

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 20 MAY 2021

Present: Zahid Aziz (Thames Valley Police), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health & Wellbeing), Shairoz Claridge (Berkshire West CCG), Councillor Lynne Doherty (Leader of Council), Matthew Hensby (Sovereign Housing Association), Dr Abid Irfan (Berkshire West CCG), Councillor Owen Jeffery (Shadow Portfolio Holder: Health and Adult Social Care), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Meradin Peachey (Director of Public Health for Berkshire West), Matthew Pearce (Service Director - Communities and Wellbeing), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)) and Councillor Joanne Stewart (Executive Portfolio: Adult Social Care)

Also Present: Nick Carter (WBC - Chief Executive), Niki Cartwright (Berkshire West CCG), Paul Coe (Service Director, Adult Social Care), Councillor Rick Jones, Gordon Oliver (Corporate Policy Support), Sarah Rayfield (Acting Consultant in Public Health) and Samantha Shepherd (Programme Manager Local Communities)

Apologies for inability to attend the meeting: Charlotte Hall, Dom Hardy, Paul Illman, Garry Poulson, Reva Stewart and Councillor Martha Vickers

PART I

1 Non-Notice Procedural Motion

Councillor Graham Bridgman noted that the Council had previously passed a motion in relation to virtual meetings, which had expired with the emergency Coronavirus Regulations 2020. However, COVID restrictions remained in force and the Council had to manage meetings so they were legitimate and safe, while engaging Members unable to be present in the room, as well as members of the public.

Legislation and the Constitution only permitted those physically present to speak and vote. Therefore, it was proposed that standing orders be suspended, to allow Health and Wellbeing Board Members, officers and members of the public engaging remotely to speak at the option of the Chairman, and for Members of the Health and Wellbeing Board to take part in an indicative vote, prior to the formal vote, which would inform the votes of those physically present.

At the vote, the motion was carried.

2 Election of Chairman

RESOLVED that Councillor Graham Bridgman be elected as Chairman of the Health and Wellbeing Board for the 2021/22 Municipal Year.

3 Election of Vice-Chairman

RESOLVED that Dr Abid Irfan be elected as Vice-Chairman of the Health and Wellbeing Board for the 2021/22 Municipal Year.

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4 Minutes

The Chairman asked that Dr Bal Bahia's declaration of interest be removed from the minutes as he was listed as an apology for that meeting.

Councillor Joanne Stewart (Executive Portfolio: Adult Social Care) asked that her name be added to the record of those who attended.

Subject to the above changes, the Minutes of the meeting held on 28 January 2021 were approved as a true and correct record and signed by the Chairman.

5 Actions arising from previous meeting(s)

151 - Andrew Sharp had spoken with Thatcham Research. They were still undecided, so he undertook to follow-up again.

153 – It was noted that the Peer Review would be carried out at a future date post-Covid.

158 – It was noted that the Cultural Heritage Strategy Delivery group planned to bring a report to the July meeting.

160 – It was noted that the Covid Recovery Dashboard was still in development and would hopefully be live in 4-6 weeks.

6 Declarations of Interest

Councillor Graham Bridgman and Andrew Sharp declared standing interests as set out in the agenda, but reported that, as 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 items where these may be relevant.

7 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 Ms Paula Saunderson on the subject of the low rate of normal Continuous Health Care awarded for long-term dementia patients was answered Interim Director of Joint Commissioning from the Berkshire West Clinical Commissioning Group.
- b) The question submitted by Ms Paula Saunderson on the subject of how lessons would be learned from the pandemic was answered by the Chairman of the Health and Wellbeing Board.
- c) The question submitted by Ms Paula Saunderson on the subject of the future availability of affordable nursing places for Dementia Patients in their later stages was answered by West Berkshire Council's Executive Director - People.
- d) The question submitted by Ms Paula Saunderson on the subject of the availability of affordable residential respite care for full-time, unpaid dementia carers was answered by West Berkshire Council's Executive Director - People.
- e) The question submitted by Mr Paul Morgan on the budget allocated for Health & Wellbeing board over the next 24 months and projects that this money will be spent on and when was answered by the Chairman of the Health and Wellbeing Board.

8 Petitions

There were no petitions presented to the Board.

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9 Draft Joint Health and Wellbeing Strategy

Sarah Rayfield presented the first draft of the Joint Health and Wellbeing Strategy to the Board.

She indicated that there were eight principles embedded in the Strategy:

- Recovery from COVID-19
- Engagement
- Prevention
- Empowerment & self-care
- Digital enablement
- Social cohesion
- Integration
- Continuous learning

There were also five health and wellbeing priorities, which had been identified through consultation:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help children and families in early years
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

Feedback on the draft strategy was sought from the Board.

It was noted that the draft Strategy would also be presented to the Reading and Wokingham Health and Wellbeing Boards for review and feedback.

West Berkshire Council's Legal Team had confirmed the need for a formal consultation on the draft Strategy. It was proposed that this should run for six weeks during June and July alongside continuing stakeholder engagement to inform the development of the Delivery Plan.

Councillor Lynne Doherty asked how a seamless, cradle-to-grave provision of mental health support was to be provided when children's and adults' mental health were covered by different priorities in the strategy.

Sarah Rayfield confirmed that this had been discussed, but it was decided that the different age groups should be mentioned separately to ensure children's mental health was not lost sight of and to recognise that different services handled provision for different age groups. She indicated that the need for a seamless transition would be picked up in the Strategy.

Councillor Dominic Boeck asked about the communication strategy for informing the wider public; he felt the document was aimed more towards professionals.

Sarah Rayfield acknowledged that it was not as accessible as it could be and noted that in the implementation phase, efforts would be made to embed public engagement as an ongoing activity and facilitate understanding.

Councillor Owen Jeffery queried the process by which priorities were determined. Sarah Rayfield explained that they were based on data relating to the impact of previous

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strategies and feedback from the public and other stakeholders about what would make the biggest difference in their lives. Public feedback had been used to reduce the priorities from 11 to 5. The order in which they were listed did not reflect the status of any individual priority.

Matt Pearce noted the process would be guided by the Engaging and Enabling Local Communities programme and the Health and Wellbeing Engagement Group would also support communications relating to the Strategy.

The Chairman noted that there was a theme of tackling health inequalities running through the strategy and other papers being discussed at the meeting.

RESOLVED that the Board supported the amended proposal for a six-week consultation on the draft Strategy with further stakeholder engagement as part of development of the Delivery Plan.

10 **Build Back Fairer: The COVID-19 Marmot Review**

Sarah Rayfield summarised the paper provided to the Board on the COVID-19 Marmot Review. This set out how certain groups had been disproportionately affected by the COVID-19 pandemic. The report included a number of recommendations relating to:

- Reducing inequalities in mortality from COVID-19
- Reducing the impact on early years and inequalities in education
- Improving outcomes for children and young people
- Creating fairer employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing healthy and sustainable places and communities
- Strengthening the role and impact of ill-health prevention

She noted that many of the recommendations were aimed at national level, but there was a need to tackle health inequalities within local strategies.

Dr Abid Irfan noted that the report made an excellent critique of the differential impact of Covid within communities and observed that there was a significant amount of work to do to address this, including at the Berkshire West 'place' level. He suggested that even addressing 50-60 percent of the recommendations would have a significant impact on communities.

Councillor Lynne Doherty suggested that these issues should be picked up in West Berkshire's Recovery and Renewal Strategy. She noted that some impacts may not be felt as much in West Berkshire as in other places, for example, West Berkshire had succeeded in reducing rough sleeping. She stressed the need to consider which bits were most relevant to this area.

The Chairman stressed the need for all of the recommendations to be addressed.

RESOLVED that the report be noted.

11 **Health Inequalities Taskforce**

Sarah Rayfield presented the report. She explained that the Taskforce had been established to tackle inequalities and this was a pillar of the Joint Health & Wellbeing Strategy. The Taskforce included officers from across West Berkshire Council and the Clinical Commissioning Group. It would deliver a coordinated approach and would be responsible for developing and delivering an action plan. This would be informed by data on what was driving health inequalities locally, a mapping exercise to understand the

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initiatives already in place, and would draw on evidence of what worked well locally and elsewhere.

The Board's approval was sought to formalise the taskforce as a new sub-group of the Health & Wellbeing Board, reporting to the Board via the Steering Group.

The Chairman noted that there was a review of the Council's Constitution, which would ensure a consistent approach to the Terms of Reference for different committees and sub-groups. He thanks Sarah Rayfield for her work on developing the draft Strategy and setting up the Taskforce.

Dr Irfan noted that the Integrated Care Partnership already had a Prevention of Health Inequalities Board and queried how the taskforce would link with this to avoid duplication of efforts. Sarah Rayfield stated that she has not yet made a connection with that Board, but undertook to do so.

Councillor Stewart expressed support for the Taskforce as a way to ensure that expert voices were heard and for health considerations to be embedded across all Council policies.

Matt Pearce expressed his thanks to Sarah Rayfield. He noted that work had been done with local communities to understand their needs. He indicated that it was a complex situation that would take time to address and the Taskforce would not be able to address the problems alone – they would need to work with partners and the communities to understand their assets and needs.

Andy Sharp suggested that there was a need for the Taskforce to exercise a 'place' leadership role and highlighted the need to understand how it would engage with other partners.

RESOLVED that the new Health Inequalities Taskforce be formalised and that it should report into the Board via the Steering Group.

12 Healthwatch Covid Patient Experience Survey Report

Andrew Sharp presented the report. It was noted that the data was gathered between May and August 2020 and mostly related to the first wave of the pandemic and preceded the second lockdown. The survey had been undertaken jointly with Reading and Wokingham – West Berkshire had the largest response. More compliments than complaints were seen in the free-text responses, but over 240 local families were bereaved due to COVID-19. He noted that responses were still awaited from the Integrated Care System and Integrated Care Partnership. The report stressed the need to learn from mistakes so more lives could be saved in the event of a future pandemic.

Shairoz Claridge welcomed the report and its insights. She indicated that the CCG response was being prepared. She noted that lessons were learned from Wave 1 which informed the response of the NHS to Wave 2. Key meetings had been maintained to coordinate actions, with some ICP meetings moved to shorter sessions. She stated that there had been lots of challenges due to social distancing and infection control, but services were back to pre-COVID levels with a mix of virtual and face-to-face meetings. She indicated that the NHS was supporting decompression of staff and recognised the need to keep learning and improving.

Councillor Owen Jeffery reinforced the need to not just go back to normal after COVID-19 and to apply lessons learned in future years.

Andy Sharp indicated that the report was useful to show how public perceptions had changed through the pandemic. He reflected that some of the difficulties faced in the first

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wave were outside of local agencies' control. He welcomed the report and ongoing discussions.

Councillor Lynne Doherty observed that there would be learning at the national level and queried how all the different research and lessons could be pulled together in West Berkshire. She noted that Overview and Scrutiny Management Commission would undertake a review later in the year and stressed the need to ensure that all voices were heard.

Councillor Joanne Stewart noted that there had been discussions on social media about difficulties in accessing dentists during the pandemic. She also welcomed that fact that the report included compliments and gave a balanced view.

The Chairman agreed that there was a clear need to learn lessons. He emphasises the need for further research to cover the second wave and the impacts of opening back up.

Andrew Sharp noted there were areas action could already be taken. He indicated that he had an NHS Dentistry contact who was willing to talk to relevant partners. He suggested that the Planning Authority would be an important partner. He noted there was still an issue with people not attending appointments, but it was not clear why. He indicated that there was an opportunity to promote careers in health and social care. He concluded by stressing the need to have open loop learning and to build back better and fairer, and to be better prepared for the next pandemic.

RESOLVED that the report be noted.

13 Integrated Care Partnership Transformation Programme

Andy Sharp provided an update on the work of the Integrated Care Partnership (ICP).

The Joint Commissioning Board (JCB) had looked at the potential for working across Berkshire West to get better value for money and improve outcomes for residents. There were limited opportunities for joint commissioning, but two projects would be progressed:

- Development of a Joint Nursing Care Strategy for Berkshire West looking at how to grow, shape and commission in the marketplace.
- A project to develop joint funding framework for health tasks delivered through local authorities, which were above and beyond social care.

Flagship programmes identified for 2021/2022 included:

- Cardio-vascular disease prevention (health inequalities)
- Ageing well programme
- Emotional health and wellbeing for children and young people
- Learning disabilities and autism
- Prevention – Berkshire West Can (current flagship project)
- Rapid discharge from hospital (current flagship project)

Further detail would be fleshed out for each of the above projects before reporting back to the Unified Executive, with additional resources to be allocated to allow them to be progressed.

There had also been discussion about the Integrated Care System (ICS) footprints and the potential for a Berkshire ICS if the Frimley arrangement ended, but no formal decisions had been made.

Andy Sharp indicated that further updates would be made at future meetings.

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The Chairman and Andrew Sharp expressed interest in the potential of a Berkshire ICS, which would make sense from a shared services perspective and there were good practices that could be brought over from Berkshire East.

Andrew Sharp also highlighted challenges around retaining the health and social care workforce and suggested that the Unified Executive should keep this on their radar. Andy Sharp agreed and indicated that workforce would be an enabler for the flagship projects and a joined up approach was needed. He indicated that this would be picked up by the Delivery Group.

RESOLVED that the report be noted.

14 Engaging and Enabling Local Communities

Sam Shepherd presented a report setting out the 'Engaging and Enabling Local Communities' work programme. This was about a different way of working and would be aligned with the Joint Health and Wellbeing Strategy, Council Strategy, Recovery and Renewal Strategy and the Communications and Engagement Strategy.

The Programme sought to understand and support community connections and find local solutions to challenges. She stressed that it was about engaging all communities, including those who were seldom heard, as well as the voluntary sector and town / parish councils. The benefits were set out in the presentation.

The project would deliver qualitative benefits such as improved connectedness and satisfaction with relationships with statutory partners, and would seek to measure how these changed.

The presentation included case studies from Oxfordshire and Bristol as well as local examples.

The programme would be overseen by the Customer First Programme Board. It was proposed to have a Community Alliance under the governance structure of the Health and Wellbeing Board, including the voluntary, community and statutory sectors. This would take forward lessons learned from Covid.

The proposal was for a board or group of individuals with the skills to unlock the potential in local communities to find solutions and for a stakeholder forum to ensure voices were heard from across a wide spectrum of the community. The Health and Wellbeing Board's support was requested for:

- The vision set out in the report.
- The establishment of a Community Alliance (final form to be determined).
- The establishment of a stakeholder forum (for the voluntary and community sectors).

Matt Pearce suggested this would be fundamental to improving health and wellbeing across the district and was about listening, understanding needs and 'doing with' rather than 'doing to'.

Councillor Lynne Doherty commented that it would build on work done by the Building Communities Together Team and the Health and Wellbeing Board in holding conversations to identify needs rather than imposing solutions. She welcomed the proposed next steps and noted that the Council had been working with over 90 local community groups during the pandemic and there was a need to carry on this work.

Andrew Sharp hoped that this proposal would represent a step forward. He stressed the importance of looking at wider determinants of health and agreed with the importance of utilising the enthusiasm of the local community.

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Councillor Rick Jones expressed his support for the proposal and observed that inequalities were difficult to address, but this should be a key focus for the Board and suggested that the Programme could make a real difference.

Sam Shepherd noted that work on harnessing the community spirit had started with an initiative to create Health and Wellbeing Ambassadors.

RESOLVED that:

- a) the proposed vision for engaging and enabling communities be agreed;
- b) a 'Community Alliance' be established to oversee the work pertaining to 'engaging and enabling communities'
- c) a Stakeholder Forum be established to create channels of communication and influence with a wider network of community, voluntary and resident Groups.

15 Health and Wellbeing Board Forward Plan

The Chairman suggested that Members should email him with details of any proposed changes to the Forward Plan and copy in Gordon Oliver.

Notice was given of a workshop being held on the 24th June 2021. Members were advised that details would follow later.

16 Members' Question(s)

No questions were submitted by Members.

17 Covid-19 Situational Report

The Covid-19 Situational Report as presented to the most recent Local Outbreak Engagement Board was included in the agenda papers for information only.

RESOLVED that the report be noted.

18 Housing Strategy

The adopted Housing Strategy was included in the agenda papers for information only.

RESOLVED that the report be noted.

19 Tobacco Control Plan

The Tobacco Control Plan was included in the agenda papers for information.

RESOLVED that the report be noted.

20 Future meeting dates

The dates for the 2021/22 Municipal Year were noted as follows:

- 22 July 2021
- 30 September 2021
- 09 December 2021
- 17 February 2021

All meetings will start at 09:30.

It was noted that meetings would continue to be streamed once COVID restrictions allowed in-person meetings to resume.

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(The meeting commenced at 9.30 am and closed at 11.10 am)

CHAIRMAN

Date of Signature