

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 22 JULY 2021

Present: Zahid Aziz (Thames Valley Police), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Chairman and Executive Portfolio: Deputy Leader and Health & Wellbeing), Councillor Lynne Doherty (Leader of Council), Dr Abid Irfan (Vice-Chairman, Berkshire West CCG), Jessica Jhundoo Evans (Corn Exchange), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director - Communities and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andy Sharp (Executive Director (People)), Councillor Joanne Stewart (Executive Portfolio: Adult Social Care), Katie Summers (Berkshire West CCG) and Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing)

Also Present: Kamal Bahia (Health & Wellbeing Engagement Group), Gordon Oliver (Corporate Policy Support), April Peberdy (Programme Manager - Public Health), Sarah Rayfield (Acting Consultant in Public Health) and Jade Wilder (Community Co-ordinator Prevention)

Apologies for inability to attend the meeting: Shairoz Claridge, Dom Hardy, Matthew Hensby, Paul Illman, Meradin Peachey and Andrew Sharp

PART I

21 Minutes

The Minutes of the meeting held on 20 May were approved as a true and correct record.

22 Actions arising from previous meeting(s)

Progress was noted as follows:

151 – Andrew Sharp and Gordon Oliver to make one final approach to Thatcham Research regarding the vacant employer position on the Board.

153 – The peer review would be undertaken in 2022.

158 – The Cultural Heritage Strategy would no longer be overseen the Board.

160 – An update on the Recovery Dashboard would be given later in the meeting and the Dashboard was on track to be completed within the next few weeks.

161 - The review of Continuing Healthcare was ongoing and would be discussed as part of the Public Questions item later in the meeting.

164 / 165 – These would be progressed as part of the Delivery Plan for the Joint Health and Wellbeing Strategy,

All remaining actions had been completed.

23 Declarations of Interest

There were no declarations over and above the standing declarations of interest.

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24 Public Questions

A full transcription of the public and Member question and answer sessions is available from the following link: [Transcription of Q&As](#)

- a) The question submitted by Paula Saunderson on the subject of monitoring the review of Continuous Health Care was answered by the Chairman of the Health and Wellbeing Board.
- b) The question submitted by Paula Saunderson on the subject of the timescales for delivery of the review of Continuous Health Care was answered by the Director of Place Partnerships for the Berkshire West Clinical Commissioning Group.
- c) The question submitted by Paula Saunderson on the subject of the scope of the review of Continuous Health Care was answered by the Director of Place Partnerships for the Berkshire West Clinical Commissioning Group.
- d) The question submitted by Paula Saunderson on the subject of the Health Inequalities Task Force was answered by the Chairman of the Health and Wellbeing Board.
- e) The question submitted by Paula Saunderson on the subject of the structure chart for Health and Wellbeing was answered by the Chairman of the Health and Wellbeing Board.

25 Petitions

There were no petitions presented to the Board.

26 Membership of Health and Wellbeing Board

The following changes in membership of the Health and Wellbeing Board were noted:

- Katie Summers to replace Shairoz Claridge as representative of the Berkshire West Clinical Commissioning Group.
- Jessica Jhundoo-Evans to replace Charlotte Hall as the cultural sector representative from the Corn Exchange Newbury.

It was noted that membership was related to position, so a vote would not be required.

The Chairman (Councillor Graham Bridgman) welcomed the new members to the Board and asked Dr Abid Irfan to pass on the Board's thanks to Shairoz Claridge for her contribution to the work of the Board, Steering Group and the Locality Integration Board.

Resolved that: the changes be noted.

27 Joint Health and Wellbeing Strategy

Sarah Rayfield presented the report on the Joint Health and Wellbeing Strategy (Agenda Item 8).

She noted that public consultation on the draft strategy would run until 4 August, with the responses being used to refine the strategy before bringing it back to the Board for approval in September along with the delivery plan. Each of the three local authorities (West Berkshire, Reading and Wokingham) would prepare their own delivery plan. The governance arrangements would also be reviewed and discussions had taken place with the Integrated Care Partnership and the Chairs of the three Health and Wellbeing Boards.

Councillor Martha Vickers asked how the consultation would be promoted so as to engage as wide a cross-section of the public as possible. She also asked if there were sections of the public who the Council seldom heard from and how they could be reached.

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Sarah Rayfield indicated that a key objective was to find new ways to engage with local communities, particularly those that the Council did not normally hear from. She highlighted the work of EduCafe and the Engaging and Enabling Communities programme. She also stated that a big part of the inequalities work around Covid-19 and the vaccine was focused on building relationships and developing trust with particular communities. In addition, Community Champions would help to engage with seldom heard communities.

The Chairman noted that this had been discussed at the last meeting. He also suggested that Board Members could help promote the consultation.

Councillor Dominic Boeck expressed his support for the Strategy's priorities. He suggested that the priorities in the strategy were not in any priority order, but were equally important and interlinked and would benefit from being delivered together.

Sarah Rayfield agreed, but noted that the priority on reducing the difference in health outcomes sat across the other priorities.

Councillor Boeck supported this and noted that the desire to address difference in health outcomes was a driver for a range of other strategies. He highlighted that paragraph 5.3 referred to reducing 'healthy' rather than 'health' inequalities.

Councillor Vickers asked who was on the Inequalities Taskforce. Also, she suggested that Councillors could help to identify and develop community champions.

The Chairman stated that he had no issue with sharing the membership of the various sub-groups - these would be considered as part of the governance review to ensure they were aligned with the new strategy and delivery plan.

Councillor Jo Stewart stated that she was a member of the Mental Health Action Group in her capacity as Mental Health Champion. She expressed an interest in joining other groups such as the Carers Strategy Action Group. She queried if a vote was required on the options set out in the report. She also asked how far the delivery plan should be progressed if there was a risk that the public consultation might require changes to the strategy, resulting in abortive work.

The Chairman indicated that work was already ongoing in relation to the option in section 6.1 of the report. He suggested that if the result of the public consultation showed opposition to the proposed approach, then the strategy and delivery plan would need to be reviewed. However, the strategy had already gone through a number of public consultation processes and had been agreed across the three Councils, so care would need to be taken if a significant change was needed at this stage.

Sarah Rayfield agreed and noted that the early results from the public consultation on the draft strategy showed support for the strategy's priorities and supporting objectives. She suggested that changes would be more likely around refinement of the strategy and language.

Resolved that: the report be noted.

28 Domestic Abuse Board Terms of Reference

Jade Wilder presented the report on the Domestic Abuse Board Terms of Reference (Agenda Item 9).

The Council had a duty under Part 4 of the Domestic Abuse Act regarding delivery of support to victims of domestic abuse, including children. A key duty was to appoint a Domestic Abuse Board (DAB) to provide advice to the Council about certain functions

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and aspects of domestic abuse. The Domestic Abuse Strategy Group has been revised to form the DAB.

The first meeting of the DAB took place on 17 June. A draft Terms of Reference had been reviewed by the DAB, the Building Communities Together Partnership (BCTP) and Housing Board and these were being presented to Health and Wellbeing Board for final approval.

The Chairman indicated that he wished for the DAB and BCTP Terms of Reference (Agenda Item 20) to be considered together.

He noted that the DAB Terms of Reference were in a new format that would provide a template for others across the Council to ensure a consistency of approach.

He indicated that the BCTP Terms of Reference had only recently been taken to BCTP and he had asked for them to be added to this agenda as a late item rather than hold them to the September meeting.

In light of the fact that the Clinical Commissioning Group (CCG) was defined as a responsible authority in the Crime and Disorder Act, he proposed an amendment to the BCTP Terms of Reference, whereby the CCG would be listed as a 'responsible authority' rather than an 'other partner'.

He highlighted that both Terms of Reference had been drafted on the basis of being agreed by Health and Wellbeing Board.

Councillor Martha Vickers welcomed the increased profile for domestic abuse. She noted that there was a lot of money being allocated by Central Government, which was not ring-fenced, and sought assurance that this would be used for the intended purpose. She asked if the Board could proposed that the use of the money be tracked by the Health Scrutiny Committee, drawing on best practice from other areas.

The Chairman stated that the Health Scrutiny Committee was responsible for setting its own priorities and he would not interfere. He indicated that the paper taken to the previous Health and Wellbeing Board meeting set out how the money from Central Government would be spent.

Jade Wilder confirmed that the Council was required to report back to the Ministry for Housing, Communities and Local Government at the end of the financial year on how the money had been spent.

Resolved that:

- The Domestic Abuse Board Terms of Reference be approved.
- The Building Communities Together Partnership Terms of Reference be approved incorporating the proposed amendment with the CCG being recognised as a 'responsible authority' rather than an 'other partner'.

29 COVID-19 Recovery Dashboard

April Peberdy gave a presentation on the Covid-19 Recovery Dashboard (Agenda Item 10). The key points from the presentation were as follows:

- The dashboard was being developed to measure the health and wellbeing impacts of Covid-19 across the life course.
- It would build on work already carried out to identify who was most at risk at a particular life stage.
- It would feature each identified life stage and the relevant data available to monitor the impact of Covid.

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- Data would look at the position prior to, during and post-Covid.
- Around 78 data sets had been identified at national and local levels.
- The idea had been discussed with the Berkshire Public Health Data Team and it was felt that the dashboard would be useful for all the Berkshire local authorities.
- Phases 1 and 2 involved uploading and entering national and local data sets.
- It would provide comparative data at national, regional and Berkshire levels.
- It would identify trends over time, monitor progress and highlight where action was needed.
- It would identify health inequalities.
- It would help to drive a recovery action plan.
- It would measure the impacts of actions.
- When completed, the dashboard would be made available on the Berkshire Public Health website: <https://www.berkshirepublichealth.co.uk>
- It was hoped to be available from the end of July / early August.
- The dashboard would be regularly updated and added to.
- The intention was to add information around the data over time to facilitate understanding.

The Chairman noted that the Berkshire Public Health website and Covid dashboard provided a useful source of information. He congratulated the Public Health Team and noted that West Berkshire was leading on this, with the life course infographic shared nationally.

Katie Summers welcomed the dashboard. She indicated that some data sets were reported yearly or six-monthly and asked if data could be provided more frequently (e.g. in relation to healthcare provider services).

April Peberdy indicated that she would welcome a discussion on data, and stressed the need for the dashboard to be live, timely and as useful as possible. **Action: April Peberdy and Katie Summers to discuss data availability.**

Councillor Martha Vickers asked if town / parish councils could be made aware of the dashboard to ensure they were aware of what was happening in their communities.

The Chairman noted that a lot of work was being done on Community Engagement, and information flow on this and other subjects was being discussed.

April Peberdy confirmed that there would be communications on the dashboard once it went live. She indicated that it would be accessible to all on the Berkshire Public Health website.

Dr Abid Irfan suggested there would be crossover between data sets used for the Covid Recovery Dashboard and those used to monitor the implementation of the Joint Health and Wellbeing Strategy.

April Peberdy agreed and noted that they would also help with monitoring the Recovery and Renewal Strategy.

Councillor Lynne Doherty noted that people had got used to the Covid dashboard and congratulated the Public Health Team for putting it together. She asked how data could be used to prioritise actions from the Delivery Plan.

April Peberdy agreed that evidence should drive actions and the dashboard would help this process, with data available in one place.

Matt Pearce noted that this would bring the infographic to life. He agreed that some data sets took a long time to come through and suggested that population health management data sets could be used to provide real-time information. He agreed that data should

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inform priorities, which may change over time. He also stressed the need to retain the community voice to complement the data to get a full picture of strengths and deficits.

Resolved that: the presentation be noted.

30 Health and Wellbeing Board Engagement Group Communications Toolkit

Kamal Bahia presented the report on the Communications Toolkit (Agenda Item 11).

She noted that the Engagement Group aimed to coordinate, collaborate and communicate with residents, with partners working together to engage residents once rather than separately.

A Toolkit had been developed, consisting of a spreadsheet setting out the groups to be engaged. It also contained details of local Facebook Groups, town and parish council contacts, and details of national / international campaigns. The intention was to create a schedule with all the campaigns being run by Public Health, the CCG and other partners and create a shared resource.

A series of 42 graphic resources had been procured around particular health topics, with a separate set summarising the work of the various sub-groups.

The Board was invited to support and engage with the toolkit to amplify messages, and to identify individuals within their organisations who needed to be involved and have access to the toolkit.

It was noted that an Induction Pack had been developed for Members of the Health and Wellbeing Board and a separate public-facing document was also being developed.

Matt Pearce expressed his support for the project and suggested that it would be good to connect the toolkit with the recovery dashboard and the Public Health Observatory.

Kamal Bahia noted that access to the Toolkit would need to be controlled and suggested that this may be achieved through a closed community on Facebook. She asked if the Board was happy with the approach of launching at the Conference and adopting an iterative approach to updating the toolkit.

The Chairman agreed that engagement should be a key theme for the conference and welcomed the approach. He stressed the need for the public to understand who the Board was and what they did and to ensure that the Delivery Plan was implemented, and suggested that the conference would provide a good platform for this.

Councillor Martha Vickers welcomed the work on engagement and the graphics. She highlighted the need to engage with people who did not use social media and also young people.

Kamal Bahia explained that the Engagement Group was getting articles published in the Newbury Weekly News, but would move towards preparing press releases that could be used by multiple outlets, including parish magazines. She had been working with Pete Campbell to review how best to engage young people, and she was also linking with the Be Well Berkshire campaign, which would help young people with their health and wellbeing.

Councillor Vickers asked about engaging with residents groups, particularly in deprived areas. Kamal Bahia indicated that was part of the toolkit.

Sean Murphy noted that the Public Protection Partnership had done a lot of work on communications and offered to work together. **Action: Sean Murphy to liaise with Kamal Bahia on shared communications.**

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Resolved that: the report be noted.

31 Delivering the Health and Wellbeing Strategy Q4 2020/21

The Chairman outlined progress in delivering the Health and Wellbeing Strategy during Quarter 4 of 2020/21 (Agenda Item 12).

He stated that the previous Strategy and Delivery Plan ended in March 2020, so an Interim Delivery Plan had been prepared. It was noted that the spreadsheet provided a RAG rating for each of the key performance indicators with associated targets. Each had a narrative to provide further detail on performance.

It was noted that performance had been affected by the pandemic, with some initiatives stopped, suspended or deferred, but many actions had still progressed. He highlighted that some of the red rated indicators were only just short of their targets.

The Health and Wellbeing Board Engagement Group had been asked to look at preparing a summary of achievements to be presented at the conference in October alongside the new Strategy and Delivery Plan. The focus would be on outcomes to demonstrate the effectiveness of the Board, its sub-groups and partners.

It was proposed to defer further performance reports until the new Delivery Plan was agreed. Work was ongoing to review which of the existing KPIs should be carried over into the new version of the Delivery Plan.

Alternative tools for tracking and reporting performance would be investigated, and it was noted that the Steering Group would like to see more narrative, since the limited range of KPIs did not reflect the full work of the sub-groups.

The Chairman noted that the Delivery Plan was based on the structure of the existing Sub-Groups and Domestic Abuse targets would go to the Domestic Abuse Board under the new structure. He asked why the Serious Case Review Protocol action sat with the Housing Strategy Group rather than Building Communities Together Partnership. He also noted that Multi-Disciplinary Team meetings appeared as an action for the Engagement Group rather than the Locality Integration Board.

Gordon Oliver suggested that when the spreadsheet had been revised to its current format, some rows may have slipped into the wrong group when cells were merged.

Action: Gordon Oliver to review the spreadsheet.

Councillor Martha Vickers highlighted the lack of information under the action 'Support children and young people at an earlier stage, ensuring they are safe through prevention and early intervention services' and asked if this was due to Covid. She also asked if the Life Education classes for primary schools would be continuing.

Andy Sharp confirmed that the Life Education classes would continue.

Councillor Lynne Doherty asked for a short update on the Suicide Prevention work. Garry Poulson noted that the indicator around the number of events to raise awareness of suicide was probably the wrong measure. He stated that an outreach worker had been appointed in December and her work had replaced the events. She had done letter-drops of resources and had received good feedback. Also, the West Berkshire Suicide Prevention website had been launched and was now the first hit on local searches. In addition, a suicide prevention training day had been held. He suggested that physical contacts could be made now Covid restrictions were being relaxed.

Councillor Doherty noted that the awareness campaign to promote the sustained employment of people from underrepresented groups had been delayed due to Covid. She felt this should be a priority because of Covid and suggested that it should not be

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delayed. She indicated that work was ongoing with the Local Enterprise Partnership to help people adapt their skills sets.

Andy Sharp acknowledged the importance of the action and suggested that colleagues from the Skills and Enterprise Partnership (SEP) could be invited to a future meeting of the Board to talk about work being undertaken. **Action: SEP representative to be invited to attend a future meeting.**

Councillor Rick Jones noted that the (SEP) chairman was the Principal of Newbury College, which had been particularly affected by Covid. He suggested that the action could potentially be reassigned in future.

Resolved that: the performance report be noted.

32 Integrated Care Partnership Transformation Programme

Andy Sharp gave a presentation on the Integrated Care Partnership (ICP) Transformation Programme (Item 13 on the Agenda). Key points from the presentation were as follows:

- The most recent meeting of the Unified Executive had focused on Rapid Community Discharge (RCD) and the Better Care Fund (BCF) review.
- RCD had facilitated the flow of patients from hospital during the pandemic, and had helped to avoid delayed transfers of care. This had been used successfully in Berkshire West and there was a desire to retain the benefits beyond the pandemic.
- RCD cost around £900,000 per month to deliver, but there were savings in keeping people out of hospital beds for longer periods. Funding was available from Central Government and through the CCG to cover RCD in the first half of the financial year. Discussions were on-going about how to core-fund RCD beyond this point. It had been agreed that the current arrangement would be funded to October, but a business case would be presented to the Unified Executive for a long-term approach.
- BCF was the flow of resources from Health and Social Care to support initiatives such as rapid discharge and support people to maintain their independence. It had worked well, but the ICP was required to review its approach on a regular basis.
- A scoping document for the review had been completed. All relevant partners would take part in the review, and the outcome of the review would be reported in late autumn. There was no desire to reduce resources or activity within the BCF, but the review would ensure that activity was efficient and effective.
- Flagship priorities for the ICP included:
 - Cardio-vascular disease prevention
 - Ageing well programme
 - Emotional health and wellbeing for children and young people
 - Learning disabilities and autism
 - Prevention – Berkshire West Can
 - Rapid discharge
- Project / programme plans for each of the above had been agreed.

It was proposed that the Health and Wellbeing Board consider progress in each of these priority areas in turn at future meetings.

The Chairman indicated that delayed transfers of care (DTOC) was a major KPI for adult social care and anything that could be done to save money by getting people out of hospital was a good thing. He expressed an interest in understanding more about the Better Care Fund and welcomed the opportunity to look in detail at each of the priorities.

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Resolved that: the presentation be noted.

33 **Health and Wellbeing Board Forward Plan**

The Chairman invited Members to make suggestions for additional items on the Forward Plan (Agenda Item 14).

He noted that an item had been added to the September meeting on defibrillators. This had come via a motion from Councillor Adrian Abbs to Council about the use of defunct BT phone boxes, but given that there would be few phone boxes available locally, the scope of the report could potentially be expanded.

Other items added to the September agenda included the Suicide Prevention Strategy and redevelopment proposals for the Royal Berkshire and North Hampshire Hospitals. He noted that the Health Scrutiny Committee had been invited to be involved in the North Hampshire Hospital proposal.

Andy Sharp that Rapid Community Discharge be added to the agenda for September.

Mike Fereday stressed the importance of West Berkshire representation on the Joint Health Overview and Scrutiny Committee looking at the Hampshire Hospital proposal, since 20 percent of patients at the hospital came from West Berkshire.

The Chairman noted that he had been to two meetings and that Councillor Claire Rowles would arrange for someone to attend on behalf of Health Scrutiny Committee.

Kamal Bahia highlighted that the conference was on the Forward Plan for 15 October. She invited suggestions for agenda topics from Board Members and indicated that this would be brought back to the September meeting.

Resolved that: the Forward Plan be noted.

34 **COVID-19 Recovery and Renewal Strategy Update**

The Covid-19 Recovery and Renewal Strategy Update (Agenda Item 15) was included in the agenda papers for information only.

Resolved that: the strategy be noted.

35 **Healthwatch West Berkshire**

The Healthwatch West Berkshire Annual Report (Agenda Item 16) was included in the agenda papers for information only.

Resolved that: the report be noted.

36 **Letter to Consultees on the Draft Statement of Gambling Principles 2022 (West Berkshire Council)**

The letter to consultees on the draft statement of gambling principles (Agenda Item 17) was included in the agenda papers for information only.

Resolved that: the letter be noted.

37 **Members' Question(s)**

No questions were submitted by Members.

38 **Future meeting dates**

The dates for the 2021/22 Municipal Year (Agenda Item 19) were noted.

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39 **Building Communities Together Partnership Terms of Reference**

The Building Communities Together Partnership Terms of Reference (Agenda Item 20) were discussed alongside the Domestic Abuse Board Terms of Reference (Agenda Item 9).

(The meeting commenced at 09:30 and closed at 11:13)

A handwritten signature in black ink, appearing to be 'C. B. J.', written over a light grey rectangular background.

CHAIRMAN

Date of Signature

30 September 2021