health and Social Care Hub, she would be giving a presentation to the Board on Adult Social Care's new way of working late on the agenda. There were elements of the Integrated Health and Social Care Hub project that would be incorporated into this new work in the future.

Regarding the Hospital at Home Project Cathy Winfield reported that it had been a particularly challenging project. It had been extremely difficult during the test launch stages to identify people who met the criteria of the project and suited the scheme. In conclusion, if something was not working then it was important to re-assess the situation. There were other services running in parallel to the project such as respiratory failure and rapid response and it had been the view of the clinicians that these services were working well however, there needed to be further focus on increasing provision. The decision had been taken not to invest in the project any further and a new proposal would be drawn up as a result of this decision .

A large focus moving forward would be around Nursing and Care Homes and attention needed to be given to identifying what was already being done for example by General Practitioners, local authorities and hospitals.

The Health and Wellbeing Board would need to give a view in the future of how under spends should be used.

**RESOLVED that** the Health and Wellbeing Board to be consulted on how under spends from the BCF should be used going forward.

Shairoz Claridge reported that the Frail Elderly scheme was now in the delivery phase and wider transition work would need to take place across Berkshire West. Tandra Forster expressed her support for the area of work however emphasised challenges being faced. The Department of Health required a performance base however, there was only a very small performance team in place making this demand extremely challenging.

### 40 The New Way of Working (Tandra Forster)

Tandra Forster gave a presentation to the Board, which aimed to advise them about the Adult Social Care Change Programme. The 'New Way of Working for Adult Social Care' project had been approved by the programme Board in December 2014.

There were huge challenges being faced by the system including growth in the number people aged 85 and over along with increases in the number of people living longer but not necessarily healthier lives.

A one model approach was being adopted and involved increased intensive support across tier one and two services with the aim of reducing the number of people reaching tier three services, which involved ongoing long term support. The new approach was fully compliant with the Care Act and followed a number of golden rules including offering tier one and two services before tier three services; no waiting lists; helping people to live as independently as possible; consideration to what would help carers continue caring and people and families planning their own support.

Regarding the next steps, planning implementation workshops had been scheduled, one of which had already taken place. The aim of these workshops was to consider how to go about shifting the whole of Adult Social Care into the new way of working. Evaluation of

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the second phase would take place and would involve comparing findings to initial evaluations that had taken place.

Lesley Wyman felt that prevention was missing from the new model including helping everyone to stay healthy. This was really about linking the work of Public Health to Adult Social Care. Tandra Forster indicated that prevention fell within the model as tier one and two services.

Councillor Hilary Cole commented that it was not possible to help people until they entered the system. Councillor Cole commended Tandra Forster and her team for amount of effort that had been put into the area of work. She felt it was an excellent project that would reduce cost and improve the lives of residents living in the district. Dr Bal Bahia added that there was a great deal of effort taking place across the board in this area by Primary Care and Hospitals, particularly with regards to prevention.

Cathy Winfield referred to 'Sam and his Journey', of which the first step was 'Ageing Well'. Rachael Wardell reported that this referred to the 'how' thinking across the Communities Directorate and that this same approach was being applied to mental health and wellbeing. It was very important to work closely with partners including the voluntary sector and the police as well as health partners.

Tandra Forster concluded that all staff within the service were undertaking training to help people help themselves.

### 41 **A Review of Governance arrangements in respect of Health and Social Care Integration within Berkshire West (Nick Carter)**

Nick Carter introduced his report to Members of the Health and Wellbeing Board, which aimed to inform the Board of the review of governance arrangements in place to support system integration across Berkshire West.

Nick Carter reported that he had been asked to carry out the piece of work following a residential conference that had taken place, which had included all partners involved in the area of Adult Social Care. The governance was proving to be a hindrance and therefore a review was requested. It was highlighted that the report and recommendations included had already been agreed and it would be going to the Berkshire West Integration Board in October 2015. It had been acknowledged that the process of integration took time and required good understanding between partners and good relationships.

It had been noted that the Chairman of the Integration Board had minimal accountability or responsibility around the integration agenda and therefore significant focus had been placed on the role of the Chairman as part of the review. A Management Group involving the Chairman had been proposed to take a view of what was working well and what was not.

There were two key groups; the Integration Board and the Delivery Group and the roles of the two groups had become undefined.

The three areas identified as benefitting most from integration work included elderly frail, children and mental health. These themes had not yet been brought together. The Integration and Delivery Group needed to focus on bringing these three areas together in a more coherent way.

To bring senior people together was often difficult and therefore every Wednesday going forward would become 'Integration Day', where integration had to be given priority over all other business.

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It had been acknowledged within the report that elected Members needed to be included to a greater level within integration work. It had therefore been decided that the Chairman of the Health and Wellbeing Board would be invited to join the Integration Board once established. A lot of work had taken place at a Berkshire West level and it was felt that the Health and Wellbeing Boards within each of the localities needed greater insight into this work. Councillor Graham Jones agreed that the accountability was disjointed however, this was picked up by the report.

Adrian Barker reiterated his point regarding involvement of the public. He hoped in time the public would be regarded as an equal partner. Nick Carter felt that the Board meetings were where most interaction should take place with the public. The report addressed internal facing governance, which was in need of review. Cathy Winfield added that specific strands of work had included their own public engagement processes for example the work around 'Sam' had included a huge amount of work with the public. Adrian Barker concluded that in the future it would be nice to see the public involved in strategic discussions.

### **42 Feedback on the Health and Wellbeing Strategy Hot Focus: Mental Health and Wellbeing in Adults (Rachel Johnson/Lesley Wyman)**

Rachel Johnson drew attention to her report which gave feedback on activity that had taken place over the last three months since the Hot Focus Session on Mental Health and Wellbeing in Adults.

Rachel Johnson reported that the Hot Focus Session had been well attended and had received very positive feedback from those who had attended. Group work had taken place on what the gaps and needs there were across services.

A Mental Health Forum had been set up since the Hot Focus Session to look at establishing a strategic way forward for mental health.. The group had met several times, commencing with two workshops to set out the key issues and a vision. A workshop had also taken place to develop an action plan for the area and had received input from a range of stakeholder organisations and service users. The action plan included issues raised at the Hot Focus Session and was about to go out to wider consultation. Further work was required around prevention, recovery and education including removing stigma that surrounds mental health issues. The action plan covered a 12 month period and then looked to three and five years.

Lesley Wyman asked if suicide prevention work was included under the action plan and it was confirmed that it was currently separate. It was suggested that these two areas should be brought together.

Councillor Lynne Doherty queried if the action plan mentioned included children's mental health. Rachel Johnson reported that it did as it belonged to the Adult Mental Health Group. Councillor Doherty stressed the need for both areas to be brought together.

Cathy Winfield explained that there was a group already in place looking at children's mental health issues. The work in this area was very specific and therefore it would be better not to disrupt what was taking place. It was however, important that there was good communication links between the two groups.

Councillor Cole felt that as services were dealing with individuals there should be a holistic approach. There was a cut off point when a child became an adult and with this came a new set of services, which could be daunting and confusing. Councillor Mollie Lock supported Councillor Cole's views regarding moving towards a holistic approach.

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Rachael Wardell explained that the law set out the distinctions between adults and children and the eligibility for children was different, there were also stricter safeguarding measures in place. Adults had more freedom to choose unlike children and this was why the services needed to be different. The period of transition was challenging regardless of if an individual had a disability. Work taking place was person centred and focused on understanding families in context of their communities and it was hoped that this would help smooth out the transition period. Dr Bal Bahia felt that it was important that discrete services were mindful of this challenging period and ensuring it was as smooth as possible.

Lesley Wyman reported that the Delivery Plans belonging to the Delivery Groups would need to cover all aspects of mental health including the transition from childhood.

Adrian Barker commended the work taking place however felt that an Adult Mental Health Strategy be developed rather than a stand alone action plan.

### 43 **Better Care Fund - Under spends and Use of Contingency Fund (Tandra Forster/Shairoz Claridge)**

Tandra Forster drew attention to the Better Care Fund Report, which informed the Board about under spends and use of contingency fund. Approval was being sought from the Board for the adjustment of the financial plan and proposed alternative investments.

Tandra Forster moved on to talk about schemes that were likely to under spend. Firstly because Hospital at Home had not fulfilled its purpose it was proposed that the money from the project be moved into the contingency fund. Regarding the Health and Social Care Hub, Adult Social Care was currently implementing its change programme. As the Council had paused its involvement with this project, money that had not been used would go into the Better Care Fund.

Regarding alternative use of the funds, as part of the BCF approval process a detailed expenditure plan had needed to be submitted to the Department of Health and NHS England for approval. Where it was identified that full funding was not required for its original purpose for that year, the recommended action was for the money to be transferred into the BCF contingency fund. Any proposals for how the money should be spent would then require approval from the Health and Wellbeing Board before funds were allocated to either partner.

The first proposal was for the sum of £58k to be allocated to Frail Elderly Pathway to deliver a financial model that would underpin the work. Rachael Wardell expressed her full support for the proposal.

Councillor Graham Jones proposed that the Health and Wellbeing Board approved the proposal that money be allocated to the Frail Elderly Pathway and this was seconded by Councillor Hilary Cole. The notion was carried when put to the vote.

**RESOLVED that** £58k be allocated to the creation of a financial model to underpin the Frail Elderly Pathway.

Cathy Winfield confirmed that the BCF would continue and it was possible that the NHS might get a multi year planning application. This was deemed to be positive however, it was highlighted that if this was the case then there might be delays in when the money was received. There would be the requirement for BCF plans to be on a Clinical Commissioning Group (CCG) foot print rather than the Local Authority. Therefore the Health and Wellbeing Board would be responsible for all of Newbury and District CCGs plans and 50 percent of North and West Reading. There would be a formal review of how BCF money had been used in 2016.

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In 2015 money placed into the BCF by the CCG had been labelled as new money. Due to anticipated pressures this money would most likely be dedicated in the future and therefore the amount of money for new schemes would be lower. The amount of money labelled as new money had been very ambitious

Tandra Forster stated that regarding impact, changes in projects could have significant consequences.

### 44 **Berkshire West Health and Wellbeing Peer Challenge (Nick Carter)**

Nick Carter introduced the report to Members of the Health and Wellbeing Board. A development session supported by the Local Government Association had already been provided for the Board and the Peer Challenge was a continuation of this work. Peer Challenges were subsidised by the Department of Health and were free to local authorities.

Nick Carter highlighted that it was a Peer Challenge of the Health and Wellbeing Board and it would take place on a Berkshire West basis with Reading and Wokingham local authorities. Lesley Wyman and Councillor Graham Jones had recently attended a scoping meeting to discuss the format. It would be a single review of all three Boards and it was likely to take place in March 2016.

Councillor Graham Jones reported that ideally he would like to see the Peer Challenge take place earlier however, March fell after the budget cycle. He stated that at the scoping meeting they had not finalised discussions about format and structure and more time was needed on this. Lesley Wyman highlighted that all three areas would have their review within the given timescale once agreed. It would be an opportunity to hold the mirror up and assess how the Board was progressing. All three areas were very different and to ensure each Health and Wellbeing Board was reviewed, more people would be required to conduct the review over a slightly longer period. The LGA had been confident that this was possible.

Councillor Graham Jones had noted that no one from the Clinical Commissioning Group (CCG) had been present at the initial scoping meeting and therefore the next meeting would be inclusive of CCG colleges.

### 45 **Female Genital Mutilation (Fran Gosling Thomas)**

Fran Gosling-Thomas introduced the report to the Health and Wellbeing Board. She apologised that the report had been brought back to the Board so soon after initially being brought to their attention in March 2015 however, greater focus needed to be given to Female Genital Mutilation (FGM).

A task and finish group had been set up around the issue of FGM however this had now completed its initial tasks. There was work taking place on the issue across partner agencies however, there was no agreed over-arching strategy or action plan in place. Many groups were interested in helping to support address the issue however, nobody had picked it up and taken responsibility for Governance.

The Local Safeguarding Children's Board (LSCB) were keen to contribute to areas of work however, because of a significant implementation plan as a result of a recent Ofsted inspection, it did not have the capacity to provide a leading roll on FGM.

Reading did a lot of cross boundary work and had a higher prevalence of FGM. Therefore it had been asked to be the lead authority on the issue for the West of Berkshire. Fran Gosling-Thomas stressed that areas needed to pull together with strong

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support from their LSCBs. Fran Gosling-Thomas asked the Board if it would be willing to take the strategic lead for West Berkshire or jointly take on this role with the LSCB.

Cathy Winfield felt that the task and finish group needed to carry on its work and the Health and Wellbeing Board should oversee this. Fran Gosling-Thomas confirmed that this group had diminished around April 2015 however, the group lead would be happy to re-convene. There was a need however, for clarity around governance.

Rachael Wardell reported that the issue had been raised at the Safeguarding Adult's Board.

Fran Gosling-Thomas reported that she had written a letter to the Chairman of the Reading Health and Wellbeing Board and was awaiting a response. Meanwhile it was felt that West Berkshire needed to build its own framework for the issue, to highlight its intentions and governance including a small number of action.

Rachael Wardell noted that the appendices to the report highlighted the need for information sharing and communication on the issue. It was felt that these areas had not yet been achieved. Fran Gosling-Thomas added that public awareness in health settings needed improving.

Cathy Winfield stressed that somebody needed to pull the task and finish group back together, which would then report to all three Health and Wellbeing Boards. There had been an issue in the Chairman of the group had possessed no authority to ensure authority to ensure agencies were doing their part to tackle the problem. Reporting up to the Health and Wellbeing Board could help this issue.

Fran Gosling-Thomas stated that the task and finish group had been a small group and the membership would need revisiting if it was to reconvene. Clarity was needed from Reading on if it was happy to lead on the issue. The bottom line was that areas could not tackle the issue in isolation.

Councillor Graham Jones queried whether the issue could be picked up at the next Board meeting by which time Reading might have responded. Rachael Wardell highlighted that even if Reading led the area of work, local work still need to be underway. Fran Gosling-Thomas stated that West Berkshire required a basic strategy on the issue.

Rachael Wardell stated that the issue of FGM should also be being picked up by the Personal Social Health and Economic curriculum. Schools where this was required would need to be identified.

Dr Bal Bahia stated that as a GP he thought his role was to inform the police if a case of FGM was suspected. Rachael Wardell explained that the issue caused a number of dilemmas. Cases were most likely to be identified within delivery suites at the Royal Berkshire Hospital. If the person in question was to have a daughter then there would be a safeguarding response would be prompted however, there might be no risk to the child depending on how the mothers circumstances might of changed.

Councillor Graham Jones proposed that the Board approved the recommendation within the appendix to the report and this was seconded by Councillor Hilary Cole. This notion was carried at the vote.

**RESOLVED that** the recommended action outlined in the appendix one for a quarterly FGM delivery and safeguarding partnership meeting to be initiated that include developing policy and practice, awareness raising, intelligence gathering and sharing and data monitoring, was approved by the Board.

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**46 Members' Question(s)**

There were no Members' questions received.

**47 Health and Wellbeing Conference (Jessica Bailiss/Jo Naylor)**

The Health and Wellbeing Board noted the report.

**48 Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 26<sup>th</sup> November 2015.

*(The meeting commenced at 9.00 am and closed at 10.57 am)*

**CHAIRMAN** .....

**Date of Signature** .....