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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, 9 DECEMBER 2021

Present: Councillor Graham Bridgman (Chairman), Councillor Lynne Doherty, Jo Reeves (Substitute) (In place of Katie Summers) and Councillor Martha Vickers

In attendance remotely: Raghuv Bhasin (Royal Berkshire NHS Foundation Trust), Tracy Daszkiewicz (Director of Public Health Berkshire West), Dr Abid Irfan (Vice-Chairman), Councillor Steve Masters, Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director – Communities & Wellbeing); Garry Poulson (Volunteer Centre West Berkshire); Andrew Sharp (Healthwatch West Berkshire); Reva Stewart (Berkshire Healthcare Foundation Trust); and Councillor Jo Stewart.

Also present: Niki Cartwright (Berkshire West CCG), Councillor Rick Jones, Gordon Oliver (Principal Policy Officer), Michelle Paice (Healthwatch West Berkshire) and Lesley Wyman (Healthwatch West Berkshire)

Apologies for inability to attend the meeting: Councillor Dominic Boeck, Matthew Hensby, Paul Illman, Jessica Jhundoo Evans, Andy Sharp and Katie Summers

PART I

57 Minutes

The Minutes of the meeting held on 30 September 2021 were approved as a true and correct record and signed by the Chairman.

58 Actions arising from previous meeting(s)

The following actions were noted as being outstanding:

- 153 – The peer review would be undertaken in 2022.
- 160 - Phase 1 of the Covid Recovery Dashboard was complete, but Phase 2 was hold.
- 165 - The transition between CYP and adult mental health services would be addressed as part of the Health and Wellbeing Strategy Delivery Plan.
- 168 - Initial discussions had taken place around data for the Covid Recovery Dashboard, but had yet to be concluded.
- 169 – This was on hold pending appointment of a new Engagement Group Chairman
- 174 – Management of Priority 2 of the Strategy would be picked up in the review of the Steering Group Terms of Reference
- 175 – Quick wins had been identified in the Delivery Plan – timescales would be confirmed when put into the project management software
- 176 – Feedback about communications was awaited from the Place Based Partnership
- 177 – The defibrillator report was on hold due to work pressures

All other actions were noted as complete.

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59 Declarations of Interest

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

60 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 Karen Swaffield on the subject of children in temporary accommodation in West Berkshire.
- b) The question submitted by Karen Swaffield on the subject of the shortest, longest and average time that a family had been in temporary accommodation in West Berkshire.
- c) The question submitted by Paula Saunderson on the subject of referral of the CCG report on Continuous Health Care to the appropriate scrutiny committee.

61 Petitions

There were no petitions presented to the Board.

62 Membership of Health and Wellbeing Board

The Chairman asked Members to note that Tracy Daszkiewicz had replaced Meradin Peachey as Director of Public Health for Berkshire West.

Action: Gordon Oliver to circulate the current membership list to all Board Members and to check that substitutes were identified for each Member.

63 Review of Continuing Healthcare

[The Chairman agreed to bring this item forward on the agenda.]

Niki Cartwright (Director of Joint Commissioning for Berkshire West CCG) presented the Review of Continuing Health Care (CHC) (Agenda Item 10). She explained that CHC was funding made available to people with complex health needs and it resulted in a 'yes' or 'no' answer regarding eligibility.

In April 2021, the CCG had committed to undertake a review and had agreed to report back in six months' time about the changes they were making to the CHC processes. The processes were found to be convoluted and time-consuming, so they had been revised and a simplified process map had been created. A dedicated team had been created for the management of new applications, with a 28 day standard for response times, and performance had improved. A dedicated review team had been created to focus on overdue reviews and case management. Interim staff had been recruited with experience of change management and ability to present quality applications within the 28 day expectation.

Local authority dispute meetings had been held with reduced delays and there had been improved relationships with stakeholders, with compliments received from all three local authorities. A provider engagement forum had been established with support from CCG leads, which helped to inform commissioning decisions. There had also been a review of Free Nursing Care, which had resulted in improvements.

Achievement of the 28 day target had gone from 25% in Q1 of 2021/22 to 61% in Q2 of 2021/22.

The Chairman noted that concerns had been expressed previously about where Berkshire West sat within the national league table for CHC payments and that Adult

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Social Care was having to provide support for patients who they felt should be supported by the NHS.

Councillor Jo Stewart asked if local authorities could engage with the Provider Engagement Forum. Niki Cartwright welcomed this.

Action: Councillor Jo Stewart to identify representatives from West Berkshire Council to attend the Provider Engagement Forum.

Maria Shepherd indicated that she would like to see where Berkshire West sat in the national table for CHC payments and indicated that historically West Berkshire had fared worse than Reading and Wokingham.

Niki Cartwright confirmed that the national average was 7% of applications approved and Berkshire West was at 10% and she offered to provide further detail.

Action Niki Cartwright to provide a breakdown of CHC payments by local authority in terms of percentages and actual numbers.

Andrew Sharp welcomed the simplified process as it would help to relieve the burden on carers and asked if support could also be provided for applicants. He indicated that historically applications were likely to be rejected unless applicants could provide supporting evidence and cited an example of one patient who died four days after their CHC application was rejected. He suggested that the opportunity should be taken to consider whether the service was delivering benefits for residents of West Berkshire where there was a higher proportion of people who would be likely to need support. He also asked about patient representation on Provider Boards.

Niki Cartwright stressed that CHC payments related to the complexity / severity of a patient's needs rather than their illness and that the national framework was fixed. She suggested that teams putting in the applications could potentially provide support for applicants rather than the CHC Team.

Action: Niki Cartwright and Andrew Sharp to discuss support for applicants outside the meeting.

Dr Abid Irfan welcomed the improvements to processes and highlighted that there was a fast-track process for patients near the end of life.

Niki Cartwright indicated that there was an upcoming meeting with the Berkshire West local authorities to consider how that fast-track process could be improved.

Dr Irfan noted that the review of CHC processes had found that there was effective decision making and processes were being followed correctly, so there was nothing to suggest that Berkshire West was not getting its fair share of funding.

Niki Cartwright highlighted another piece of work looking at a joint funding for services to support people who did not meet CHC criteria, but whose needs could not be met by universal NHS services. This would be piloted between January and March 2022.

Maria Shepherd stated that Adult Social Care employed a CHC specialist to work with social workers / social care practitioners and help families to submit CHC checklists. This person also sat on panels to review checklists and attended Multi-Disciplinary Team meetings. She also noted that if social workers / social care practitioners were supporting families to complete checklists, they first had to undertake appropriate training. She suggested that these courses could be run more regularly.

Action: Niki Cartwright to suggest more frequent CHC courses to the Team Manager.

64 Healthwatch Report - Child and Adolescent Mental Health Services

[The Chairman agreed to bring this item forward on the agenda.]

Michelle Paice and Lesley Wyman presented the Healthwatch West Berkshire Report on Child and Adolescent Mental Health Services (CAMHS) (Agenda Item 13).

The process had started in July 2019 with a focus group to capture initial feedback. Due to the Covid pandemic, Healthwatch was unable to hold further focus groups, so feedback was sought via an online survey for families / carers of service users. Questions were asked around:

- Waiting times for a diagnosis / to be seen for any other reasons
- The difference that CAMHS had made
- Whether earlier access to CAMHS would have made a difference
- The quality of information provided upon discharge
- Information about where to get help

The survey attracted 128 responses. This was considered to be a good response, since there had been 1,500 referrals across Berkshire West in 2021. Data was also taken from the Children's Commissioner report on the state of mental health services. This showed that there had been a very large increase in referrals between 2017/18 and 2019/20, but access to treatment increased at a slower rate. This emphasised that there was a national issue for CAMHS. While some increase in demand was attributable to the pandemic, there was a risk that the increase in demand would continue.

The main issue to come out of the survey was the long waiting times - 93% of respondents had children of school age and of these 9% indicated that they had to wait between three and five years for a referral to CAMHS. Around half of respondents had to wait between one and three years for a diagnosis or access to CAMHS for any reason. Long waits had negative consequences for the children and for other family members. Three quarters of respondents felt that earlier access to CAMHS could have made a difference to their child. Overall, the service was not felt to be making the difference that parents / guardians had hoped for. Respondents also felt that they were not getting good enough information, especially upon discharge, and more information was sought around alternative services or support.

Recommendations were linked to the priorities in the 2019 Local Transformation Plan (LTP), which had been updated in September 2021, and it was recommended that the LTP aims and objectives be fully implemented. Recommendations related to: reduced waiting times; better support and communication at all stages from referral through diagnosis, treatment and discharge; improvements to staffing to deal with the increase in referrals; and measures related to prevention / early intervention. It was suggested that improvements were required across the whole system, to create a comprehensive approach to address mental health and wellbeing problems for children and young people. While the LTP had excellent medium and short-term goals, Healthwatch West Berkshire called on all Board Members to consider what could be done in the short-term to improve the situation, and to consider the impacts of wider determinants on mental health and wellbeing. Another key recommendation was for services working locally (e.g. family hubs, the Emotional Health Academy, Time to Talk, etc) to be brought together to reduce CAMHS referrals. Healthwatch offered to go back to families to involve them in co-producing solutions with providers.

The Chairman noted that the majority of recommendations related to external bodies.

Councillor Jo Stewart thanked Healthwatch for the report. She highlighted the experience of a family member where a prolonged wait for CAMHS referrals had put considerable

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pressure on the family, and the child had missed out on education opportunities as a result. She was concerned that respondents had indicated the service was ineffective, and suggested that extended wait times might have led to problems becoming more severe, or in some cases, they may have been able to find help through alternative sources. She noted that the recommendation relating to preventative and early intervention services was addressed in the Health and Wellbeing Strategy. She agreed that the Board needed regular reports on mental health data and suggested that the Mental Health Action Group could coordinate actions to address the report's recommendations.

The Chairman agreed that data was important. He also noted that Children's and Young People's Mental Health was recognised as a priority in the Health and Wellbeing Strategy, so there would be related performance indicators, with actions for the Mental Health Action Group. This meant that there were mechanisms for data to come to the Board.

Councillor Martha Vickers praised the report for being easy to read and for incorporating personal stories. She stressed the importance of prevention and early detection and intervention, and suggested that this was an area where the Council had a role to play (e.g. through health visitors, school nurses and family hubs). She noted that there had been a reduction in support offered by family hubs in Greenham and Lambourn where there were greater levels of deprivation. She also suggested that staff were also needed to provide outreach work and provide early support to ensure problems did not escalate.

Councillor Lynne Doherty explained that the Family Hub service had adopted a revised model – outreach workers were taking the service to residents of Greenham and Lambourn rather than asking them to visit a centre. She noted that data had been reported to the Board previously and recalled that the waiting time had been 18 months to 2 years, which suggested that the trend was worsening. She also indicated that services should be available to people while they were waiting. She stated that there was a really good offering in West Berkshire but services needed to do more. She recalled conversations with young people who had cited issues with peer pressure and social media, which were societal issues.

Garry Poulson suggested that the various organisations involved should be brought together to work out how to increase capacity before crisis. He agreed that peer pressure and social media were concerns that that West Berkshire could take the lead in addressing them.

Dr Abid Irfan empathised with families who had to wait. He explained that the CCG had been looking at how to reduce waiting times below 12 months and had committed to making a significant investment in mental health workers, online assessments, etc. He agreed that it was critical for families to be signposted to other services while they were waiting to access CAMHS. However, he noted that demand had gone up and waiting times for Time to Talk were increasing and the Emotional Health and Wellbeing Academy was overwhelmed too.

Niki Cartwright stated that £1.8 million was being invested in 2021/22 and 2022/23, to provide 25 additional staff. Although 14 had already recruited, there was a limited pool of people available. She explained that the longest waiting times were for autism and ADHD assessment and that work was done with families while they waited for assessment. However, diagnosis did not automatically result in access to services, but it was more about adaptation and living with the diagnosis.

Matt Pearce suggested that there needed to be a whole system approach with services integrating and working better together. He highlighted plans to develop a Be Well

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Berkshire website, which would provide a single point of access to identify areas of support. He indicated that CAMHS work would be coordinated by the Children's Delivery Group rather than the Mental Health Action Group, which was focused on adults, but he indicated that there were ongoing discussions about governance.

Michelle Paice highlighted that if a patient had received an autism diagnosis and they were suspected to also have ADHD, they had to go back on the waiting list for another 2 years to get the second diagnosis.

RESOLVED:

- The Board endorsed the report's recommendations; and
- The Board asked key partners to act upon the report's recommendations.

65 Integrated Care Partnership Transformation Programme

[The Chairman agreed to bring this item forward on the agenda.]

Manu Cuccureddu presented the update on the Integrated Care Partnership (ICP) priority around mental health and wellbeing services for children and young people (Agenda Item 11).

Key points from the presentation were as follows:

- The updated Local Transformation Plan (LTP) was published in September 2021 – this was a statutory requirement.
- It built on the 2019 plan and provided an update on what had been achieved, as well as information on local needs and trends.
- It included the voice of children / young people and their families / carers.
- It articulated the further work and resources that were needed.
- Key achievements included:
 - Establishment of three mental health support teams, with further teams to be set up this year, with all pupils to be covered by 2023.
 - Rapid response service was now a seven day offer to 8pm, with plans to extend this further.
 - Improved data flow to the national system, which would help with understanding needs.
 - 'Little Blue Book of Sunshine' digitised and distributed in paper form to all pupils in Berkshire West.
 - Increased resources for the eating disorder service.
 - Launched the ASD / ADHD advice and guidance service for families of undiagnosed children.
- There had been a review of all services, which had informed future priorities – the findings of this review matched those of the Healthwatch report.
- The ambition was for the promotion of resilience and good mental health and wellbeing to be a priority across all partners and for the right health to be provided when and where needed, with the goal of reducing the number of young people whose needs escalated to crisis.
- There were nine transformation priorities, including:
 - Building a formal delivery partnership arrangement, with a new website
 - Creating a single access and decision making arrangement
 - Tackling waiting times for specialist and core CAMHS
 - Meeting eating disorder waiting times for response to referrals, with additional resources and training
 - A community home treatment offer with 24/7 access for crisis cases
 - Mobilise two further Mental Health Support Teams by October 2022.

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- Meeting the Covid-19 surge demand as it arises
- Addressing gaps in access and service offer due to inequalities (i.e. for children and young people with learning disabilities, those from ethnic minorities and those from LGBTQ+ communities)
- Strengthening the adolescent to young adulthood offer (16-25), with a focus on trans-gender people and those moving from CAMHS to adult mental health services.

The Chairman noted that many of the issues raised were picked up in the Health and Wellbeing Strategy Delivery Plan and stressed the need to avoid duplication of effort.

Councillor Martha Vickers asked if people with eating disorders were still being referred to the specialist centre in Henley-Upon-Thames. Niki Cartwright explained that there was a home treatment service and offered to provide further information on the various elements.

ACTION: Niki Cartwright to provide information on the various components of the eating disorder service.

Councillor Vickers also asked for more detail on the Little Blue Book of Sunshine. Manu Cuccureddu explained that the Little Blue Book of Sunshine had been co-produced with young people and offered hope to readers, describing mental health issues and providing practical advice using language and imagery that was appropriate for young people.

66 Berkshire West Health and Wellbeing Strategy 2021-2030 and Delivery Plan 2021-2024

The Chairman presented the item on the Berkshire West Health and Wellbeing Strategy and Delivery Plan (Agenda Item 8). He noted that the Strategy had previously been endorsed by the Health and Wellbeing Board with the expectation that it would be agreed by Council. However, following a review of the legislation, it was confirmed that the Board had the powers to agree the strategy. He invited questions from Board Members.

Councillor Martha Vickers asked if the list of organisations addressing health outcomes for vulnerable groups in paragraph 4.5 should include the Substance Misuse Harm Reduction Group. She also asked if other groups would be invited to present to the Board in future.

Sarah Rayfield indicated that the groups listed were those that would be focusing on the initial priority groups, including: people with dementia; victims of domestic abuse; homeless people; and people with learning disabilities and their carers. However, over the lifetime of the strategy, different groups would become involved based on population need.

The Chairman confirmed that the Board would engage with all parties with an interest in the health and wellbeing of local residents, but he indicated that the Delivery Plan would continue to be developed to reflect changing circumstances. Also, discussions were underway about how the various programmes would be managed to ensure they were not in conflict and to ensure that targets were achieved.

RESOLVED:

- The Board formally adopted the Health and Wellbeing Strategy 2021-2030; and
- The Board noted the update on the development of the delivery plan for the implementation of the strategy in West Berkshire.

67 West Berkshire Better Care Fund Plan

Maria Shepherd presented the report on the Better Care Fund Plan (Agenda Item 9).

The policy framework had not been published until October 2021 and local authorities had been required to submit their plans to NHS England by 16 November - this had been done with delegated authority from the Chairman. The Plan built on work done in previous years, whilst supporting partners in recovery from Covid and winter planning. It consisted of a narrative and planning template that detailed income and expenditure together with targets. To comply with national conditions, the plan had to be agreed between Health and Social Care, and signed off by the Health and Wellbeing Board. The plan had also been signed off by the Clinical Commissioning Group's accountable person, Dr James Kent.

There were four national metrics, two of which had remained unchanged - the reablement target and permanent admissions to care homes. There were also two new targets. The target for avoidable admissions had been set at 618, which was slightly below the 2019/20 figure, but remained challenging given the pressures on the NHS. The target on Delayed Transfers of Care had been suspended in March 2020 due to Covid and had been replaced with targets for reducing the length of stay in hospital and increasing the number of people discharged to their normal place of residence. These targets only related to quarters three and four of the municipal year. NHS England had asked for targets to be stretched and it had been agreed that targets would be similar to last year, which were considered to be challenging given current issues in the care market and Covid coinciding with the winter flu period.

Councillor Jo Stewart thanked staff for putting the plan together at short notice. She agreed that the best option was for people to be discharged to their own homes where possible, but acknowledged that there were issues in sourcing care staff. She asked about how residents could return care equipment if they could not get to hospital.

Maria Shepherd suggested that MRS would be able to pick up equipment. However, Andrew Sharp highlighted that they could only pick up a limited range of items.

RESOLVED: The Better Care Fund Plan for 2021-2022 was approved.

68 Skills and Enterprise Partnership Update

Iain Wolloff presented the Skills and Enterprise Partnership Update (Agenda Item 12).

The partnership had been running for a number of years, with a diverse range of organisations attending. The aims of the partnership were to support economic development through employment and skills development for under-represented groups by supporting individuals and employers. Target groups included: people with physical disabilities; people with mental health problems; people with learning disabilities; people with long-term health conditions; and young people. Key projects included: identification of key target groups; an awareness campaign on employment of people who were furthest from employment (this had been delayed due to Covid restrictions); Working for a Healthier Tomorrow - Phase 2 (also delayed due to Covid restrictions); Delivering Life Skills; and the Work and Careers Fair (with support from Laura Farris MP). Looking to the future, the Partnership wanted to divide work into two parts – continuing with current initiatives as well as economic development and skills in general, which was being progressed with the Council's Economy Manager.

Councillor Martha Vickers asked about the Mental Health First Aid initiative. Iain Wolloff noted that West Berkshire College had a cohort of people who had received Mental Health First Aid training. While it was not a part of the Delivery Plan, there were related

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actions around supporting small businesses to promote mental health in the workplace, and commissioning services to support users of mental health services to get into work.

69 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update**

Niki Cartwright presented the item on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Update (Agenda Item 14).

The Health and Care Bill was progressing through Parliament and work was ongoing to interpret the guidance based on the draft legislation. It was expected that the ICS would be put on a statutory footing from April 2022, but it would take up to 18 months to become fully functional.

The ICS had four goals as set out in the NHS Long-Term Plan:

- To improve outcomes in population health and healthcare
- To tackle inequalities in outcomes, experience and access
- To enhance productivity and value for money
- To help the NHS support broader social and economic development

Key components of the new structure were:

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- Board of the ICB (governance body)
- Place Based Partnerships (PBPs)

From April 2022, Clinical Commissioning Groups (CCGs) would cease to exist, with all staff transferred to the ICB.

It was noted that the PBP would replace the ICP at Berkshire West Place level and the ICP would operate at System level. Also the ICS Body would become the ICB, and would support both System and Place.

The Buckinghamshire, Oxfordshire and Berkshire West ICS consisted of three Places. Most care delivery would be managed at Place. The System would orchestrate the overall strategy and delegations, while the Place would manage pooled budgets and deliver on urgent and emergency care, long-term conditions, and integrated care. Localities would also have a focus on addressing inequalities. Provider collaboratives would deliver services beyond the Place level.

The current Integrated Care Partnership / Unified Executive would become the PBP, which would be a formal sub-committee of the ICB. This would take many of the decisions that currently sat with the CCG. ICB Place Teams would support the PBP as they did with the CCG.

The PBP would report to the Health and Wellbeing Board as well as to the ICB, while the Health and Wellbeing Board would feed into the ICP. It was also noted that a new Joint Health Overview and Scrutiny Committee had been set up to provide scrutiny of the System, while NHS England and the Care Quality Commission would also provide oversight.

ICB Board membership was determined by statute, with 10 members defined, including:

- Chairman
- Independent non-executive directors (x2)
- Chief Executive

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- Partner members:
 - Local authority officer
 - Primary Care
 - NHS Provider
- Finance, Medical and Nursing Directors

Dr James Kent had been appointed as Chief Executive.

The Chairman highlighted that discussions were ongoing amongst the three Berkshire West local authorities about the relationship between the leadership of the councils, the Health and Wellbeing Boards, Health and Wellbeing Portfolio Holders, and the ICB / ICP. He noted that the ICB Board had no political membership, just one local authority officer, but there were five local authorities within the System and the Berkshire West local authorities were concerned that they would not have adequate representation. He highlighted that there was no information about the composition of the ICP and suggested that the NHS Trusts would welcome representation. He asked what conversations were taking place in relation to political voices and governance.

ACTION: Niki Cartwright to ask Dr James Kent about representation on the ICB Board / ICP.

Councillor Martha Vickers also expressed concerns that West Berkshire would not be adequately represented and that the new structure would make everything more remote from local people. She found the new structure confusing and complicated and suggested that local ward councillors should have a presentation to raise awareness of the changes and improve understanding.

The Chairman noted that the changes would not come into effect until April 2022 and there would be more comms in the coming months.

Councillor Steve Masters agreed that the structure seemed very complicated and further work was needed on communicating this to elected officials and professionals. He also echoed concerns about decision making becoming more remote and suggested that West Berkshire could potentially miss out in future.

70 **Royal Berkshire Hospital Development Proposal**

The Board noted the information item on the Royal Berkshire Development Proposal (Agenda Item 15).

71 **North Hampshire Hospital Development Proposal**

The Board noted the information item on the North Hampshire Hospital Development Proposal (Agenda Item 16).

Councillor Martha Vickers indicated that local ward councillors were not generally aware of the redevelopment proposals for Reading or Basingstoke and they would welcome an opportunity to put forward their views. She asked if more could be done to keep them informed.

The Chairman noted that there was a micro-site for the Reading proposal, and offered to get a briefing note for Members on each proposal.

ACTION: Councillor Graham Bridgman to ask the Royal Berkshire Foundation Trust and Hampshire Hospitals Foundation Trust to provide briefing notes.

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72 **Pharmaceutical Needs Assessment**

The Board noted the information item on the Pharmaceutical Needs Assessment (Agenda Item 17).

73 **Members' Question(s)**

There were no questions submitted by Members to this meeting.

74 **Health and Wellbeing Board Forward Plan**

The Chairman invited Members to contact Gordon Oliver with any proposed changes for the Forward Plan.

75 **Future meeting dates**

The dates for the 2021/22 Municipal Year were noted. It was also noted that the Health and Wellbeing Conference would take place on Friday 21 January 2022, and would focus on the Health and Wellbeing Strategy and Delivery Plan.

(The meeting commenced at 9.30 am and closed at 11.55 am)

CHAIRMAN

Date of Signature