

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 23 FEBRUARY 2023

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Sarah Webster (Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board) (Vice-Chairman), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Professor Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Maria Shepherd (Service Manager - Adult Social Care), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Dr Heike Veldtman (Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board), Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing) and Steve Welch (Service Director - Communities and Wellbeing)

Attending Remotely: Matthew Hensby (Sovereign Housing), Rachel Peters (Voluntary Sector Representative) and Fiona Worby (Healthwatch West Berkshire)

Also Present: Adrian Barker (Chairman of the Mental Health Action Group), Catalin Bogos (Performance Research Consultation Manager), Inspector Alan Hawkett (Thames Valley Police), Councillor Rick Jones (West Berkshire Council), Jack Karimi (Democratic Services Officer), April Peberdy (Programme Manager - Public Health), Gordon Oliver (Principal Policy Officer), and Carolyn Richardson (Service Manager - Emergency Planning)

Apologies for inability to attend the meeting: Superintendent Zahid Aziz (Thames Valley Police), Paul Coe (Interim Executive Director - People), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Garry Poulson (Voluntary Sector Representative), Emily Evans (Thames Valley Police) and William Orr (Royal Berkshire NHS Foundation Trust).

Absent: Bernadine Blease (Berkshire Healthcare NHS Foundation Trust) and Jessica Jhundoo Evans (Culture Sector Representative).

PART I

68 Minutes

The Minutes of the meeting held on 8 December 2022 were approved as a true and correct record and signed by the Chairman.

69 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

It was confirmed that an update on Action 213 would be provided for the next meeting.

70 Declarations of Interest

Councillor Graham Bridgman declared an interest in Agenda Item 8, but reported that, as his interest was a personal or an other registrable interest, but not a disclosable pecuniary interest, he determined to remain to take part in the debate.

Councillors Steve Masters and Martha Vickers, and Dr Heike Veldtman declared an interest in Item 12, but reported that, as their interest was a personal or an other

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registrable interest, but not a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on the matter.

71 Public Questions

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

72 Petitions

There were no petitions presented to the Board.

73 Membership of the Health and Wellbeing Board

It was noted that membership of the Health and Wellbeing Board was on an organisational basis. A standing item was retained on the agenda to note any changes in personnel. Changes since the last meeting included:

- Paul Coe had been appointed as Interim Executive Director of People (DASS and DCS) and replaced Andy Sharp;
- Fiona Worby had been appointed as Interim Lead Officer for Healthwatch West Berkshire and replaced Andrew Sharp.

In addition to the changes published in the agenda papers, the Chairman asked the Board to note that April Peberdy had been appointed as Interim Strategic Director of Communities and Wellbeing and would replace Steve Welch.

It was noted that this would be the last meeting for Professor Tracy Daszkiewicz and Steve Welch. The Board thanked them for their contributions.

RESOLVED to note the report.

74 Healthwatch Report - Asylum Seekers

Councillor Steve Masters declared an interest in Agenda Item 12 by virtue of the fact that he had helped conduct interviews with the refugees, but reported that, as his interest was a personal or other registrable interest, but not a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter.

Councillor Martha Vickers declared an interest in Agenda Item 12 by virtue of the fact that she was a member of the Board of Healthwatch West Berkshire and she had helped conduct interviews with the refugees, but reported that, as her interest was a personal or other registrable interest, but not a disclosable pecuniary interest, she determined to remain to take part in the debate and vote on the matter.

Dr Heike Veldtman declared an interest in Agenda Item 12 by virtue of the fact that she was employed by the GP practice that cared for guests in one of the refugee hotels, but reported that, as her interest was a personal or other registrable interest, but not a disclosable pecuniary interest, she determined to remain to take part in the debate and vote on the matter.

The Healthwatch Report on Asylum Seekers was presented by Sarah Deason (Business Development Manager, The Advocacy People).

The report made a number recommendations for Health and Wellbeing Board partners and other agencies. It was acknowledged that some issues related to national policy and Home Office responsibilities. The Board agreed that supporting asylum seekers was important, but stressed that the Home Office was the key agency.

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Officers provided an update on the latest position in the hotels being used to accommodate the refugees. A recent visit had found everything to be working well. Food quality had improved and guests' preferences and dietary needs were catered for. Guests appeared to be well-settled in the hotels - although some guests had been there a long time, there was a reasonable turnover as individual refugees were processed. They were respected in the community and were integrating well.

It was explained that the Council had a limited role, which was confined to statutory duties (i.e. safeguarding, education, environmental health, and health and safety). A core group of officers had been set up to coordinate activity, with representation from the ICB, Public Health and Thames Valley Police. Individual cases were discussed, but there had been relatively few issues.

Public Protection had statutory responsibilities for health and safety and food safety. Incident logs were inspected as part of any visits. Issues previously raised in relation to food and access to toiletries had been addressed. Responsibilities between the Home Office and hotel owners had been clarified.

Thames Valley Police were reviewing social media posts in response to local newspaper articles. While there was evidence of low level hostility, no criminal offences had been committed and the situation would be monitored.

The following points were made in relation to the report's recommendations:

1. **Provision of Information** – As part of the hotel induction process, booklets with relevant information were provided. There were also information posters on the walls.
2. **Manage Migration Systematically** – A core group of officers regularly met to discuss statutory duties and to review individual cases. Sensitive information was discussed at these meetings, which would limit outside involvement. An officer had been appointed to oversee migration in the District and would be reviewing relevant processes.
3. **Improve Food and Nutrition** – This was a Home Office responsibility. Officers were content that food quality had improved, but could not comment on the nutritional value. Special dietary requirements were accommodated.
4. **Community Outreach** – In relation to the possible Health Community Outreach options this would be more for Health colleagues to answer. However it was noted that they had no recourse to public funds so it would depend on the need and whether funding was available.
5. **Monitoring of Women's Health and Safety** – This was primarily a Home Office and NHS responsibility, but the Police and Environmental Health may be involved if appropriate.
6. **Provision of Activities** – There appeared to be a good range of activities and local community groups were involved. There were no outstanding requests for support to the Council in this respect.
7. **Ensure that Children Can Continue in Schools** – This was a Home Office decision, but so far there had been no children taken away from local schools.
8. **Regular Independent Wellbeing Survey** – Checks were carried out by the hotel in relation to the welfare of guests, the food and generally about the guests stay in the hotels with many of the wellbeing issues being picked up by GPs and other professional partners on their visits
9. **Effects of National Policies and Issues** – There was little that could be done by Health and Wellbeing Board partners other than monitoring.

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Action: Officers to look at the report's recommendations in the context of their statutory functions to see what improvements could be made.

It was noted that responses from the Council, NHS, Berkshire Healthcare Foundation Trust, and the Police had been included in the report.

It was felt that the Healthwatch report had sharpened the focus on the hotels and service providers, and provision had improved as a result.

It was suggested that the lack of communication from the Home Office in the initial few weeks had brought out the best and worst in the local community. A question was asked about the ability of the Police to monitor community sentiment and to respond to serious incidents. It was confirmed that monitoring was ongoing. Each hotel had a nominated contact officer who undertook regular liaison. A force-wide plan was in place to respond to any protests and demonstrations. However, there had been little cause for concern locally, apart from a low-level of activity in the initial weeks.

Clarification was sought as to additional funding to support the Council in discharging its statutory functions. It was confirmed that there had been an initial one-off contribution.

It was acknowledged that the Council had limited responsibilities for refugees, but it was felt that it should be an advocate for all members of the community.

Issues were highlighted in relation to female refugees. Many were skilled and wanted to be part of the community, but concerns were raised that they did not have the same volunteering opportunities as the men. It was acknowledged that the local community response had been largely positive.

It was noted that there had been little notice given by the Home Office about where refugees would be accommodated and so support agencies had not been prepared. Refugees were from a range of different countries and there had been some language barriers initially. The situation had improved since the early weeks, which had followed on from the pandemic, but there were still opportunities to improve.

It was acknowledged that there were issues around access to health services (e.g. language barriers when accessing services over the phone) and there were opportunities to do more than provide written information.

While food quality and nutrition had improved, the food was often quite different to what the refugees were used to and expected culturally, but it is challenging due to the large number of different nationalities.

From a women's health perspective, it was recognised that there were cultural differences that needed to be taken into account.

Boredom was a key issue and the voluntary sector had made a real difference in interacting with the refugees.

It was noted that the ICB was planning a series of ongoing assurance visits to the refugee hotels, which would be coordinated with partners.

With regards to the report's recommendations, it was suggested that there was a distinction to be made between acknowledging the issues and being able to commit to the actions that were recommended, which may not always be feasible or the best option. All proposals would be considered and would be taken into account when developing solutions to address the identified issues.

It was noted that Healthwatch would be undertaking a formal follow-up review after three months.

The Chairman proposed a motion to:

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- a) Note the report
- b) To consider the report's recommendations and for each of the relevant partners to respond to Healthwatch regarding the actions they would be taking in response to the report.

The motion was seconded by Councillor Lynne Doherty.

The Chairman invited Members of the Health and Wellbeing Board to vote on the proposal. At the vote the motion was carried.

RESOLVED to:

- a) Note the report
- b) To consider the report's recommendations and for each of the relevant partners to respond to Healthwatch regarding the actions they would be taking in response to the report.

75 **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Update**

Sarah Webster (BOB ICB Executive Director for Berkshire West Place) presented the Integrated Care System Update (Agenda Item 8).

It was noted that Elected Members were involved at ICP and Health and Wellbeing Board levels. Conversations were underway about appropriate involvement in the Place Based Partnership.

RESOLVED to note the report.

76 **West Berkshire Vision**

Catalin Bogos (Performance, Research and Consultation Manager) presented the item on the West Berkshire Vision (Agenda Item 9).

The Chairman highlighted current variations in life expectancy within the district, which it was hoped could be minimised. Also, one of the aims of the Vision was to achieve a high healthy life expectancy, which would improve quality of life while reducing health and social care expenditure. Another key statistic was the expected reduction from four to three working-aged people per retired person in the district by 2036, which raised issues of affordability.

It was noted that some of the commitments set out in the Vision were adjustments of older commitments and it was suggested that any new commitments could be highlighted in the document.

Action: Differentiate new and amended commitments in the Vision document.

The Board thanked officers for the work that had gone into updating the Vision.

It was noted that significant progress had been made with respect to the previous ambitions, which was impressive given that this had taken place in the context of the Covid pandemic. However, the importance of setting new ambitions was recognised and the Board welcomed how these were presented.

It was stressed that the Vision had been developed in consultation with residents and it responded to their concerns.

Members highlighted issues around the future housing mix in the context of an ageing population and stressed the need to think creatively about how and where older people

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will live in future. It was noted that other European countries had thought more about improving access to local facilities.

It was suggested that a more innovative approach was needed with respect to housing, which would require more direct relationships with developers regarding the mix of properties that are built. Only a small proportion of dwellings built since 2020 were affordable homes and young people would move away if they could not afford to buy locally. It was suggested that strategies developed to deliver the vision needed to be honest about the scale of the challenge.

The Board praised the work of local voluntary sector organisations, which were recognised as essential to delivering the Vision.

It was highlighted that health should be considered as part of all activities. The fundamentals were for people to have well-paid work and a roof over their heads, and there should be partnership working with housing associations and private landlords to secure reasonable homes for reasonable rents and to ensure that home are well maintained.

It was noted that the Vision aligned well with Sovereign Housing's Corporate Plan around delivering innovative solutions for young people and older people. Work was ongoing on developing affordable options for West Berkshire residents. It was also suggested that existing homes needed to be improved / maintained, particularly privately rented homes.

The Board noted that West Berkshire was a low-crime area, but there were still some issues (e.g. substance misuse).

The focus of the Vision on improving attainment in STEAM subjects (Science, Technology, Engineering, Arts and Mathematics) was welcomed. It was recognised that schools would play a vital role in equipping young people with the skills they needed.

Councillor Lynne Doherty proposed that the Board adopt the vision (subject to minor grammatical amendments). This was seconded by the Chairman. At the vote, the motion was carried.

RESOLVED to adopt the vision (subject to minor grammatical amendments). to adopt the vision (subject to minor grammatical amendments).

77 **Continuing Health Care and Joint Funding for Health and Social Care**

Sarah Webster presented the item on Continuing Health Care (CHC) and Joint Funding for Health and Social Care (Agenda Item 10).

Members noted that CHC was high on the Council's agenda by virtue of the fact that Berkshire West was at the bottom of the national league table in terms of payments awarded, and welcomed the aim of seeking of achieving consistency across the whole of the BOB Integrated Care System.

RESOLVED to note the report.

78 **Financial Problems and Mental Health**

Adrian Barker (Chairman of the Mental Health Action Group) presented the item on Financial Problems and Mental Health (Agenda Item 11).

The Board expressed their thanks to Adrian Barker, Rachel Johnson and the other members of the Mental Health Action Group for their work on the report. It was noted that the Group had not shied away from 'sticky issues' (e.g. dealing with large corporations). It was noted that one High Street Bank was now working with schools on financial awareness initiatives.

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The need for improved communications was highlighted – around £15 billion of benefits went unclaimed each year, which highlighted the need to reach those who were entitled to them.

It was noted that further work was needed to develop the actions and ensure that the right people were identified to progress them. It was suggested that the results be reported to a future meeting.

It was recognised that sharing information between agencies would help to identify people who were struggling and prevent further escalation, but data protection legislation made it difficult to do this.

The Board noted that Citizens Advice used to have a specialist adviser for people with mental health issues, but this was lost due to a lack of funding.

The work being undertaken with schools was welcomed and acknowledged as being important.

Concern was expressed about disabled people being able to access services and advice.

The proposal for a physical wellbeing hub was welcomed, since residents could be put off joining a gym by the cost.

A point was made about cultural pressures, particularly on young people, to aspire to certain lifestyles, which could result in financial pressures.

Members felt that the Mental Health Action Group needed to be ambitious in terms of converting aspirations into progress.

An observation was made that the report's findings were consistent with issues raised through the Cost of Living Hub.

Digital exclusion was recognised as a particular issue that needed to be addressed in order to improve access to information, and it was suggested that this needed to be incorporated into the evaluation of the Cost of Living Hub and the Winter Outreach Programme.

The Board noted that some people were in financial difficulties because they were victims of fraud / scams. Work was ongoing with Thames Valley Police on a joint initiative to tackle this. It was suggested that something could be built into the report's recommendations around fraud prevention.

Action: Incorporate fraud prevention within the report's recommendations.

The report highlighted potential to utilise the Better Care Fund to support initiatives and officers indicated that they would be happy to look at this.

Action: Consider how the Better Care Fund could be used to support initiatives to tackle financial problems and mental health.

The report was welcomed by Sovereign Housing – they indicated that they were happy to be involved and to support any future actions on tackling fraud.

The work of Recovery in Mind was praised and it was suggested that they could be involved in delivering the action plan. (*Matthew Hensby declared a personal interest by virtue of the fact that his wife worked for Recovery in Mind.*)

The point was made that Greenham Trust had funding available to support local charities, but they had not come forward in the numbers expected.

The Chairman proposed that the report's proposals be refined in conjunction with partner organisations before being brought back to the Board (via the Steering Group) for final

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approval. The motion was seconded by Councillor Jo Stewart. At the vote, the motion was carried.

RESOLVED that the report's proposals be refined in conjunction with partner organisations before being brought back to the Board (via the Steering Group) for final approval.

79 **Review of the Health and Wellbeing Board Annual Conference**

The Chairman presented the report on the Health and Wellbeing Board Conference (Agenda Item 14).

It was noted that a meeting had been arranged with officers to consider options for future events. It was suggested that holding two conferences on the same day was not ideal, so the Health and Wellbeing Board Conference and District Parish Conference would probably be held on separate days in future years when there was no election. The District Parish Conference would be held in March once the Council's budget had been approved, and again in October. The Health and Wellbeing Board Conference could be held earlier in the year, but with sufficient lead time.

It was noted that although all spaces for the in-person event had been booked prior to the event, there were still empty seats on the day, which could potentially have been used by people on the Zoom call. It was confirmed that where seats had become available, they were offered to those on the waiting list, but some people had not turned up on the day. The online option was recognised as being convenient for some people. There had been over 60 people in the room and 35 people attended online.

It was suggested that workshops would have been useful, but it was also acknowledged that it took time to set these up and to bring delegates back, and attendees would have to choose one workshop and miss out on others that may be of interest to them.

Members recognised that the health landscape was complex and some delegates had struggled to understand the presentation that had been given. Members were referred to the useful video on the [video on the ICB website](#) .

It was highlighted that the first public meeting of the ICP had taken place recently, but colleagues had found it difficult to access the meeting. The importance of public engagement was stressed.

RESOLVED to note the report.

80 **Health and Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23**

April Peberdy (Programme Manager) presented the Health and Wellbeing Strategy Delivery Plan Progress Report for Quarter 3 of 2022/23 (Agenda Item 14).

It was requested that the RAG ratings be checked and updated to address any errors / inconsistencies.

The Board noted that the Delivery Plan would be imported into the InPhase project management software, which would allow external partners to enter updates directly.

It was proposed that a task group be set up to review the Delivery Plan and ensure that actions were still relevant and were allocated to the correct bodies. This would comprise the Sub-Group Chairmen and possibly Sarah Webster.

It was noted that the Action Plan was very large.

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A question was asked about whether there were enough health visitors to deliver Action 2.27. Reassurance was provided that West Berkshire had a good number of health visitors. However, it was recognised that some of the actions in the Delivery Plan that related to children and young people needed to be updated with more comprehensive information. This would be picked up as part of the refresh.

Action: Officers to ensure that more detailed updates are provided for Delivery Plan actions.

In relation to Action 1.6, it was noted that feedback had been provided by a visually impaired customer who had struggled to communicate with the Council, and she had suggested a technology solution.

Action: Officers to confirm what assistive technology the Council used to support customers with sensory impairments.

The low numbers of rough sleepers was welcomed, but it was noted that there were people who were sleeping in their cars. Issues were raised about the need for separate facilities for people with and without complex needs and it was suggested that some people may be avoiding Two Saints due to difficult clients who were housed there.

The Board noted that the actions related to young carers were showing as red. It was highlighted that good progress had been made in this area in the past, but this no longer appeared to be the case. Members asked that this be addressed. It was explained that the Children's Delivery Group had a new Chairman and they were going to look at their actions as part of the refresh. It was highlighted that it would be easier to keep the Delivery Plan up to date once it was imported to the InPhase project management system.

Action: Officers to follow up on indicators related to young carers and report progress to the next meeting.

RESOLVED to:

- a) Receive the report and note the changes to the Delivery Plan;
- b) Agree that the Delivery Plan be updated to reflect current priorities;
- c) Agree that a small task group be convened to review all actions and targets and ensure they are appropriately allocated to sub-groups of the Health and Wellbeing Board;
- d) Note that the Joint Health and Wellbeing Strategy Delivery Plan will be added to the Council's InPhase management system and that this work should be complete in time for the Q4 report in July 2023.

81 **Safeguarding Adults Board for Berkshire West - Annual Report for 2021/22**

The Safeguarding Adults Board for Berkshire West's Annual Report for 2021/22 (Agenda Item 15) was provided for information only and was not discussed at the meeting, except to note that the Board's terms of reference required them to present the report to the Health and Wellbeing Board. Members were encouraged to contact the Principal Policy Officer if they had particular concerns about anything in the report.

RESOLVED to note the report.

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82 Berkshire West Safeguarding Children'Partnership - Annual Report 2021/22

The Berkshire West Safeguarding Children Partnership's Annual Report for 2021/22 (Agenda Item 16) was provided for information only and was not discussed at the meeting, except to note that the Partnership's terms of reference required them to present the report to the Health and Wellbeing Board. Members were encouraged to contact the Principal Policy Officer if they had particular concerns about anything in the report.

It was noted that it had taken several months for this to come to Health and Wellbeing Board, since being published in September 2022.

Action: Officers to investigate why the report had been delayed in coming to the Health and Wellbeing Board.

RESOLVED to note the report.

83 Equity, Diversity and Inclusion

The Equity Diversity and Inclusion Report (Agenda Item 17) was provided for information only and was not discussed at the meeting. Members were encouraged to contact the Principal Policy Officer if they had particular concerns about anything in the report.

RESOLVED to note the report.

84 Members' Question(s)

There were no questions submitted to the meeting.

85 Health and Wellbeing Board Forward Plan

Members were invited to comment on the Health and Wellbeing Board Forward Plan.

Suggested additional items included:

- Better Care Fund - date to be determined on the back of new guidance which was expected in March.
- Evaluations for the Cost of Living Hub and the Be Well This Winter Outreach Programme – to be considered at the July meeting.
- Substance misuse services in West Berkshire – it was agreed that this would be discussed at the Health and Wellbeing Board Steering Group.

Action: Forward Plan to be updated

86 Future meeting dates

The dates of future meetings were noted.

(The meeting commenced at 9.31 am and closed at 11.51 am)

CHAIRMAN

Date of Signature