

# DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

## HEALTH AND WELLBEING BOARD

### MINUTES OF THE MEETING HELD ON THURSDAY, 28 NOVEMBER 2013

**Present:** Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Rod Smith (North and West Reading CCG) and Rachael Wardell (WBC - Community Services)

**Also Present:** John Ashworth (WBC - Environment), Jessica Bailiss (WBC - Executive Support), Kakoli Choudhury (Public Health), Fatima Ndanusa (Public Health), April Peberdy (Public Health), Barrie Prentice (Boots and Berkshire LPC) and Lesley Wyman (WBC - Public Health & Wellbeing)

**Apologies for inability to attend the meeting:** Dr Rupert Woolley.

It was also noted that Andy Day and Cathy Winfield were unable to attend the meeting.

#### PART I

##### 53. Appointment of Chairman

Bal Bahia asked for nominations for Chairman of the Health and Wellbeing Board. Councillor Marcus Franks nominated Councillor Gordon Lundie and this was seconded by Rachael Wardell.

**RESOLVED** that Gordon Lundie was appointed as Chairman of the Health and Wellbeing until the end of the Municipal Year (May 2014).

##### 54. Minutes

It was reported that Cathy Winfield had been present at the previous meeting however, this was not reflected in the attendance record at the beginning of the previous minutes, in the also present section of the minutes.

Subject to this correction, the minutes of the meeting held on 26 September 2013 were approved as a true and correct record and signed by the Leader.

It was confirmed that the Royal Berkshire NHS Foundation Trust Five Year Integrated Business Plan item, that was deferred at the meeting was dealt with virtually.

##### 55. Declarations of Interest

Councillor Gordon Lundie declared an interest in Health and Wellbeing, by virtue of the fact that he was the director of the pharmaceutical company UCB, 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.

##### 56. Public Questions

There were no public questions submitted, relating to items on this agenda.

**57. Petitions**

There were no petitions presented to the Board.

**58. Flu Vaccination Update**

Lesley Wyman introduced her report, which updated the Board on the flu vaccination work that had taken place and asked for suggestions on how to improve vaccination uptake in West Berkshire.

The flu plan for 2013/14 was published by the Department of Health in June 2013. One of the strategic objectives of the flu plan was to offer the flu vaccination to 100% of all those in the eligible groups. The target was to vaccinate at least 75% of those 65 and over; 75% of pregnant woman and 75% of those in a clinical risk group. In addition to this the Department of Health had brought in flu vaccinations for all two and three year old children. It was anticipated that this would be rolled out to all children in the future.

In addition to the targets stated above, the Department of Health had adopted a free voucher scheme for staff to ensure those at risk were able to receive the flu vaccination. Local Authorities would have to offer a voucher to all front facing staff. Head of Services had been tasked with providing names of those staff that would be applicable for vouchers. West Berkshire Council had 600 vouchers in total to give out however, only 300 members of staff had been designated them so far. Individuals had to formally agree and sign to receive the vaccination. Those who had received the vaccination would then be monitored for six months to see if the programme was worth while. The aim currently was to increase uptake of the voucher scheme. Emails had gone out to increase awareness from the Portfolio Member for Health and Wellbeing, Councillor Marcus Franks.

Staff at special schools were also being offered the vouchers, along with parents/carers of children at these schools. This was to help ensure all the vouchers were used. The scheme was very straight forward, once receiving a voucher, a person's details would be placed on the national website and the vaccination would be administered by a local pharmacy. Lesley Wyman confirmed that there were 18 participating pharmacies in the District.

It was stated that the rate of those contracting flu in West Berkshire was no different to that nationally. According to data provided by the CCG, the rate of uptake for the week ending 10<sup>th</sup> November 2013 was very positive. Lesley Wyman reported that the voucher scheme came to an end on 1<sup>st</sup> January 2014.

In order to increase the uptake of the flu vaccination letters had been sent out, press releases issued and social networking sites such as Twitter had been utilised.

Rachael Wardell referred to the table on page 12 of the agenda and commented that the comparison between Newbury and District and North and West Reading CCGs was very helpful. It was noted that the CCGs in some areas performed better than others and therefore Rachael Wardell stated that she would be interested to see the mechanism used by each CCG for increasing uptake. Rod Smith confirmed that both CCGs were amongst the highest performing in South Central England and stressed how demanding the national targets were. Lise Llewellyn explained that there was much inter practice variation and that individual practices would focus on targeting different groups of people from week to week, making weekly comparisons difficult.

Lise Llewellyn confirmed that pharmacies had become involved, simply to improve uptake. Councillor Graham Pask asked where the figures were collected from and it was confirmed by Lise Llewellyn that Public Health England collected the figures from weekly returns.

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Councillor Marcus Franks queried whether the 18 participating pharmacies were equally spread throughout the district. Rod Smith confirmed that areas had been chosen where the uptake was lower. Only Council staff needed a voucher to claim their flu vaccination. Others had to be able to prove they were in one of the at risk groups.

Dr Bal Bahia explained that persuading people to have the vaccination in the midst of what else they had come in to a surgery to be treated for was difficult. There had also been rumours of people feeling unwell after the vaccination, which had hindered uptake.

Councillor Marcus Franks suggested that next season there might be a case for all practices to carry out the same initiatives as those practices which were high achieving, in order to increase uptake. Rod Smith highlighted that the work was also linked to deprivation.

Lesley Wyman reported that carers who were able to receive the vaccination would be identified via the carers register. The theory behind offering the vaccination to carers was that the person who they were caring for would suffer greatly if the carer became ill with flu. Carers not on the register would also be able to receive the vaccination and this would be up to the discretion of a GP Practice.

Lesley Wyman reported that there were no targets for staff uptake of the vaccination. The focus would be on key staff such as hospital staff, care home staff and front facing staff across the Council. Those who received the vaccination would then be monitored to see if illness occurred. Councillor Gordon Lundie suggested that he would raise the voucher scheme at Management Board that afternoon to help increase awareness at management level.

Councillor Lundie referred to the table under paragraph five and queried what 'good' looked like in comparison to other areas in England. Councillor Lundie asked where Officers expected to be in December with vaccination rates and where they wanted to be by the end of the programme.

**RESOLVED that** targets would be placed in the table by Lise Llewellyn/Lesley Wyman.

It was confirmed that Newbury Weekly News had been utilised to raise awareness. Dr Bal Bahia reported that many practices had initiated the programme at the beginning of October 2013.

### 59. Health and Wellbeing Board Action Plan - Performance Framework

Lesley Wyman introduced her paper, which suggested a Performance Framework that could be used to monitor progress on the Health and Wellbeing Strategy, highlighting achievement against a set of high level national outcomes and local Key Performance Indicators (KPIs). The report was proposing that the Board agree the national outcomes to be used in the performance monitoring of the Health and Wellbeing Strategy.

Lesley Wyman reported that the national outcomes were largely reported against on an annual basis. Lower level key performance indicators would be required from departments and organisations that contributed to the achievement of the outcomes.

Lesley Wyman drew the Board's attention to appendix two, which tabled the strategic objectives. A column was given, which detailed who the lead was for each objective, actions and then KPIs.

Lesley Wyman stated that it was easy to end up with too many KPIs. There were currently a lot of actions for each objective however, they had simply been lifted from the Public Health Action Plan where there were links to the objectives and she acknowledged some were not measurable. Lesley Wyman stated that she realised that some of the KPIs were process based rather than outcomes based, so therefore required further work. There were currently no performance indicators for the Clinical Commissioning

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Group (CCG) shown under appendix two, or other departments within the Council. The next step was for these areas to input their own performance indicators.

Lesley Wyman stressed that the performance management framework, was in the very early stages and what she had presented to the Board was how she saw it working. It was anticipated that the Public Health Integration Programme Board would lead on ensuring comprehensive performance management was in place for the Health and Wellbeing Strategy. Lesley Wyman welcomed ideas and thoughts from the Board on the proposed performance framework.

Councillor Lundie stated that a lot of information had been presented to the Board and therefore the item should be brought back to the subsequent meeting. Rachael Wardell concurred that the information needed to come back to the Board once developed further and felt that outcomes for children were minimal as the framework currently stood. Rachael Wardell highlighted that she saw it as her role to ensure children's issues were not lost amongst the wider health agenda.

Rachael Wardell highlighted how important it was to check work required for monitoring and reporting, to ensure it was not being carried out elsewhere.

Lise Llewellyn stated that it was the role of the Board to oversee that the Council and CCGs were delivering long term health outcomes. Lise Llewellyn agreed that duplication of work needed to be avoided and therefore it was important to know exactly who would be monitoring the work on the Board's behalf. There were lots of actions but work was needed around what could be measured. Performance needed to be measurable and explanatory to the general public.

Councillor Marcus Franks acknowledged that further work was required to ensure there was not a long list of KPIs as this would become unmanageable. Dr Bal Bahia felt the work highlighted the need for integration and also the need for the Health and Wellbeing Board to be clear about what it wanted to achieve. It was also important that those presenting to the Board were also clear about its role and aims.

Lise Llewellyn explained that the performance management work could be brought back to the meeting in January however, suggested it be pushed back until March when it could be revisited in its entirety with next years work plan. Rachael Wardell stated that this would ensure the Board entered the next financial year with a clear performance framework. Leila Ferguson asked for assurance that the voluntary sector would be involved and felt that revisiting the framework in March would provide ample time to ensure they were.

**RESOLVED that** the performance management framework would be brought to the Board meeting in March 2014.

Councillor Lundie questioned what the next steps were to get to the point they needed to be at by the meeting in March 2014. Lesley Wyman reported that the Integration Board would be meeting in December 2013 and would begin working up the performance framework in light of discussions by the Board.

**RESOLVED that** a brief update should be given at the Board meeting January, where Board Members would be welcomed to feedback further comments regarding the performance framework.

### 60. Health and Social Care - Provider Engagement

Debbie Holdway and Caroline Bridger introduced themselves and their report which sought agreement and support from the Board to implement mandatory training criteria for long term conditions within the Service Specifications.

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The purpose of the work was for Health and Social Care to work with Care Providers to raise awareness of effective management of patients with Long Term Conditions, specifically Diabetes, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease, Dementia and End of Life / Palliative Care and identify their training needs. It was recognised that in West Berkshire, there was an increasing elderly population and the focus of the project was on supporting people to remain independent within their own homes.

An increased awareness of Long Term Conditions for Care Providers would reduce the requirement for hospital admissions/crisis interventions and delay the need for residential or nursing home care. The training would address key aspects relating to the care of patients with Long Term Conditions, End of Life care, reducing avoidable admissions and supporting the integration agenda.

Caroline Bridger reported that they were looking to standardise the level of care provided through a dynamic training programme. There was already significant training available however, it was not being taken up. There was also very little training that focused on long term conditions. A pilot had been run to look at existing resources and it had identified pockets of training, some of which was provided by the voluntary sector and Social Care providers.

Caroline Bridger reported that they were continuing to network in order to develop core training needs. A meeting was taking place on 18<sup>th</sup> December 2013 to raise awareness. They welcomed suggestions from Board Members.

Councillor Gordon Lundie summarised the points made by Caroline Bridger and Debbie Holdway: Newbury and District CCG had identified a level of hospital admissions, due to a range of chronic conditions and following this had carried out an analysis to identify the gaps in training. A training specification would then be developed to cover these gaps, which in turn would reduce admissions to hospitals.

Caroline Bridger reported that a large amount of money was spent on long term care and this was mainly aimed at reducing admissions to hospital. Debbie Holding stressed that there were currently no standards on training in this area.

Lesley Wyman stressed that Public Health would very much like to be involved in future discussions, as they had specific actions around training for dementia, anxiety and depression.

Gabrielle Alford commended the positive work being carried out however, queried where the joint resources were coming from. Gabrielle Alford also asked if they were able to identify other gaps in training as a result of the scoping project. Debbie Holdway reported that they had spent a lot of time getting to know what was going on in the training remit. It was vital to utilise existing resources. The next meeting to discuss the training would also look at which organisations were able to contribute and how much. Caroline Bridger reported that West Berkshire Council were already carrying out a large amount of Social Care training. Care providers who had provided feedback had said that there were often only two to three people in attendance. Training of a standard quality, for more people would be much more beneficial and more cost effective. Training currently available was of varying quality. Caroline Bridger stressed that if all were to share information on what they provided and look at this collectively, then this could resolve some of the resource issues.

A pilot of the training programme would enable its effectiveness to be demonstrated with carers. The next step would then be to access pockets of resource. It was hoped that the outcome of the pilot would encourage others to contribute resources.

Councillor Marcus Franks referred to the Service Specification and commented that if this was carried out locally, there would be an increased risk that the local cost of care would

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increase. In order to encourage involvement of the private sector, Councillor Franks suggested that Care Quality Commission (CQC) be lobbied.

Regarding driving up the local cost of care, Debbie Holdway reported that the integrated agenda for training would save money and resources whilst improving the quality of care. Caroline Bridger reported that many social care providers were keen to improve the quality of their services and therefore willing to invest in training.

Rachael Wardell felt that the programme should be health and social care led and that it would have been helpful to hear from a representative from Social Care services.

Lise Llewellyn stressed that not all training had to be face to face and suggested that e-learning and You Tube training be offered as part of the pilot.

Councillor Lundie asked for Jan Evans perspective on the area. Jan Evan's reported that the Council delivered its Social Care training in line with CQC standards. She commended the proposal and felt it gave a more robust quality framework. Jan Evans confirmed that the Council did carry out a lot of training however the service was under strain due to the way it was funded. A shared honest approach to funding was critical.

Gabrielle Alford suggested that she and Rachael Wardell have a conversation outside of the meeting to discuss the use of the Integrated Transformation Fund for training

**RESOLVED that** Rachael Wardell and Gabrielle Alford would meet outside of the Board meeting to discuss the Integrated Transformation Fund.

Councillor Lundie queried what action was required from the Board in terms of enabling the training project to move forward. Racheal Wardell clarified that in essence the Board were being asked if they supported the project and she did not feel it was at a stage to do so. Councillor Lundie commended the work however, concurred with Rachael Wardell and stated that in principle the Board supported the proposal; it however, needed clarity on the implications of this support before doing so.

**RESOLVED that** the training project be brought back to a future Board meeting.

Debbie Holdway and Caroline Bridger thanked the Board for its comments.

### 61. **Local Safeguarding Children's Board Annual Report and SARC Protocol**

Stephen Barber introduced himself as the Chairman to the Local Safeguarding Children's Board (LSCB) and drew the Board's attention to the LSCB Annual Report for 2012/13. He reported that LSCBs were established as part of the Children Act 2004 and brought together statutory partners in order to provide safeguarding and promote the welfare of children. The Annual Report was based on the latest guidance for safeguarding children and young people.

Stephen Barber highlighted some of the challenges being faced by the LSCB, one of which was General Practitioner (GP) participation. He made a plea to the Board to urge CCGs to ensure GPs contributed to child protection processes, including providing reports for those children who attended child protection conferences. Stephen Barber stressed that GPs would most likely have the longest contact with these children and therefore were well positioned to provide necessary information. A nurse had been recruited to help GPs meet this demand. Stephen Barber confirmed that ideally GPs should provide reports for 100% of children involved in child protection conferences.

Stephen Barber referred to the Identification and Referral to Improve Safety (IRIS) project. Domestic abuse was a large contributing factor to children being at put at risk and the IRIS Project was a general practice based training support and referral programme to help GPs be more aware of domestic abuse. Stephen Barber stressed that

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the take up of the IRIS Project in West Berkshire was very low. He understood that GPs had little time to spare for training however, stressed that IRIS training was only two hours long.

Lise Llewellyn suggested that IRIS training be delivered as part of protected practice time. Bal Bahia reported he was aware of safeguarding training which had taken place in 2012 amongst GPs and it had been extremely successful.

Stephen Barber stated that ideally they would want 100% of GPs to carry out the IRIS training although he acknowledged that practicalities made it difficult. It was however, essential that GPs knew how to signpost patients if they suspected they were being subjected to domestic abuse.

**RESOLVED that** the Health and Wellbeing Board noted the challenges faced by the LSCB and would communicate these where necessary.

Stephen Barber moved onto his second item regarding Sexual Assault Referral Centres (SARCs). There were two SARCs in the Thames Valley and the most accessible from West Berkshire was the centre in Slough. SARCs were usually for adults however, the one in Slough was for children.

Stephen Barber drew the Board's attention to the Protocol on page 55 of the agenda, which was for information sharing arrangements between the Thames Valley LSCBs, NHS England and the SARCs. Largely the protocol dealt with how information on children using the SARC was passed to the relevant authorities such as the Police Force or the Local Authority. It was important that the relevant authorities were informed immediately if children were treated in the SARC. The LSCB also needed to be made aware for performance information purposes. Stephen Barber concluded that he would be taking the Protocol to a number of Boards across Berkshire to raise awareness and gain support.

**RESOLVED that** the Board noted the SARC Protocol.

Councillor Graham Pask stated as Chairman of the West Berkshire Partnership (WBP) that domestic abuse was a key issue that many partners were trying to address. The WBP were looking at the likely causes of domestic abuse and in particular were focusing on the theme of alcoholism. Councillor Gwen Mason commented there was a well established forum in West Berkshire called the Domestic Abuse Forum, who were next meeting that afternoon and she would raise the SARC Protocol.

### 62. **Berkshire West Integration Programme**

Rachael Wardell announced that West Berkshire had not been successful in its Pioneer bid however, the work that had taken place to form the bid was being continued and used to support the ten organisations of Berkshire West in working closer together.

The ten organisations included West Berkshire Council, Reading Borough Council Wokingham Council, the four CCGs, the Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and South Central Ambulance Service Trust. The Integration Programme covered three key care groups including Frail Elderly, Mental Health and Children.

Rachael Wardell explained that the Frail Elderly work stream was the most advanced. An organisation was being recruited to take the work forward and would work across all ten organisations. The work was being funded through money previously agreed to support the Pioneer programme.

Rachael Wardell moved on to talk about the Integration Transformation Fund (ITF) that would be spent to underpin the delivery of the programme. Further guidance on this was emerging from NHS England and the Local Government Association (LGA) and the final

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guidance was expected in December 2013. Rachael Wardell highlighted that the funding would only be released if the criteria were met. The Health and Wellbeing Board would therefore want to monitor the impact of ITF investments and the achievement of criteria. An event was taking place on the 6<sup>th</sup> December 2013 to look at how the ITF was being used across Berkshire. It was important that the use of the ITF in West Berkshire supported local need.

Adrian Barker expressed the importance of involving patients in the process. Rachael Wardell was able to confirm that there was little patient involvement so far in the process however, Healthwatch would be involved moving forward.

Lise Llewellyn stated that it was important that the ITF did not just consider those who required services immediately. Social isolation implications needed to be focused on too.

Councillor Gordon Lundie stated the work reminded him of the Troubled Families agenda. He was concerned that there was risk of funding something that was not sustainable. Rachael Wardell reported that 50% of the ITF would be given upfront and the second half would be rewarded against success.

Councillor Lundie noted a differential pathway cost between the two plans. Lise Llewellyn stated that this would form part of the discussions required between Gabrielle Alford and Rachael Wardell outside of the meeting. It was expected however, that services would need expanding to meet care costs.

**RESOLVED** that the Health and Wellbeing Board noted the progress of the Berkshire West Integration Programme.

### 63. Clinical Commissioning Group Planning Process

Gabrielle Alford drew the Board's attention to the report, which detailed the Strategic Planning Process for the Berkshire West CCGs for the next five years. The paper set out what was known about health economy planning processes for 2014-15 and described the key roles envisaged for Health and Wellbeing Boards. This included assuring that CCG Commissioning Plans aligned with Health and Wellbeing Strategies and their role in determining the use of the ITF.

There was a whole raft of planning guidance, some of which linked to the ITF and some to NHS planning.

Exact timescales were to be confirmed but it was likely that the CCGs would be required to submit strategic draft plans for the next five years, to the Local Area Team by the end of January 2014. It was expected that the final guidance on the ITF would be issued in November 2013.

Gabrielle Alford drew the Board's attention to the recommendations within the paper which were as follows:

- The Board was asked to note the planning requirements outlined, the timescales and the progress made to date.
- Members' attention was also drawn to the role of Health and Wellbeing Boards in agreeing a plan for the use of the ITF. This plan should encapsulate a shared vision for health and care services, which should also be articulated in each organisation's own plans, including the two and five year CCG plans which would be brought to subsequent Health and Wellbeing Board meetings for review.
- The Board was asked to endorse the Berkshire West Partnership Board's recommendation that the planning unit for CCGs' five year strategic plans should be Berkshire West.



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Councillor Marcus Franks suggested that to ensure strategies were aligned the Health and Wellbeing Strategy might need reviewing. Lise Llewellyn reported that the Health and Wellbeing Strategy should be reflected in the CCGs plans. She reported that Lesley Wyman met with the CCG Board regularly and therefore the links were in place.

Adrian Barker noted that planning was being considered for Berkshire West however, questioned if there would be a prevention strategy. Gabrielle Alford confirmed that there would be. Rachael Wardell reported that there would be a need to work with Hospital Trusts outside the boundaries.

Councillor Lundie suggested that the Quality Improvement Productivity Prevention Plan (QIPP) come to the Health and Wellbeing Board once per year.

**RESOLVED** that the QIPP Plan be placed on the Health and Wellbeing Board's work plan once per year.

### 64. **The Autism Strategy**

Jan Evans introduced her report which aimed to update the Board on the progress with the Autism Strategy.

Autism was a lifelong development disorder that affected the way that a person communicated with and related to others and made sense of the world around them. It affected one in 100 of the UK population and there were approximately 1400 in West Berkshire with diagnosed and undiagnosed autism.

In West Berkshire only those at the top end of the Autism Spectrum received specialist support. At the other end on the Spectrum, the individual might have a very high IQ with a university degree but not necessarily be able to function normally in society without some support. They might also have mental health problems. However, because they fell outside of the criteria they were not eligible to receive support.

In February 2010 West Berkshire reviewed its service provision across adult's and children's services. The review confirmed the existence of a range of services to support adults with autism and their families, but that significant gaps did exist. In April 2010, the Department of Health launched its own Autism Strategy and West Berkshire's response to the Strategy could be viewed on page 76 of the agenda. Briefly Jan Evans highlighted that there was an Autism Partnership Board In West Berkshire, which provided strategic leadership and user and family engagement in the planning and development of services. A lot of review work had take place around developing strategic objectives.

As a result of the review Jan Evans reported that they had look at efficiencies. One key areas of need identified was the transition from Children's Services to Adult's Services and as a result Adult Social Care had established a project within the Adult Social Care Efficiency Programme to review transitions for Children's to Adult's Service to be completed by March 2014. Information services needed developing and as a result Adult Social Care had established Access For All, an Information, Advice and Signposting Service and feedback had been very positive.

There was also need for a specialist team or worker with knowledge of Autism. Currently all of the Learning Disability Team worked with those eligible for social care services as over 60 had a diagnosis of Autism and could not be supported by one practitioner. There was however scope for a lead practitioner to be identified to keep abreast of policy and practise to ensure the whole team was kept up to date and developed their own expertise.

Finally a need was identified for social groups and day activities as many fell outside of the social care criteria. Adult Social Care was reviewing how and what it commissioned with the voluntary sector and was consulting on a number of outcomes which should

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extend and diversify current provision. However, the total budget for all adult social care was £1 million for a range of activities across and wide range of needs and disabilities.

In summary Jan Evans concluded that West Berkshire Council had responded to the Autism Strategy with its partners however, Adult Social Care's eligibility criteria, which enabled it to only support those at one end of the autistic spectrum, made it very difficult. Being in an environment of diminishing resources, meant there was uncertainty about how much further the aspirations and expectations of the Strategy could be progressed.

Councillor Marcus Franks questioned if universal education services were able to support those who fell under the threshold. Rachael Wardell reported that more young people than she would liked were placed outside of the authority area and it would be preferable for them to be supported at home. She reported that they strove towards improving this. There was a large drop off in services when a child became an adult, narrowing the amount of people services were able to support. Rachael Wardell stated that co-production was a method to ensuring resources went along way.

Leila Ferguson reported that Mencap received funding from the West Berkshire Council, which enabled them to provide support for adults with autism.

**RESOLVED** that the Health and Wellbeing Board noted the progress against the Autism Strategy 2010.

### 65. Quarterly update report from Healthwatch

Adrian Barker reported that Healthwatch were continuing their engagement with the community and been communicating with the public in Newbury Hospital, Supermarkets and Boots stores. There was still a lot of work to do but they were progressing well. There were currently no issues to flag up with the Board.

Rachael Wardell commended the Healthwatch report and the work that was being carried out.

Lise Llewellyn reported that Public Health would soon be seeking support from Healthwatch with work within pharmacies.

**REOLVED** that the Health and Wellbeing Board noted the quarterly update report from Healthwatch.

### 66. Members' Question(s)

There were no Member submitted, relating to items on this agenda.

### 67. Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 23<sup>rd</sup> January 2014.

*(The meeting commenced at 9.00 am and closed at 11.30 am)*

**CHAIRMAN** .....

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