

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 24 SEPTEMBER 2020

Present: Dr Bal Bahia (Berkshire West CCG), Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Adult Social Care), Sam Burrows (Berkshire West CCG), Councillor Lynne Doherty (WBC Leader of Council), Matthew Hensby (Sovereign Housing Association), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Matthew Pearce (Head of Public Health and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Martha Vickers (Shadow spokesperson for Health&Wellbeing) and Councillor Howard Woollaston (Executive Portfolio: Public Health and Community Wellbeing)

Also Present: Kamal Bahia (Patient and Public Engagement Group), Paul Coe (WBC- Service Director Adult Social Care), Gordon Oliver (Principal Policy Officer), Sarah Rayfield (Public Health Trainee) and James Townsend

PART I

103 Apologies for Absence

Apologies were received from Councillor Dominic Boeck, Dom Hardy, Charlotte Hall and Gary Lugg.

104 Minutes

The Minutes of the meeting held on 21 May 2020 were approved as a true and correct record and signed by the Chairman.

105 Health and Wellbeing Board Forward Plan

Councillor Vickers asked for an update on work being done around health inequalities and the BAMER community.

Matt Pearce stated that tackling health inequalities was a priority, with immediate health inequalities from the pandemic being addressed by working with community groups / champions. He indicated that discussions with communities would inform the long-term strategy to tackle inequalities. He noted that tackling inequalities was a theme running through all activities and could not be tackled in isolation.

Councillor Doherty stated she was concerned there were no standing items on the forward plan relating to KPIs.

Action: Gordon Oliver to update the KPIs and circulate these to the board.

106 Actions Arising from Previous Meeting(s)

The actions arising from previous meetings were noted and updated as appropriate.

107 Declarations of Interest

Dr Bal Bahia, Councillor Graham Bridgman, Andrew Sharp and Councillor Martha Vickers declared an interest in Agenda Item 10 and Councillor Masters declared an interest in Item 11, but since their interests were personal or an other registrable interest, but not a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on these matters.

108 Public Questions

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

(a) **Questions submitted to the Berkshire Healthcare NHS Foundation Trust by Mrs Paula Saunderson.**

Six questions standing in the name of Mrs Paula Saunderson on the subject of services for dementia patients would receive a written response from the Berkshire Healthcare NHS Foundation Trust.

(b) **Questions submitted to the Portfolio Holder for Public Health and Community Wellbeing by Mrs Lucy Brown**

A question standing in the name of Mrs Lucy Brown on the subject of the local response to the Covid-19 pandemic would receive a written response from the Executive Member for Public Health and Community Wellbeing.

(c) **Question submitted by Zoe Teather and Heather Wild to the Berkshire Healthcare NHS Foundation Trust**

A question standing in the name of Ms Zoe Teather and Ms Heather Wild on the subject of health services for new parents would receive a written response from the Berkshire Healthcare NHS Foundation Trust.

(d) **Question submitted by Zoe Teather and Heather Wild to the Berkshire West Clinical Commissioning Group**

A question standing in the name of Ms Zoe Teather and Ms Heather Wild on the subject of maternity mental health services would receive a written response from the Berkshire West Clinical Commissioning Group.

(e) **Question submitted by Mrs Carol Jackson-Doerge to the Berkshire Healthcare NHS Foundation Trust**

A question standing in the name of Mrs Carol Jackson-Doerge on the subject of improving outcomes for pregnant women from ethnic minority backgrounds during the Covid pandemic would receive a written response from the Berkshire Healthcare NHS Foundation Trust.

109 Petitions

There were no petitions presented to the Board.

110 Health and Wellbeing Sub-Group Activities

Councillor Woollaston asked the Board to note the updates of the sub-groups. He suggested that it was an opportunity to note the achievements of the sub-groups.

Dr Bal Bahia indicated that the Steering Group had thought this approach to be more useful than the usual dashboard, since the new strategy was not yet prepared.

Councillor Doherty stated she would like to see KPIs alongside the narrative.

Dr Bal Bahia stated that there had been no dramatic changes in the KPIs from the sub-groups.

111 Joint Health and Wellbeing Strategy

Sarah Rayfield introduced a report updating the Board on progress with the development of a Joint Health and Wellbeing Strategy for Berkshire West.

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She noted that Phase 1 (Defining the Current State) was complete and they were currently nearing the end of Phase 2 (Prioritisation).

She explained that wide-ranging stakeholder engagement had been undertaken to identify potential priorities. A data exercise had also been completed to identify areas of population need that had not been highlighted through stakeholder engagement. Also, an online survey had been used to engage hard-to-reach / vulnerable groups.

She stated that a long-list of potential priorities had been identified and a series of workshops had been held to assess these with the intention of reducing them to three to five priorities for the final strategy. She confirmed that the next step was to look at inter-dependencies between potential priorities and ways to tackle more than one area at a time, as well as mapping out specific areas in more detail. She highlighted four emerging themes of:

- Empowerment and self-care
- Digital enablement
- Prevention
- Covid-19 recovery

She noted that there would be a comprehensive public engagement exercise taking place in October that would make use of a variety of media and techniques to gather feedback.

She stated that the development of the strategy had faced a number of challenges:

- Limited capacity within the team and the wider system.
- There were many new people in roles across the three local authorities, which had reduced corporate memory.
- The impact of the coronavirus pandemic.
- Difficulties in undertaking early public engagement as planned, but a wider piece of public engagement was being co-produced for later in the process.
- Difficulties with developing a ten year strategy which is fit for purpose in a post-Covid world, when the full impacts of the pandemic are not yet fully known. However, she noted that an early review after 1-2 years would ensure the strategy remained fit for purpose.

Given these challenges, it was recommended to extend the completion date for producing the strategy by a month to allow time for further public engagement.

Councillor Vickers asked if there were any figures on the numbers of people who had been engaged. She highlighted Berkshire Youth, and asked if the community hubs were being utilised, and if town and parish councils had been engaged. She also asked about the age profile of respondents and which groups had not been reached.

Sarah Rayfield stated that engagement was due to start in October. She confirmed that they would be engaging through the community hubs and town and parish / town councils to discuss priorities and get their insights into their local communities. She stated that responses would be closely monitored and profiled to inform changes to the engagement process.

Councillor Doherty noted that previous surveys had attracted a low response from young people. She suggested contacting Nikki Davies about the Peer Mentoring Network and how to engage young people in different ways.

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Andrew Sharp commended the work that had been done in such challenging circumstances, but suggested that the strategy should be given more time if necessary. He stressed the need for the Board to get all of its partners involved. He suggested that the long-term implications of Covid were not yet understood and so more time would be useful.

Garry Poulson agreed with Andrew Sharp that the strategy needed more time to allow voluntary groups to properly engage with the process. He also stressed the importance of a 'call to action'.

RESOLVED that the report be noted.

112 Healthwatch Maternity Report

Michelle Paice, Alice Kunjappy-Clifton and Andrew Sharp introduced the Healthwatch report about Maternity Services in West Berkshire

They explained that their work followed on from the BOB STP maternity survey undertaken by the five local Healthwatch services, which highlighted the need for improvement in a number of key areas.

Healthwatch wanted to find out more about what women thought about their whole maternity experience. Their survey attracted around 200 responses.

Their report highlighted that West Berkshire mothers used three hospitals:

- Royal Berkshire Hospital in Reading (40%)
- Basingstoke Hospital (24%)
- Great Western Hospital in Swindon (28%)

Healthwatch recommended that future data on maternity services should come from all three hospitals.

They highlighted that only 35% of ante-natal care was provided by GP practices and that data from the three hospitals must be included to get a more representative picture.

They suggested that more work was required to explore if women wanted an alternative to giving birth in a hospital delivery suite.

They highlighted issues and variances between hospitals and across various aspects of maternity services. Particular issues were identified with women being able to make their own decision, and the quality of post-natal care.

Between 12% and 15% described their birth experience as 'poor' or 'traumatic'. Also, 34% of mothers said that they did not get the opportunity to speak to a health professional about their experience.

They explained that a West Berkshire Maternity Forum had been set up to enable women to share their childbirth experiences. The forum highlighted issues during Covid lockdown when many new mothers lost support from their families and friends, and lacked information about where to get help.

They highlighted inconsistencies between the hospital trusts around partners being allowed to visit and attend scans and births.

They also expressed concerns about the impact of Covid on health visitors, who were unable to perform their role normally and highlighted the mental and physical impacts of the pandemic on new mothers.

They summarised maternity care for West Berkshire women as being disjointed and inconsistent and stressed the need for continuity of care from ante-natal to post-natal

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care, and the need to work across NHS and local authority boundaries. They noted that women wanting home births could only book with Royal Berkshire Hospital.

They suggested that more work was needed to understand the birth experiences of minority groups, since they experienced additional risks and had been disproportionately affected by Covid.

They also suggested that maternity provision should be given greater priority in the District Needs Assessment, and pointed out that it was a priority of the NHS Long-Term Plan.

Healthwatch encouraged the Board to engage more with new mothers, learn from the report findings, and improve monitoring processes for all of the maternity hospitals.

Councillor Woollaston asked about the John Radcliffe Hospital. Michelle Paice indicated that only a very small number of respondents had used this hospital.

Action: Healthwatch to confirm John Radcliffe Hospital maternity figures for Councillor Woollaston.

Councillor Woollaston also asked about the number of survey responses.

Michelle Paice stated that there had been around 200 responses. Andrew Sharp stated this represented just over 10% of the births in West Berkshire.

Councillor Doherty agreed with the recommendation to look at all hospitals used by West Berkshire women. She stated that comments about emotional and physical support after birth focused solely on health professionals and did not take account of support in the wider community. She questioned a couple of the report findings. For example, during Covid-19 lockdown, she had been informed that every new mother was still getting new birth visits, which was in contrast to the report's findings. Also she had talked to one new mother whose partner had been permitted to attend the birth and they had felt 'safe and cocooned' in the hospital, which again was at odds with the report's findings.

Alice Kunjappy-Clifton stated that the information she had received was from the new mums' Facebook group, and this had highlighted variations in the approaches adopted by individual hospitals. She also stated that changes had been made since the start of the pandemic, but there was a clear pattern both locally and nationally of more women birthing alone.

Councillor Masters thanked Healthwatch for the report and hoped that the Board would act on the recommendations. In relation to the inconsistencies raised, he suggested that this was inevitable. He noted that whilst there were a number of areas that were working well, some issues needed looking at.

Councillor Vickers also expressed her thanks for the report. She highlighted the addendum on health visiting. She noted that one new birth visit was provided, but suggested that this was not enough, and the traumatic post-natal period was when additional support was needed. She also noted that while peer support was good, a professional viewpoint was of paramount importance. She pointed to the priority of the first 1001 days as a key driver in this and noted that post-natal depression could have long-term impacts.

Councillor Doherty agreed and stated that the first visit was a screening visit to assess needs and determine if additional help was needed. She had been informed that additional visits were being made as necessary.

Michelle Paice commented that it could take up to 6 weeks for post-natal depression to appear.

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Alice Kunjappy-Clifton indicated that there was still a communication gap and mums needed to be told how and where to access information.

Sam Burrows commended the report. He stated that he had experienced excellent post-natal care with all three of his children. He explained that his second child had been stillborn and they had experienced outstanding bereavement care, but he recognised that this was not always the case. He noted that the CCG too often looked solely within its boundaries and acknowledged that it should look beyond these for residents who use other hospitals. He indicated that there were some recommendations in the report that could be tackled quickly and stated that he had been working with Hampshire Hospital to improve continuity of care for West Berkshire residents. He concluded by highlighting the need to focus on fathers as well as mothers in post-natal care.

Dr Bal Bahia agreed with Sam Burrows on the need for a cross-boundary approach, given West Berkshire's proximity to a number of hospitals. He noted that some patients chose to switch hospitals if a previous birth experience was poor. He noted that his practice had always worked closely with midwives and health visitors and recognised the need for continuity of care that was flagged in the report. He welcomed the feedback provided by the report, but suggested that it was important to note that the report only reflected a small proportion of the overall number of births in West Berkshire. He also noted that at the start of the pandemic, hospitals were instructed to minimise visitors and partners being present, but this quickly changed to allow more flexibility. He also noted changes in primary care – midwives visited within 10 days, followed by a health visitor check, and an 8 week check to coincide with immunisations. However, he recognised that there may be cases where this did not happen as planned and welcomed the feedback highlighted in the report. In terms of cross-boundary working, he confirmed that a midwife from Basingstoke Hospital now held regular clinics at his surgery in Thatcham. He stated that previously it had been agreed that the Board should discuss exceptions (issues that were not being resolved), but this approach could change.

Matt Pearce thanked Healthwatch for the report and agreed the need to focus on the first 1000 days. He stated that 97% of mums had a new birth visit in Q1 and during Covid a feeding call was introduced. He also stated that Berkshire West were looking to recommission the 0-19 service and he undertook to incorporate the report's recommendations in the new contract.

Action: Public Health to consider the Healthwatch Maternity Report findings when recommissioning 0-19 services.

Councillor Bridgman asked for clarification on the time period of the births in the report. He asked if the 75 births at the Royal Berkshire Hospital took place over the 3 year period of the BOB survey. He also noted differences between the Healthwatch survey results and hospitals' own surveys and asked how these could be reconciled.

Andrew Sharp stated that 3 out of 10 mothers were not asked about their experiences, which was a problem, and he suggested that some of these would have responded to the Healthwatch survey, so there was not necessarily parity between the surveys.

Michelle Paice stated that the Healthwatch surveys covered births between January 2016 and December 2019.

Alice Kunjappy-Clifton noted that the Reading Maternity Voices survey results focused on patients in Reading and Wokingham with limited feedback from West Berkshire women.

Councillor Bridgman suggested that the survey responses did not account for 10% of births if taken over a three year period.

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Andrew Sharp stressed that the important thing was to note the 500 women on the Facebook group who had provided feedback. He suggested that too much focus was placed on Royal Berkshire Hospital, with Reading Maternity Voices failing to talk to Basingstoke, Great Western or John Radcliffe Hospitals. He stated that the qualitative feedback in the report raised issues that needed urgent attention.

RESOLVED that:

- All future reports and data on maternity services presented to the West Berkshire Health and Wellbeing Board to include data on West Berkshire births at the Great Western Hospital and Basingstoke and North Hampshire Hospital in addition to Royal Berkshire Hospital.
- Any tracking data sets and data dashboards developed and used to evaluate quality of maternity services by West Berkshire Health and Wellbeing Board should include data on West Berkshire births at the Great Western Hospital and Basingstoke and North Hampshire Hospital, in addition to Royal Berkshire Hospital
- Data on all maternity services including during pregnancy, during birth and 10 days following birth are presented to the West Berkshire Health and Wellbeing Board on an annual basis including national and comparative area benchmarking.
- Postnatal care in particular is scrutinised and improved in whatever way possible, including setting up of postnatal classes to help women learn from each other and the involvement of voluntary and community groups, supported by health professionals, and that all discussions include Health Visitors, Midwives and Family Hubs.

113 **Prevention Concordat for Better Mental Health**

Rachel Johnson introduced a report that sought the Board's approval to sign up to the national Prevention Concordat for Better Mental Health.

She noted that this would demonstrate the Board's and its partners' shared commitment to prevent mental health problems and promote good mental health, which was important, since this should not just be the responsibility of Public Health.

Councillor Vickers stressed this was an important step in the current circumstances. She also highlighted the importance of childhood experiences and commented that health visitors used to do a 6-8 week questionnaire with new mothers about their mental health, which often highlighted issues that had not previously been detected. She asked if this could be reinstated.

Rachel Johnson commented that the action plan would address all different age groups to develop a life course approach to preventing mental health problems.

Councillor Doherty agreed the need for a cradle to grave solution, and asked if the National Concordat could incorporate some points that are more specific to West Berkshire, with a particular focus on young people.

Rachel Johnson suggested that this was something that could be woven through the work of all the Board's sub-groups and highlighted work already underway with young people.

Councillor Masters supported the Concordat, but wanted it to be more than a badge, and for it to be supported by action and adequate resources. He thanked Rachel Johnson for her work.

Matt Pearce agreed with Councillor Masters and noted that it was about securing a shared commitment. He also agreed with Councillor Doherty about the need for a cradle to grave approach in tackling mental health issues. He emphasised that all of the Board's partners had a role to play in tackling mental health issues.

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Dr Bal Bahia supported the report, and agreed the need for a cradle to grave solution. He asked who would lead on delivering the Concordat and over what footprint would it be delivered.

Matt Pearce confirmed that he was happy to continue as Chair of the Mental Health Action Group. He confirmed that the Concordat applied just to West Berkshire, but recognised that it needed to interface with work done at the Berkshire West level and understand what partners' roles would be.

RESOLVED that the Board formally adopt the Prevention Concordat for Better Mental Health.

114 Health and Wellbeing Board Membership

Gordon Oliver introduced a report that sought to confirm the current membership of the West Berkshire Health and Wellbeing Board and whether any changes to membership were required.

He invited the Board to consider the proposal to appoint Sean Murphy to the Health and Wellbeing Board as a Public Protection Partnership representative.

He asked the board to note the recent changes in the individuals attending Board meeting and highlighted the current vacant employer position. He also encouraged members to nominate substitutes to attend Board meetings where they were unable to do so.

Councillor Woollaston noted that it was good practice to keep membership under review and suggested that this be done annually or in between as needed.

Garry Poulson noted that the Corn Exchange represented the arts on the Board, but due to current circumstances, their attendance had been limited. He suggested that the Watermill Theatre could potentially share the role to represent the arts sector and attend when the other could not.

Councillor Bridgman suggested that members should be representative of a body or sector and suggested that membership should apply to the role rather than the person. He suggested that West Berkshire Council members should be the Portfolio Holders for Adult Social Care, Children Young People and Education, Health and Wellbeing, and the Leader, with opposition and minority group representatives and substitutes nominated.

Andrew Sharp agreed and suggested that Thatcham Research could be approached about being an employer representative.

Dr Bal Bahia stated that an employer member should represent the whole of West Berkshire. He stated that Vodafone had been approached previously, but the Board's activity was not particularly relevant to them. He suggested that it would be good to have a post for people to come into to talk about particular issues as required rather than attending every meeting.

Resolved that:

- Changes to the individuals attending Health and Wellbeing Board meetings be noted;
- The Watermill Theatre and the Corn Exchange be approached regarding sharing arts representation on the Board;
- Thatcham Research be approached about employer representation on the Board;

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- Sean Murphy be appointed to Health and Wellbeing Board as a Public Protection Partnership representative;
- Members should nominate substitutes to attend Health and Wellbeing Board meetings where they are unable to do so.

115 Review of Health and Wellbeing Board Meetings

Gordon Oliver introduced a proposal to revise the meeting schedule for Health and Wellbeing Board, which would increase the annual number of public meetings from three to five, with no regular meetings to be held in private.

It was proposed that Board meetings would still be preceded by Steering Group meetings, to be held in private as they are now. The Steering Group meetings would be used to agree the agendas for Board meetings and to discuss operational issues.

It was also proposed to have two or three themed workshops each year and an annual conference, which would be opened up to members of the public.

He suggested that the proposed changes would make the board more effective and efficient, while making agendas more manageable and increasing opportunities for public engagement.

It was suggested that the changes come into force from 1 April 2021 so they could be integrated with other council meetings when meeting dates are agreed for the coming municipal year.

Councillor Doherty stated that private board meetings allowed for open and frank conversations with one another and it was perhaps wise to bring the LGA peer review back to review this. She suggested that there needed to be time between meetings for work to happen.

Dr Bahia stated that when the Board was formed, the private meetings were vital in order to facilitate frank and honest conversations. However, the Board had reached a stage of maturity and development that permitted meetings to be held in public. He noted that there was a greater emphasis on public involvement and co-production and applauded the Council for its ways of working. He acknowledged that he had the benefit of attending Steering Group meetings, so was more aware of work being delivered between meetings. He concluded by noting that the LGA Review had steered the Board towards more transparency in due course.

Nick Carter agreed with Dr Bahia. He suggested that if there was a need to have a conversation not in the public domain, this could be done via the Steering Group, but that he thought the board had reached a point where it could be confident about holding all of its meetings in public. He suggested that development work could be taken off-line if necessary.

Councillor Doherty stated that it may be wise to have a review in 6 to 9 months.

Nick Carter agreed with Councillor Doherty, but suggested that structural changes in the NHS needed to take place first.

Action: West Berkshire Council to arrange another Peer Review once structural change in the NHS are complete.

Councillor Vickers welcomed the proposal and suggested that meetings should be public unless there was a specific reason to have them in private. She noted that Part II items would allow for matters to be discussed in private. She also suggested that the Board could be scrutinised by the Council's Overview and Scrutiny Management Commission.

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Councillor Masters stated that he believed more regular and public meetings would be good for public accountability and transparency.

Andrew Sharp expressed his support for the proposed changes and suggested that it was good for public engagement. He noted the Homelessness Strategy Group was also moving to more public meetings.

Matt Pearce stated that a rapid review had been done previously against the Peer Review recommendations.

Councillor Woollaston noted that items taken to private meetings were being brought back to public meetings, which was inefficient.

RESOLVED that:

- The number of public meetings be increased from three to five per year with no regular meetings to be held in private;
- The revised meeting schedule be referred to the Council meeting on 3 December so the meetings can be integrated into West Berkshire Council's municipal calendar for 2021/22.

116 Recovery Strategy

Nick Carter introduced a report that set out the Recovery Strategy for West Berkshire, which was approved by the council's Executive in July. He stated that there was an action plan that was regular updated.

He explained that the council had a Recovery Group and there was also a Berkshire Recovery Group and a Thames Valley Recovery Group. In addition, he noted that recovery was being discussed by health partners.

He indicated that with the second wave of Covid recovery was progressing alongside response and that response activity could dominate in the coming months.

He noted that the ICP had been overseeing a health-focused recovery plan.

In terms of the economic impacts, he indicated that 21% of the workforce had been furloughed. He explained that work was progressing with the LEP on short and medium term economic recovery.

He highlighted the fact that schools were open again which was positive, but the long-term impacts of Covid on children and young people were not yet understood.

He suggested that there may be positive environmental impacts, particularly around promotion of active travel.

He noted that the Communications and Engagement Strategy would go to Executive for approval in October, which needed to be delivered in partnership with the Board.

He indicated that the council was looking at how it would work differently in future (e.g. increased home working).

Councillor Vickers asked if the Council were considering employing Covid-19 marshals to provide a visible presence, inform residents and challenge businesses where they do not follow safety requirements.

Nick Carter stated that Government's view was that local authorities should enforce regulations that applied to businesses, and the Police should carry out enforcement with residents. He stated that no decision had been made about Covid marshals yet. He indicated that the army could be used to support the police, but not on the streets.

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Matt Pearce stated that the Government was still considering what Covid marshals should do. He suggested that these would be prioritised in high-risk areas. He also highlighted Appendix 1 of the Strategy, which featured a life-course infographic which had been recognised nationally and cited as best practice by the LGA.

RESOLVED that the strategy be noted.

117 Housing Strategy

Gary Lugg was unable to attend the meeting so Councillor Woollaston asked members to note the report and the fact that the draft strategy had been published on 18 September. He highlighted that the public consultation would run until 1 November and encouraged members to provide feedback.

RESOLVED that the report be noted.

118 Health and Wellbeing Conference

Kamal Bahia introduced a report on the Health and Wellbeing Conference held on 11 September 2020.

She noted that there had been a good turnout, with a mix of member of the public and other stakeholders. She indicated that there had been good presentations from Garry Poulson, Matt Pearce and Nick Carter. These were followed by three workshops on Young People, Working Together and Volunteering. She stated that the presentation slides would be made publicly available.

She explained that feedback was being collected from delegates and that the Health and Wellbeing Engagement Group would be reviewing this to understand what had gone well and what should be done differently in future. She stated that there had been positive feedback about the conference being open to the public.

She asked if the Board was happy for the conference to remain as a public event and for the report to be shared with delegates.

Councillor Woollaston congratulated Kamal Bahia for organising such a successful event.

Councillor Vickers agreed that it had been a success and suggested that the strong attendance reflected public interest in health and wellbeing issues. She noted that the event had encouraged many new people to attend. She also indicated that she welcomed the informal atmosphere of the event.

RESOLVED that:

- the report be noted and
- future conferences should be held as public events.

119 Exclusion of Press and Public

RESOLVED that members of the press and public be excluded from the meeting for the under-mentioned item of business on the grounds that it involves the likely disclosure of exempt information as contained in Paragraphs(s) * of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the [Local Government \(Access to Information\)\(Variation\) Order 2006](#). [Rule 8.10.4 of the Constitution also refers](#).

120 Future meeting dates

The next public meeting of the Health and Wellbeing board would take place on 28 January 2021.

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(The meeting commenced at 9.30 am and closed at 12.01 pm)