

Notice of Meeting



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Health and Wellbeing Board

Thursday, 20 April 2023 at 9.30 am
in Council Chamber Council Offices
Market Street Newbury

This meeting can be viewed online at: www.westberks.gov.uk/hwbblive

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 12 April 2023

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
e-mail: gordon.oliver1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 20 April 2023 (continued)

To: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) (Vice Chairman), John Ashton (Director of Public Health for Reading and West Berkshire), Supt Zahid Aziz (Thames Valley Police), Bernadine Blease (Berkshire Healthcare Foundation Trust), Paul Coe (Interim Executive Director - People (DASS & DCS)), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Matthew Hensby (Sovereign Housing), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Gail Muirhead (Royal Berkshire Fire & Rescue Service), April Peberdy (Acting Service Director - Communities and Wellbeing), Garry Poulson (Voluntary Sector Representative), 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 Fiona Worby (Healthwatch West Berkshire)

Also to: Rob Bowen (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Agenda

Part I

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Standard Agenda Items 1

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|---|--|---------|
| 1 | Apologies for Absence
To receive apologies for inability to attend the meeting (if any). | 7 - 8 |
| 2 | Minutes
To approve as a correct record the Minutes of the meeting of the Board held on 23 February 2023. | 9 - 18 |
| 3 | Actions arising from previous meeting(s)
To consider outstanding actions from previous meeting(s). | 19 - 20 |

Agenda - Health and Wellbeing Board to be held on Thursday, 20 April 2023 (continued)

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| 4 | Declarations of Interest
To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .

The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings: <ul style="list-style-type: none">• Councillor Graham Bridgman – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership. | 21 - 22 |
| 5 | Public Questions
Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.

<i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i> | 23 - 24 |
| 6 | Petitions
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion. | 25 - 26 |
| 7 | Membership of the Health and Wellbeing Board
To agree any changes to Health and Wellbeing Board membership. | 27 - 28 |

Items for discussion

Strategic Matters

- | | | |
|---|---|---------|
| 8 | Joint Forward Plan
Purpose: To update the Health and Wellbeing Board on the progress with the Joint Forward Plan. To introduce the key areas of focus, summarise key areas of feedback received and remind the Health and Wellbeing Board of the formal opportunity to provide an opinion 'on whether the draft takes proper account of local health and wellbeing strategy'. | 29 - 50 |
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Agenda - Health and Wellbeing Board to be held on Thursday, 20 April 2023 (continued)

- 9 **Health and Wellbeing Board Steering Group Terms of Reference** 51 - 58
Purpose: to present the terms of reference for the Health and Wellbeing Board Steering Group for approval.

(Note: Health and Wellbeing Board Terms of Reference were approved by Council on 16 March 2023 and have been included for information only.)
- 10 **Pharmaceutical Needs Assessment - Decision Making Process** 59 - 66
Purpose: To set out a proposed process for assessing the impacts of notified changes to pharmaceutical services in West Berkshire and for keeping the Pharmaceutical Needs Assessment under review.

Operational Matters

- 11 **Pharmacy Closures - FEJ88 and FVP85** 67 - 86
Purpose: To provide an analysis of the impacts of the notified closures of the Lloyds pharmacies at the Sainsbury's superstores in Calcot and Newbury and to advise the Health and Wellbeing Board on the implications for the West Berkshire Pharmaceutical Needs Assessment.

Other Information not for discussion

- 12 **Young Carers** 87 - 90
Purpose: To provide an update to the Board on the progress of the outstanding actions for Young Carers contained in the Health and Wellbeing Strategy Delivery Plan.
- 13 **Members' Question(s)** 91 - 92
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.

Standard Agenda Items 2

- 14 **Health and Wellbeing Board Forward Plan** 93 - 94
An opportunity for Board Members to suggest items to go on to the Forward Plan.

Agenda - Health and Wellbeing Board to be held on Thursday, 20 April 2023 *(continued)*

15 **Future Meeting Dates**

13 July 2023

28 September 2023

7 December 2023

22 February 2024

2 May 2024

(All meetings to start at 9:30am)

Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact
Stephen Chard on telephone (01635) 519462.



West Berkshire
C O U N C I L

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Health & Wellbeing Board – 20 April 2023

Item 1 – Apologies

Verbal Item

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DRAFT

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, 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.

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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 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

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Home Office responsibilities. The Board agreed that supporting asylum seekers was important, but stressed that the Home Office was the key agency.

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

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9. **Effects of National Polices and Issues** – There was little that could be done by Health and Wellbeing Board partners other than monitoring.

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.

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

The Chairman proposed a motion 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.

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.

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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 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).

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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.

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.)*

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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 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.

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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.

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 note 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.

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RESOLVED to note the report.

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

Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Agenda item	Action	Action Lead	Agency	Status	Comment
153	24/09/2020	Health and Wellbeing Board Meetings	Seek another peer review of Health and Wellbeing Board.	Steve Welch	WBC	In progress	It has been agreed that this will be deferred until the Place Base Partnership is operational.
197	19/05/2022	Berkshire West PBP Transformation Programme	Have a discussion with the Unified Executive about how they could be more agile and report back	Belinda Seston / Sarah Webster	ICB	In progress	Discussions are ongoing in relation to development of the Place Based Partnership. An update is programmed for the Health and Wellbeing Board on 13 July 2023.
211	08/12/2022	Children and Young People's Mental Health - Refreshed Local Transformation Plan 2022-24	ICB to give a presentation to the Corporate Parenting Panel on the CiC Service.	Lajla Johansson	ICB	In progress	Following liaison with Lajla Johansson it was agreed that there would be greater benefit from her and the manager of the project to jointly present at the CPP in June rather than March. The provision is in its infancy and is still recruiting to get the full complement of staff for the project.
212	08/12/2022	Children and Young People's Mental Health - Refreshed Local Transformation Plan 2022-24	Arrange a meeting between the voluntary sector, and health / local authority partners to discuss pathways and clarify what services were available.	Garry Poulson	VCWB	Complete (21/03/2023)	VCWB has agreed a contract with BHFT to undertake 3 listening events in Eastern, Central and Western areas of West Berkshire to listen to mental health service providers and service users and submit a report on the findings with recommendations for improvement of service pathways. These consultations will take place between June 2023 and the end of the year. Findings will be presented to the Health and Wellbeing Board.
213	08/12/2022	BOB ICS Response to the Healthwatch CAMHS Report	Provide further details of the CAMHS Academy scheme after the meeting	Niki Cartwright	ICB	Complete (28/02/23)	Details circulated with the minutes of the meeting held on 23 February 2023.
215	08/12/2022	BOB ICS Response to the Healthwatch CAMHS Report	Discuss a possible summit on pathways for front-line workers with ICB colleagues.	Garry Poulson / Sarah Webster	VCWB	Complete (21/03/2023)	See Action 212 above
218	23/02/2023	Healthwatch Report - Asylum Seekers	Officers to look at the report's recommendations in the context of their statutory functions to see what improvements could be made.	Sean Murphy / Nick Caprara / Laurinda Hornblow	WBC	In progress	A WBC asylum meeting took place on 30 March which Housing, Education, Health, Public Protection, Transport reps all attended. The Head of Hotel Mobilisation from Clearsprings attended this meeting to discuss the key findings of the Healthwatch report.
219	23/02/2023	West Berkshire Vision	Differentiate new and amended commitments in the Vision document.	Catalin Bogos	WBC	Complete (22/03/23)	Document has been updated to take on board comments received.
220	23/02/2023	Financial Problems and Mental Health	Incorporate fraud prevention within the report's recommendations.	Adrian Barker	MHAG	In progress	The report is being updated and is programmed to come back to the Health and Wellbeing Board on 13 July 2023.
221	23/02/2023	Financial Problems and Mental Health	Consider how the Better Care Fund could be used to support initiatives to tackle financial problems and mental health.	Maria Shepherd / Adrian Barker	WBC / MCAG	In progress	Adrian Barker to be invited to the next LIB meeting to discuss further.
222	23/02/2023	Health and Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23	Officers to ensure that more detailed updates are provided for Delivery Plan actions.	April Peberdy / Gordon Oliver	WBC	In progress	A Task Group has been set up to review the Delivery Plan and the reporting mechanisms. The Delivery Plan will be imported to InPhase project management software, which will provide a more user-friendly dashboard. Reporting options being considered include a rolling programme of reports providing updates on individual JLHWS priorities, and having focused sessions for Health and Wellbeing Board Members in between public meetings.

Actions arising from Previous Meetings of the Health and Wellbeing Board

223	23/02/2023	Health and Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23	Officers to confirm what assistive technology the Council used to support customers with sensory impairments.	April Peberdy	WBC	Complete (21/03/2023)	<p>The Council's website is designed so visually impaired users can:</p> <ul style="list-style-type: none"> • Change colours, contrast levels and fonts • Zoom in up to 400% without the text spilling off the screen • Navigate most of the website using just a keyboard • Navigate most of the website using speech recognition software • Listen to most of the website using a screen reader (including the most recent version of JAWS, NVDA and VoiceOver) <p>Our website is mostly compatible with the Web Content Accessibility Guidelines (WCAG) 2.1, apart from some older legacy PDFs / other documents.</p> <p>For hearing impaired users, we provide a video BSL relay service to facilitate meetings with officers. We also have a hearing loop in the Council Chamber and we provide captions for the YouTube live streams of all public meetings.</p>
224	23/02/2023	Health and Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23	Officers to follow up on indicators related to young carers and report progress to the next meeting.	Paul Coe / April Peberdy / Dave Wraight	WBC	Complete (20/04/23)	Information report included on the Health and Wellbeing Board agenda for 20 April 2023.
225	23/02/2023	Berkshire West Safeguarding Children's Partnership - Annual Report 2021/22	Officers to investigate why the report had been delayed in coming to the Health and Wellbeing Board.	Gordon Oliver	WBC	Complete (14/03/2023)	The Annual Report was agreed at the Safeguarding Executive in September. There is not a specific requirement to bring it to Health and Wellbeing Board, although there is a requirement to present to a Council committee each year, and the annual report is a useful mechanism for this. The annual report for 2022/23 has been provisionally earmarked for the December 2023 meeting.
226	23/02/2023	Health and Wellbeing Board Forward Plan	Forward Plan to be updated	Gordon Oliver	WBC	Complete (28/02/23)	

11 April 2023

Health & Wellbeing Board – 20 April 2023

Item 4 – Declarations of Interest

Verbal Item

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Health & Wellbeing Board – 20 April 2023

Item 5 – Public Questions

Verbal Item

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Health & Wellbeing Board – 20 April 2023

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Lynne Doherty	WBC Leader of the Council	Cllr Rick Jones
Cllr Graham Bridgman (Chairman)	WBC Deputy Leader of Council and Portfolio Holder for Health and Wellbeing	
Cllr Jo Stewart	WBC Portfolio Holder for Adult Social Care	
Cllr Dominic Boeck	WBC Portfolio Holder for Children, Young People and Education	
Cllr Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	Cllr Owen Jeffery
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Paul Coe	WBC Interim Executive Director, People (DASS and DCS)	Maria Shepherd Dave Wraight
April Peberdy	Acting WBC Service Director – Communities and Wellbeing	Zoe Campbell
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
John Ashton	Director of Public Health for West Berkshire and Reading	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Bernadine Blease	Berkshire Healthcare Foundation Trust	Helen Williamson
Sarah Webster (Vice Chairman)	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)	Belinda Seston Helen Clark Jo Reeves
Dr Heike Veldtman	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (2)	
Fiona Worby	Healthwatch West Berkshire	Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	William Orr Andrew Statham
Matthew Hensby	Sovereign Housing	Kate Rees
Supt. Zahid Aziz	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	Rachel Peters

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BOB Joint Forward Plan

Report being considered by: Health and Wellbeing Board

On: 20/04/2023

Report Author: Robert Bowen

Report Sponsor: Sarah Webster

Item for: Discussion



1. Purpose of the Report

To update the Health and Wellbeing Board on the progress with the Joint Forward Plan. To introduce the key areas of focus, summarise key areas of feedback received and remind the Health and Wellbeing Board of the formal opportunity to provide an opinion ‘*on whether the draft takes proper account of local health and wellbeing strategy*’.

2. Recommendation(s)

The Health and Wellbeing Board is asked to consider the Joint Forward Plan (JFP) details and identify if there is anything material that would prevent the Health and Wellbeing Board supporting the JFP as the NHS delivery plan for the Integrated Care Strategy.

3. Executive Summary

- 3.1 ICBs and their partner Trusts have a duty to publish the first JFP by 30th June 2023.
- 3.2 At a minimum, the JFP needs to describe how the ICB and partner Trusts “intend to arrange and/or provide NHS services to meet their population’s physical and mental health needs. This should include the delivery of universal NHS commitments”.
- 3.3 Additionally, systems are encouraged to use the JFP to develop a shared delivery plan for the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategies (JLHWS)
- 3.4 The Joint Forward Plan includes details about how the ICB and NHS Partner organisations will take forward four critical challenges, as well as considerable detail on the proposed service delivery plans, that collectively outline the approach to delivering the Integrated Care Strategy and the enabling capacity and functions that are required to support this.

4. Supporting Information

Two supporting documents are made available for distribution to the Health and Wellbeing Board colleagues

- (1) Full version of the [DRAFT Joint Forward Plan](#)
- (2) Summary of the JFP material (attached)

5. Options Considered

Not applicable

6. Proposal(s)

Not applicable

7. Conclusion(s)

Not applicable

8. Consultation and Engagement

Not applicable

9. Appendices

Appendix A – Summary of the JFP material

Background Papers:

Integrated Care Strategy – Agreed by the Integrated Care partnership on 01 March 2023

<https://yourvoicebob-icb.uk/engagementhq.com/bob-integrated-care-partnership>

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities

Appendix A

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DRAFT Joint Forward Plan

Summary of JFP Material
March 2023



Our System Landscape

Our health and care landscape



- 159 GP practices
- Thames Valley Cancer Alliance (TVCA)
- Over 250 care homes
- 182 dental practices
- Approx. 260 pharmacies
- 5 Healthwatch organisations
- More than 800 schools
- 5 universities
- 5 unitary / upper tier local authorities
- 5 District Councils
- 8,000 registered social enterprise organisations and estimated that there are over 5,000 informal social enterprise organisations

Our unitary / upper tier councils



Population of nearly **2 million**



Approx. **68,000 staff** in health and care



50+ primary care networks



2 Community and mental health trusts



3 Acute/integrated hospital trust



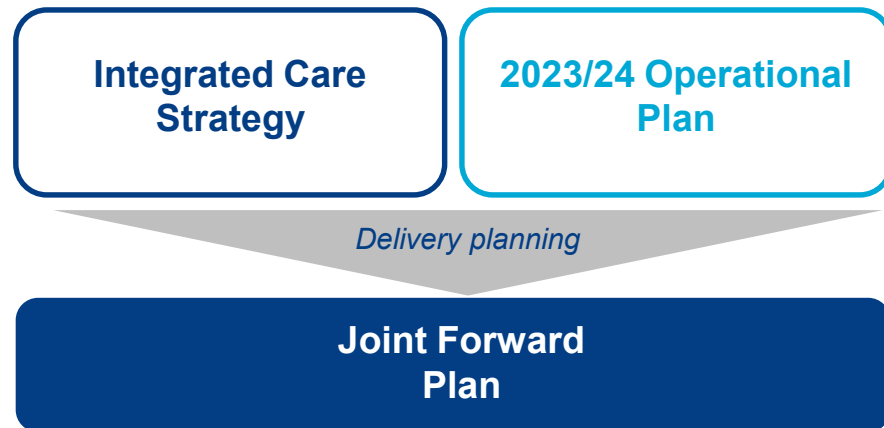
Ambulance trust



Purpose of the Joint Forward Plan

What is our Joint Forward Plan and what is it for?

Our Joint Forward Plan (JFP) will describe how we intend to deliver the ambition of the [Buckinghamshire, Oxfordshire and Berkshire West \(BOB\)](#) Integrated Care Strategy. It also sets out how we will deliver national NHS commitments and recommendations, including the requirements of the 2023/24 operational plans.



This will be our first JFP since the BOB Integrated Care Board (ICB) was formally established on 1 July 2022. It is an opportunity for the ICB and its partner trusts to set out how we will arrange and/or provide NHS services to meet our population's physical and mental health needs. This JFP therefore sets out our five-year comprehensive plan to improve and transform our services, whilst also recognising our most immediate priorities for the year ahead.

This plan will be updated annually before the start of each financial year. We will review the plan regularly, and use it as the basis for monitoring our progress as an Integrated Care System (ICS). Assuring delivery of the Joint forward plan will be picked up formally through the ICB Board and relevant Board assurance committees.

This plan focuses on actions that will be delivered by the ICB and NHS Trusts in BOB. As we develop as system it is expected that future joint forward plans may reflect more fully our wider partnership activities including the role of primary care, social care, public health, voluntary and community groups.

Our aim is that all system partners, and those living in the area, can use this plan to understand how, working together, we can deliver improvements in:

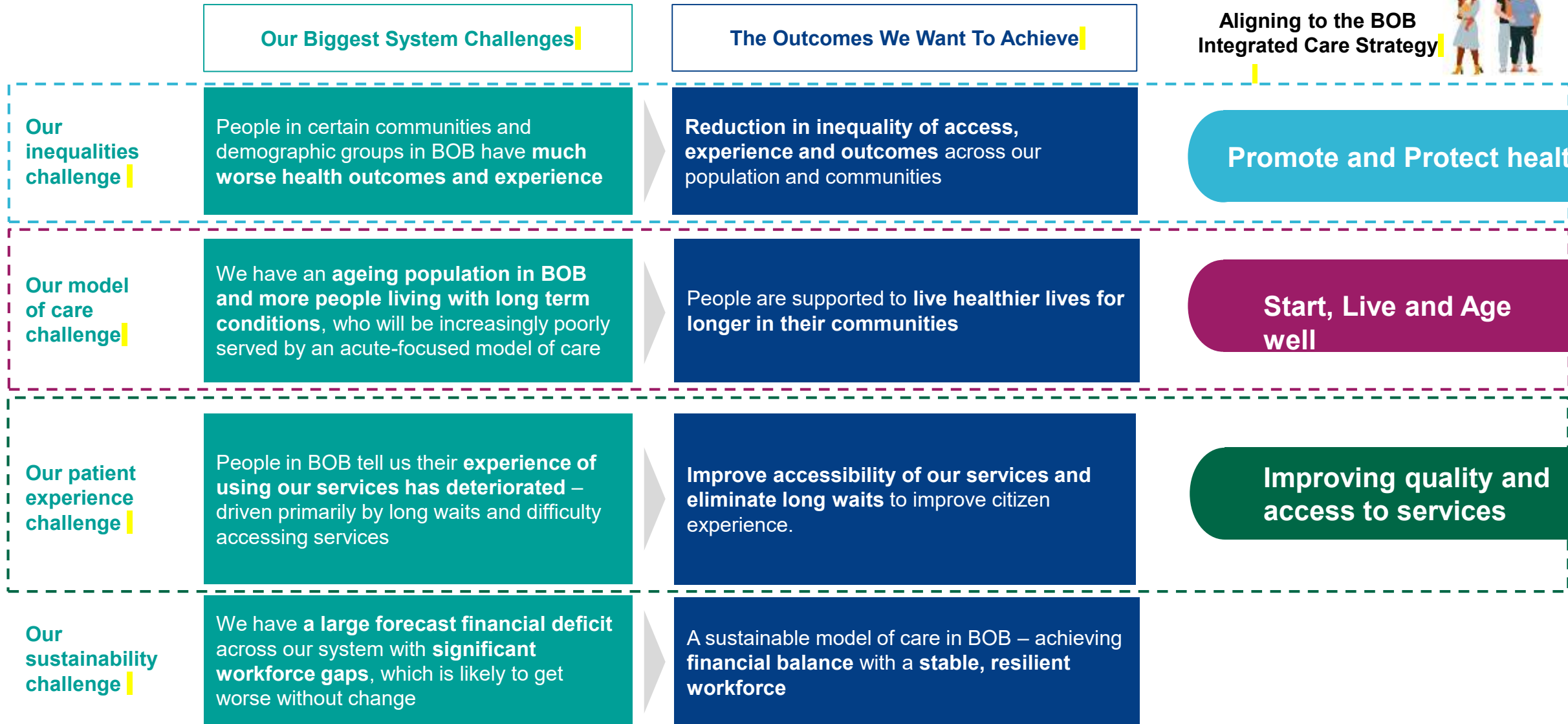
- The health and wellbeing of our people
- The quality of services provided
- The efficiency and sustainability of use of resources

Joint Forward Plan on a Page

<p>Our System Vision and Partnerships</p> <p>01</p>	<p>Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed</p>									
<p>Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities</p>										
<p>Addressing Our Biggest System Challenges</p> <p>02</p>	<ol style="list-style-type: none"> 1. A reduction in inequalities in outcomes and experience 2. People are better supported in their communities to live healthier lives 3. Improved accessibility of our services and elimination of long waits 4. A sustainable model of delivery across the BOB system 									
<p>Delivering Our Strategy – Our Service Delivery Plans</p> <p>03</p>	<p>Promote and protect health: Keeping people healthy and well</p>	<p>Start Well: Help all children achieve the best start in life</p>	<p>Live Well: Support people and communities live healthy and happier lives</p>	<p>Age Well: Stay healthy, independent lives for longer</p>	<p>Quality and access: Accessing the right care in the best place</p>					
<table border="1"> <tr> <td data-bbox="529 841 896 1125"> <ol style="list-style-type: none"> 1. Prevention 2. Inequalities 3. Vaccination and Immunisations </td> <td data-bbox="907 841 1274 1125"> <ol style="list-style-type: none"> 1. Maternity 2. Children and Adolescent Mental Health Services 3. Learning Disabilities 4. Children’s Neurodiversity 5. Children with Long Term Conditions </td> <td data-bbox="1284 841 1651 1125"> <ol style="list-style-type: none"> 1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory) 2. Adult Mental Health 3. Adult Neurodiversity 4. Cancer </td> <td data-bbox="1661 841 2028 1125"> <ol style="list-style-type: none"> 1. Ageing well services (e.g., frailty – community multidisciplinary teams) </td> <td data-bbox="2038 841 2405 1125"> <ol style="list-style-type: none"> 1. Primary care 2. Urgent and Emergency Care 3. Planned care 4. Palliative and End of Life Care </td> </tr> </table>						<ol style="list-style-type: none"> 1. Prevention 2. Inequalities 3. Vaccination and Immunisations 	<ol style="list-style-type: none"> 1. Maternity 2. Children and Adolescent Mental Health Services 3. Learning Disabilities 4. Children’s Neurodiversity 5. Children with Long Term Conditions 	<ol style="list-style-type: none"> 1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory) 2. Adult Mental Health 3. Adult Neurodiversity 4. Cancer 	<ol style="list-style-type: none"> 1. Ageing well services (e.g., frailty – community multidisciplinary teams) 	<ol style="list-style-type: none"> 1. Primary care 2. Urgent and Emergency Care 3. Planned care 4. Palliative and End of Life Care
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<p>Supporting and Enabling Delivery</p> <p>04</p>	<p>Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Personalised Care, Continuing Healthcare</p>									

Addressing Our Biggest Challenges

Aligning to the BOB Integrated Care Strategy 



2.7. Addressing our Inequalities Challenge

Service Delivery Plans Reference in Full JFP:

- Inequalities & Prevention – p32 - 40
- Maternity and Neonatal – p47 - 50
- Long Term Conditions – p72 - 84
- Personalised care – p159 - 160

Outcome goal: Reduction in inequality of access, experience and outcomes across our population and communities

To reduce inequalities in access, experience and outcomes, we need to have the right data-driven approach to targeting interventions where there is greatest need. In 2023/24 we are therefore committed to building on our existing PHM activity to develop a **Population Health Management Approach, with initial targeted rollout to specific clinical areas**, that will underpin much of the critical work we will do across the system to address inequalities in access, experience and outcomes for our population.

This will allow us to define as a system how we put in the right data infrastructure and capabilities to clearly understand where the areas of greatest inequalities exist, analyse what is causing them, and therefore what we can do that will have the biggest impact on addressing them. This work will underpin and enable a range of initiatives, including those identified through our system workshop:

23/24 “Must Do” - Population Health Management Approach [DRAFT STILL TO BE VALIDATED]	Other initiatives from workshop discussion	Proposed Next Steps	Measuring Success
<p>Q1:</p> <ul style="list-style-type: none"> • Form an ICS Data Leadership and Governance group to oversee key initiatives • Establish ICS Data Charter to underpin data sharing <p>Q2</p> <ul style="list-style-type: none"> • Complete stock-take of datasets, collections and reporting across the system • Establish a Centre of Excellence for Data, including learning and Community of Practice <p>Q3</p> <ul style="list-style-type: none"> • Build a team that can respond rapidly to requests, work with local teams, produce proof of value analysis to support decision making and funding applications • Agree shared responsibility for key capability between the ICS and local system functions, to make the most effective use of talent across the ICS <p>Q4</p> <ul style="list-style-type: none"> • Define, procure and implement a common ICS data architecture • Maximise the value of the Secure Data Environment (SDE) for collaboration and innovation 	<p>Increase the allocation of resources to those communities with the greatest need, informed through identification of those communities or groups with the highest deprivation and/or worst outcomes</p> <p>Implement multi agency teams as a priority for those communities with the greatest need – allowing us to provide greater personalised care and support</p> <p>Improve the health and wellbeing of our workforce who experience the highest levels of inequality (e.g., lower banded and outsourced workforce) across our system</p>	<ul style="list-style-type: none"> • Develop a system-wide understanding of those communities with the greatest need through robust data analysis shared across system partners • Design of pathway-specific interventions– ensuring interventions are designed to maximise impact depending on need • Agree principles of resource allocation across system partners based on need (e.g., health inequalities, top slice of budgets, reallocation of existing resources) • Build data resources and capabilities – e.g., produce PCN profiles • Use PHM approach to identify those populations with greatest need • Consider existing integrated neighbourhood team plans and how they could be accelerated and enhanced. • Work with VCSE and other system partners to map current offerings, consider physical (co)location with e.g., Citizens Advice • Establish quality improvement / test and learn approach to try interventions and stop or scale • Identify potential scope of ‘target workforce’, consider defining small population to start with, develop test and learn approach. • Listen to staff in these groups to understand the improvements we can make that would have the biggest impact • Maximise local impact of our organisations through local employment, training and development • Investment and rollout of top interventions at pace 	<ul style="list-style-type: none"> • Disproportionate investment to communities with greatest needs • Reduction in variation in GP access and elective care waits • Reduction in variation in LTC rates between most and least deprived pops • Improved health and wellbeing in deprived communities • Engage with 100% of people in greatest need for specified pathways • Reduction in variation in GP access and elective care waits • Reduction in variation in LTCs rates between most and least deprived populations • Reduction in inequalities measures for the targeted workforce groups • Improvement in wellbeing metrics for defined population

- Live Well Service Plans – p59-93
- Inequalities & Prevention – p32-40
- Primary Care – p121 - 127
- Planned Care – p116 - 120
- Urgent and Emergency Care – p06 - 115

2.8 Addressing our Model of Care Challenge

Outcome goal: People are better supported in their communities to live healthier lives

To support people better in their communities we need to materially change the way our Primary and community care services operate across the system. In 2023/24 we are therefore committed to developing a **Primary Care Strategy** to confirm how we can develop our primary care services in particular to support a more community-focussed model of care that better meets the needs of our population, balancing continuity of care with same day access pressures.

We will collaborate with system partners early 2023/24 to shape and develop this strategy and will ensure it's scope is sufficient to help us make the significant shift in the model of care that we require as a system. This strategy will help us shape our approach to developing some of the proposed initiatives identified through our System workshop, including:

23/24 "Must Do" – Primary Care strategy [DRAFT - STILL TO BE VALIDATED]	Other initiatives from workshop discussion	Proposed Next Steps	Measuring Success
<p>Q1:</p> <ul style="list-style-type: none"> • Review global best practice and commence structured engagement with stakeholders to agree the vision for Primary Care in BOB. • Conduct a current state analysis, eliciting any underlying gaps in data, technology and service provision for Primary Care. • Identify priorities and opportunities to accelerate integrated neighbourhood team rollout 	<p>Development of a new community focused model of care, including a new model of primary care and community 'one stop shops' with open access for people with multiple conditions</p>	<ul style="list-style-type: none"> • Establish system group to further scope and agree the scale and nature of transformation required to shift model from acute to community • As part of Primary Care strategy work, scope potential for community "one stop shops", including the strategic estates required to set up, understand the resources available, diagnostics etc. 	<ul style="list-style-type: none"> • Reduction in A&E waiting times • Reduction in unplanned/emergency care admissions • Increase in patients attending community support groups • Improvement in patient related outcome measures • Resident satisfaction
<p>Q2</p> <ul style="list-style-type: none"> • Co-design a new Target Operating Model for Primary Care and publish a Primary Care Strategy with a 5-year roadmap for implementation and workstreams agreed. 	<p>Development of a new system approach to co-ordinated care plans with patients managing own condition with integration and coordination of community groups, VCSE and local organisations.</p>	<ul style="list-style-type: none"> • Understand current mapping of services directories at a system-level and conduct gap analysis • Understand patient needs for care plans and current state of integration in primary and community services. • Step-change in joint working across system partners including community groups, VCSE etc. – regular working sessions, co-location of staff etc. • Identify opportunities for digital intervention, establish a system working group with system partners for Right Person, Right Care and develop detailed plans for access to Same Day Care. 	<ul style="list-style-type: none"> • Improved metrics for patient experience • Improved population health management metrics • Improved life expectancy • Preventing and delaying people developing LTCs • Number of people engaging with services
<p>Q3</p> <ul style="list-style-type: none"> • Commence detailed planning and implementation of Target Operating Model focusing on the core areas of focus from the Fuller Stocktake – Access, Continuity and Prevention. <p>Q4</p> <ul style="list-style-type: none"> • Support workstreams to implement the Target Operating Model – particularly with respect to workforce recruitment and retention, technology procurement, finance planning and estates 	<p>Greater investment in education to self-manage health conditions across the BOB population,.</p>	<ul style="list-style-type: none"> • Use digital and social media platforms and recognising different requirements for our population groups • Design interventions and support directly with local communities • Understand how we can optimise primary prevention measures • Identify community groups most in need, understand digital resources and platforms available and develop detailed plans with system partners to roll out to key groups. 	<ul style="list-style-type: none"> • Better outcomes for our population e.g., children in school rates, adults in work rates • Reduction in inequality of Life expectancy and healthy life expectancy

2.9 Addressing our Experience Challenge

Service Delivery Plans Reference in Full JFP:

- Access & Quality Service Plans – p102-127
- Promoting & Protecting Health Service Plans p28 - 41

Outcome goal: Ensuring people can access high quality care and support at the right time and in a place they can get to

Ensuring people can access the right care and support requires us to better understand and utilise the capacity available within the system. To shape our approach to addressing this challenge, in 2023/24 we are committed to working through our **Acute Provider Collaborative** to develop a **System Demand and Capacity Model** that will allow us, as a system, to both understand and baseline current levels of demand and capacity and model how these may change over time. An effective model will allow us to model the impact of our proposed interventions at a system level in a way we have previously been unable to do. This model will help us both assess and prioritise our proposed interventions, as well as evaluate and take forward our proposed initiatives identified through our System workshop:

23/24 “Must Do” – System Demand and Capacity Model [DRAFT - STILL TO BE VALIDATED]

Q1:

- Scoping of model development – define problem statement, potential scope and scale of model
- Understand existing data landscape across system partners

Q2

- Evaluation and decision on tools, methodology.
- Assessment of available resources and how to deploy

Q3

- Model build and deployment
- Baselining of current capacity levels, refinement of model to ensure comprehensive capture of system level capacity

Q4

- Modelling of system interventions to determine likely impact
- Utilisation as strategic planning tool to inform flexible utilisation of system capacity, plan development and prioritisation for 24/25

Other Initiatives from workshop discussion	Next Steps	Measuring Success
Fully understand our existing system capacity across system partners , including baselining existing activity, workforce, and estate across BOB health and social care provision.	<ul style="list-style-type: none"> • Shape demand and capacity model work to ensure we can develop a more detailed understanding of the baseline system level capacity across key service areas (including diagnostics, cancer etc.) – where people are currently seen, levels of activity, levels of utilisation • Potential in the short-term to focus on a targeted area to rapidly build/test • Scope benefits of system wide initiatives to manage capacity at system level – e.g., shared patient waiting list 	<ul style="list-style-type: none"> • Evidenced greater flexibility in utilising system capacity – greater utilisation of capacity at system level • Reduction in waiting times for targeted areas following implementation
Support citizens to understand and navigate our services more effectively , and increase co-design of services with patients/carers/communities	<ul style="list-style-type: none"> • Build alongside demand and capacity work to develop comprehensive directory of services at system level • Develop communication and engagement approach (e.g., survey following A&E visit to ask for reason for visit) • Develop and agree citizen personas to help us shape service design at a system level, identify core current usage patterns. • Consider focus groups to explore how to shift behaviour • Develop this work alongside established networks such as BOB VCSE Alliance and Health watch 	<ul style="list-style-type: none"> • Improved citizen experience (reports) - e.g., Net Promoter Score, and qualitative data provided through a variety of feedback methods including questionnaires, focus groups • Reduce non-elective admissions • Reduce A&E waiting times
System partners to work together to provide tailored support to the 10 most deprived areas in BOB, considering appropriate bespoke services	<ul style="list-style-type: none"> • Use available data (e.g., A&E, ambulance) to understand the causes of activity from communities with greatest needs • Work with those communities to understand causes and co-design right support • Collaborative work alongside identified community leaders is required to understand needs together • Development of community outreach programmes to encourage better engagement 	<ul style="list-style-type: none"> • Reduce life expectancy gap – use of national benchmarks to determine appropriate % improvement over period. • Reduce attendance at A&E – improvements in % from deprived areas

- Workforce – See p135-139
- Finance – See p145-148
- Estates – 143 -144
- Net Zero – See p175-176

2.10 Addressing our Sustainability Challenge

Outcome goal: A sustainable model of delivery in BOB – achieving financial balance with a stable and resilient workforce

Establishing a sustainable model of delivery in BOB requires major change to the way we work. In 2023/24 we are committed to developing a:

- **System People Plan** – Defining and agreeing our system approach to addressing our workforce challenges and supporting our staff across health and care
- **System Commercial Strategy (CS)** – Defining how our system can more effectively maximise commercial opportunities to support investment in our priorities
- **Drivers of Deficit (DoD) Review**- Understanding the core drivers of our financial position and designing our interventions to most effectively address them

Together, these will shape and support our approach to taking forward our proposed initiatives identified through the System Workshop:

23/24 “Must Dos” [DRAFT - STILL TO BE VALIDATED]		Other Initiatives from workshop discussion	Proposed Next Steps	Measuring Success
ICS People Plan	Drivers of Deficit / Comm Strat.			
<p>Q1:</p> <ul style="list-style-type: none"> • Build a comprehensive understanding across system partners of where the key gaps and risk are within our workforce. <p>Q2</p> <ul style="list-style-type: none"> • Deep dive assessments of key workforce issues – e.g., the barriers for successful recruitment campaigns and resourcing, supporting collaborative actions plans. <p>Q3</p> <ul style="list-style-type: none"> • Develop our full People Plan collaboratively with leaders and people across BOB’s health and care system. <p>Q4</p> <ul style="list-style-type: none"> • Finalise our People Plan for publication on 1st April 2024. 	<p>Q1:</p> <ul style="list-style-type: none"> • DoD: Complete drivers of deficit assessment • CS: Commercial Strategy Group to scope work <p>Q2</p> <ul style="list-style-type: none"> • DoD: Prioritisation of efficiency opportunities and detailed action planning, initial rollout • CS: Strategy development in partnership, identification of priority initiatives <p>Q3</p> <ul style="list-style-type: none"> • DoD: Rollout of opportunities by level of priority • CS: Strategy agreement and signoff, strategy mobilisation <p>Q4</p> <ul style="list-style-type: none"> • DoD: Continued rollout of opportunities by priority, ongoing evaluation of success • CS: Full strategy rollout 	<p>A harmonised approach across the system to improving the lives of our workforce</p>	<ul style="list-style-type: none"> • Listen to staff - understand the actions that would have the greatest impact on improving lives • Understand the resources available and how best to deploy them to deliver the biggest impact • Develop specific plans to rollout top 3 interventions that will make the biggest difference to our workforce • Coordinate our approach across system partners including outside of NHS 	<ul style="list-style-type: none"> • Greater mobility in workforce across system. • Improvements to system workforce retention • Reduction in agency by >10% next year • Improvement in staff survey across BOB
		<p>New and innovative approaches to raising and using funding</p>	<ul style="list-style-type: none"> • Feasibility assessment of raising external funding • Joint working with VCSE • Set specific fundraising target agreed at system • Define priority programmes to invest ringfenced money in (e.g., transformation fund) • Understand current drivers of deficit and develop plans to address causes within control 	<ul style="list-style-type: none"> • Achievement of external finance target raised next year X% (TBC) of total system budget ringfenced
		<p>Greater investment in prevention activity across the system</p>	<ul style="list-style-type: none"> • Understand best practice (e.g., Norfolk) and what is needed to roll-out in BOB • Work with AHSN and Directors of Public Health to identify the top 5 areas for investment • Understand what data currently exists to target interventions • Utilise population health management approach to target those most in need, rollout top 5 interventions 	<ul style="list-style-type: none"> • Replicate Norfolk + Waveney case study → 100% of target group contacts in 10% most deprived areas • 5 pilots launched in next 12 months • Improvement in a minimum of 5 key wellbeing metrics

Our Service Delivery Plans (summary of ambitions)

How we will deliver the BOB Integrated Care Strategy and our universal NHS commitments

Delivering Our Strategy – Protecting and Promoting Health



Service Area	Five-year Ambition	Our Delivery Focus
Inequalities	<p>Reduce health inequalities (access and experience or services & health outcomes) for our population so that everyone has equal access to appropriate services and support.</p> <p>To enable this, we will provide tailored support to defined populations or groups, particularly those living in deprived areas, certain ethnic groups, LGBTQ+ communities, people with special educational needs and disabilities, people with long-term mental health problems, carers and groups who often are or feel socially excluded.</p>	<ul style="list-style-type: none"> • Develop an embedded and mature system-wide governance structure, approach and multi agency partnership supporting decision making and delivery • Develop an integrated workforce that is supported and capable to work differently to address inequality in the BOB system • Develop a system wide prioritised, resourced, coordinated and focused approach to Health Inequalities and improving outcomes • Deliver the Core20plus5 priorities
Prevention	<p>Increase primary and secondary prevention work year-on-year, keeping people healthy for as long as possible and delaying a deterioration into poor health.</p>	<ul style="list-style-type: none"> • To enhance engagement, understanding and service provision outcomes for Inclusion Health Groups and populations / areas of inequality • Reduce smoking prevalence • Increase Physical Activity rates for people in BOB • Reduce levels of harmful drinking & drug behaviours and use
Immunisation and Vaccinations	<p>Protect our population from vaccine preventable diseases through the implementation of the national immunisation strategy. We will maximise uptake across all vaccination programs, reduce the occurrence of outbreaks while focusing on addressing local vaccine inequalities.</p>	<ul style="list-style-type: none"> • Develop and deliver a successful population health strategy that supports the reduction in variation of immunisation uptake across our population. • Provide an integrated service that promotes flexibility across providers, meeting the needs of the population resulting in an increase uptake of all immunisation programs. • Develop and maintain a resilient and highly skilled immunisation workforce

Delivering Our Strategy – Start Well



Service Area	Five-year Ambition	Our Delivery Focus
Maternity and Neonatal	Ensure our maternity and neonatal services in BOB prioritise and provide care which is safer, equitable, personalised, kinder and sustainable and ensuring positive work cultures and behaviours.	<ul style="list-style-type: none"> • Safety (learning from incidents and leading on quality improvement initiatives, complying to national maternity and neonatal reviews and schemes, ensuring we use an evidence based, evidence informed approach) • Workforce (bolstering supply, enriching roles with up skilling and training, new roles & succession planning, new ways of working, building staff resilience and culture and leadership) • Personalisation (improving service user experience of maternity and neonatal services by listening to women and families, engagement and participation, with focus on seldom heard voices from our ethnic diverse and deprived populations, providing personalised care and support plan solutions) • Prevention and equity (implementation of BOB maternity and neonatal equity strategy and planning and implementing prevention initiatives and reducing health inequalities for our ethnic diverse and deprived populations) • Digital and data (improving accuracy and reliability of data and its use in service and quality improvement, implementing ICB digital strategy)
CYP Mental Health	Improved mental health and wellbeing outcomes for children and young people (ages 0 -25), living learning and working in BOB. To achieve this, we will take a needs led and person-centred approach (in line with the thrive framework) to implementation, transformational change and delivery.	<ul style="list-style-type: none"> • Improve timely access and early intervention to universal care and support across our system • Develop a successful population health approach to supporting those most at risk of mental ill health focussing on early identification, support and prevention • Enhance support for CYP when they experience a mental health crises, developing needs-led models that maximise sustainable community-based solutions
Learning Disabilities	By March 2028, we will have delivered improved physical, mental health and wellbeing outcomes for children, young people and adults with a learning disability and their families/carers.	<ul style="list-style-type: none"> • Reduce health inequalities and ensure that our health and care commissioned services are providing good quality health, care and treatment to people with a learning disability and their families • Improve community-based support • Champion the insight and strengths of people with lived experience and their families in all of our work and become a model employer of people with a learning disability • Make sure across BOB health and care providers have an awareness of the needs of people with a learning disability
CYP Neurodiversity	By March 2028, we will ensure that all neuro-divergent children and young people will receive the right support, at the right time and in the right place dependant on their needs and not dependant on a diagnosis.	<ul style="list-style-type: none"> • System review of referrals, pre-assessment / assessment & feedback of outcome. Learning and processes are aligned across BOB to improve efficiencies and service user experience • Deliver parity of care across BOB, regardless of a diagnosis of ADHD or autism • Access to timely assessment and diagnosis using alternative models of support for CYP and their families

Delivering Our Strategy – Live Well



Service Area	Five-year Ambition	Our Delivery Focus
Long term Conditions	<ul style="list-style-type: none"> Improve outcomes in population health and healthcare Act sooner to help those with preventable long-term conditions Support people with LTCs to stay well & independent Provide quality care for those with multiple needs as population ages Co produce consistent pathways across ICS to reduce unwarranted variation Integrate service models to delivered joined up care wrapped around patients needs 	<ul style="list-style-type: none"> Assess the population needs, increase preventative interventions, diagnose earlier, reduce inequalities and improve health outcomes Take a collaborative approach with our partners and stakeholders through the LTC BOB Integrated Delivery Networks (IDNs) to develop integrated care models to better manage patients with LTCs Develop a proactive approach to improve outcomes for patients with multiple LTCs
Cardiovascular	Reduce the number of CVD events by having a strong focus on prevention, and reduce the health inequality gap by using PHM approach. We aim to co-design consistent and integrated pathways and empower patients to live well with CVD and other co-morbidities.	<ul style="list-style-type: none"> CVD Prevention – better blood pressure and lipid management Heart Failure – earlier detection and a reduction in hospital admissions and re-admissions Enhanced Cardiac Rehabilitation
Respiratory	Patient-centred, integrated clinical pathways delivering high quality respiratory care that is accessible to all across BOB ICS Supporting people with respiratory disease to live longer.	<ul style="list-style-type: none"> Population health management to identify and support people at most risk Delivering earlier diagnosis, education and care planning in the community Integration of respiratory services, enabling the right support to people close to home Optimising medicines to improve health outcomes and reduce carbon emissions Leveraging innovation and research to improve outcomes in respiratory care
Stroke	We will bring key stakeholders together to facilitate a collaborative approach to service improvement of the whole stroke pathway , including prevention, ensuring a patient centred, evidence-based approach to delivering transformational change.	<ul style="list-style-type: none"> Implementing consistent pathways of care for stroke Maximising stroke prevention opportunities Reducing variation in access to stroke rehabilitation services
Cancer	Reduction of the cancer backlog and consistent delivery of the Faster Diagnosis Standard by March 2024. Sustainably meet all Cancer Waiting Times by March 2028, and achieve the National Cancer Ambition of diagnosing 75% of cancers at Stage I & II	<ul style="list-style-type: none"> Delivery of Sustainable operational performance across the system Delivery of the 28 day Faster Diagnosis standards Achieve the Early Diagnosis standard Increase the Early Diagnosis Rates Improve the quality of treatment and care Implementation of the Teenage and Young Adult Cancer Care Service Specification Patient Engagement, Involvement and Experience Support, Training & Education for medical, nursing, allied health professionals and admin staff in cancer services and primary care

Delivering Our Strategy – Live Well



Service Area	Five-year Ambition	Our Delivery Focus
Neurodiversity (Adults)	BOB will be an area where Neurodivergent people thrive, and their strengths are embraced	<ul style="list-style-type: none"> Improving access to assessing, understanding and supporting a person's neurodiversity Ensuring infrastructures are in place and are effective to reduce unnecessary admissions under the MHA Improving the experience for any neurodiverse people using our Mental Health Inpatient Services Improving equity of access through anticipatory and reasonable adjustments Ensuring that staff working across BOB have the skills and knowledge to identify Neurodiversity. Understand and meet the needs of this service user group Co-producing community-based assets that support the social and emotional needs of neurodivergent people
Adult Mental Health	Improved mental health and wellbeing outcomes for all adults and older people living, learning and working in BOB.	<ul style="list-style-type: none"> Promoting a successful population health approach to identify and support individuals, groups and communities most at risk of developing mental ill health Tackle the social factors impacting mental health and wellbeing Improving timely access to support for mental health crises and develop alternative sustainable models Improving outcomes that are person centred, using asset based approaches that builds resilient communities and promotes integration

Delivering Our Strategy – Age Well



Service Area	Five-year Ambition	Our Delivery Focus
Age Well Services	<p>By March 2028, we will be:</p> <ul style="list-style-type: none"> Supporting more people to remain healthy and independent for longer Providing proactive, personalised and coordinated care for more people who are becoming frail and their health conditions more complex Supporting more unpaid carers. 	<ul style="list-style-type: none"> Support people to remain healthy, independent, and connected within their communities. Offer proactive personalised care planning and identify early those who are likely to develop more complex needs and become frail. Provide multi-disciplinary integrated care involving health care, social care and VCSE for people as their conditions become more complex and they become frail. Care is coordinated and delivered in the right place at the right time. Provide rapid reablement and recovery support for people who have become acutely unwell to enable them to return home quickly and safely from hospital. Identify and support unpaid carers to maintain their own health and wellbeing and their ability to care for their friends and relatives. Inform and empower patients and carers in relation to services and pathways across the system.

Delivering Our Strategy – Improving Quality and Access



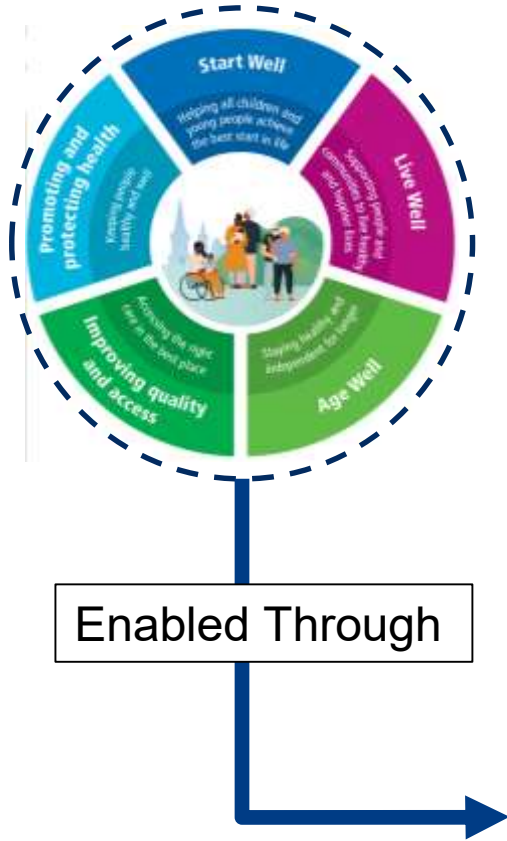
Service Area	Five-year Ambition	Our Delivery Focus
Urgent and Emergency Care	By 2028, our ambition is to ensure we get patients the right access to the right care when it's needed, improving the outcomes and the experience of patients, their families and friends and consistently delivery against the operational standards determined by NHSE	<ul style="list-style-type: none"> Recover key performance indicators; reducing ambulance handover delays, securing a reduction in the percentage of patients waiting more than 12hrs in Emergency Departments to be seen, improving type 1 A&E performance and; reducing G&A bed occupancy Develop and implement a model of care that better supports and meets the needs of High Frequency Users, building on the anticipatory care models adopted in primary and community care services Deliver a consistent single Integrated Urgent Care model across the BOB footprint from September 2024 Embed and increase the capacity and service offer of Urgent Community Response teams to provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently Increase adult and paediatric Virtual Ward capacity Ensure there is a clear route of access to same day services through a Single Point of Access supported by a directory of services that is available to healthcare professionals to inform the timely navigation of pathways Implementation of the top 10 high impact changes to improve hospital discharge, including from community and Mental Health inpatient services Secure a non emergency patient transport service that provides a more consistently responsive service, fair access to service users, is sustainable and compliant with the national framework
Planned Care	By March 2028 we will aim to sustainably reduce and eliminate long waits for our elective services and address variation in access across the system , recovering to at least pre-pandemic planned care performance levels against NHS Constitutional Standards by March 2028. We aim to improve access to services by enhancing pathways and coordinating approaches across the system, reducing variation and non value-added interventions.	<ul style="list-style-type: none"> Increase health service capacity, through the expansion and separation of elective and diagnostic service capacity. Prioritise diagnosis and treatment, including a return towards delivery of the six-week diagnostic standard and reducing the maximum length of time that patients wait for elective care and treatment. Transform the way we provide elective care including reforming the way we deliver outpatient appointments, making it more flexible for patients and driven by a focus on clinical risk and need, and increasing activity through dedicated and protected surgical pathways. Provide better information and support to patients, supported by better data and information to help inform patient decisions.

Delivering Our Strategy – Improving Quality and Access



Service Area	Five-year Ambition	Our Delivery Focus
Primary Care	To transform how primary care is delivered in each community/neighbourhood, enabling integrated primary care provision which improves the access, experience and outcomes for communities aligned to their needs . Through the mobilisation of integrated neighbourhood health and care teams, primary care services will become more sustainable and patients will get the support they need when they need it.	<ul style="list-style-type: none"> • Increase primary care resilience and provide the tools required to enable change including time and skills • Create the infrastructure across BOB to implement the change (Estates, Workforce & digital) • Increase capacity and manage demand for primary care services by working differently so that we can deliver on nationally agreed access priorities and targets • Build GP led, integrated neighbourhood teams, supported by a sustainable workforce plan • Deliver more targeted activity to identify and support the prevention of ill-health and address inequalities
Palliative and End of Life Care	We will deliver high quality, personalised, integrated 24/7 services shaped by those with lived experience for Palliative and End of Life Care (PEoLC) for all ages, across the BOB ICS.	<ul style="list-style-type: none"> • A robust model of access to 24/7 Palliative and End of Life services for patients, their carers and relatives • A successful population health approach to early identify people needing Palliative and End of Life services • To co-design PEoLC through Provider Collaboratives and in partnership with people with lived experience.

Delivering Our Strategy – Enabling Success



Service Area	Five-year Ambition	Our Delivery Focus
Workforce	By March 2028 we will have an integrated workforce that is looked after, feels valued and respected, is reflective of our communities and made up of the right people in the right roles at the right time delivering health and care services for our communities.	<ul style="list-style-type: none"> • Have an inclusive & diverse compassionate leadership reflecting the population we serve driving cultural change towards strong system partnership working • Improve recruitment and retention through a collaborative focus on strategic workforce planning and developing innovative attraction action plans to support key areas of workforce shortages. • Support a system focus on innovative job design for roles and teams that operate across organisational and professional boundaries, reducing reliance on costly agency workers, and fostering career development through developing meaningful and personalised career pathways • Make Buckinghamshire, Oxfordshire and Berkshire a great place to work in health and care. We will ensure our people have rewarding jobs, work in a positive culture that embraces kindness, civility and respect and are supported with both their physical and mental health and wellbeing.
Digital and Data	<p>Improve the lives and experiences of those accessing and working in our Integrated Care System, through building collective digital and data maturity across our partners and providers. By 2025, we will have:</p> <ul style="list-style-type: none"> • Enabled safe and informed care by aligning our providers behind a single shared care record • Improved maturity of electronic patient records by converging providers onto platforms which meet national data standards • Equipped our workforce in exploiting the use of digital and data, and develop DDaT professions across the ICS • Empowered citizens achieving common digital experiences to enable self management of care and reduce administrative burdens • Enabled access and care at home by delivering capabilities such as virtual wards, virtual consultations and remote monitoring • Provided common infrastructure enabling staff mobility, and optimise performance, resilience and security of systems, while delivering VfM • Delivered our data foundations to improve data flows across the ICS enabling more informed decisions 	<ul style="list-style-type: none"> • Digitise our providers to reach the Minimum Digital Foundations to reach a core level of digitisation across our system • Connect our care setting using digital, data and technology and improve citizen experience • Transform our data foundations to provide the insights required to transform our system and better meet the needs of our population
Quality	It is our ambition that “ Each patient will receive timely, safe, effective care with a positive experience. ” We will demonstrate this by delivering on our Quality Strategy and improving against comprehensive system metrics and our CQC and SOF ratings	<ul style="list-style-type: none"> • Publish a Quality Strategy to support improvement which will incorporate the National Patient Safety Strategy. • Develop a system-wide quality assurance framework to underpin our improvement work, based on the NHSE early warning metrics for systems • Ensure patient experience and co-design is fully embedded in our quality assurance/improvement work and our quality strategy

Health & Wellbeing Board – 20 April 2023

Item 9 – Health and Wellbeing Board Steering Group Terms of Reference

Verbal Item

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Part 6.3

Council Bodies

Appendix: Health and Wellbeing Board

1 Preamble

- 1.1 Part 3 (Meeting Procedure Rules) and Part 6 (Council Bodies) set out the rules and procedures that apply to all of the Council's Bodies and Sub-Bodies.
- 1.2 If there is any conflict between the wording of Parts 3 and 6 and this Appendix, this Appendix will prevail.

2 Establishment

- 2.1 S.194(1) Health and Social Care Act 2012 ("HSCA") requires first tier local authorities, such as the Council, to establish a Health and Wellbeing Board ("HWB"). The West Berkshire HWB is referred to below as "the Board".
- 2.2 By s.194(11) HSCA the Board is a committee of the Council and is to be treated as if it were a committee appointed by the Council under s.102 LGA 1972.

3 Scope of Role - Statutory

- 3.1 S.195 HSCA requires the Board to:
 - 3.1.1 encourage integrated working between bodies involved in the commissioning and delivery of health, social care and other public services in order to improve health and wellbeing outcomes for local residents, and in particular;
 - 3.1.2 encourage arrangements between the authority and the NHS under s.75 National Health Service Act 2006 ("NHS Act").
- 3.2 S.196 HSCA provides that the Board shall exercise the functions of the Council under ss.116 and 116A Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022), namely to lead and co-ordinate actions to:
 - 3.2.1 assess the health needs of local residents and to prepare and publish a Joint Strategic Needs Assessment ("JSNA"); and
 - 3.2.2 support the preparation and publication of a Joint Local Health and Wellbeing Strategy ("JLHWS"), and to oversee delivery of that Strategy.
- 3.3 Ss.2B and 111 NHS Act require the Board to ensure that the Council complies with its duties to improve public health.
- 3.4 S.128A NHS Act requires the Board to assess the need for pharmaceutical services in its area and to publish a Pharmaceutical Needs Assessment.
- 3.5 The Better Care Fund Policy Framework published by NHS England further to s.223 NHS Act (as amended by s.121 Care Act 2014 and the Health and Care Act 2022) requires the Board, subject to any direction by the Secretary of State, to approve submission of the Better Care Fund Plan to NHS England.

4 Scope of Role – General

- 4.1 In general terms HWBs act "as a forum in which key leaders from the local health and care system ... work together to improve the health and wellbeing of their local population" (King's Fund).

- 4.2 The Board will lead the development and review of the Council’s Vision as set out in its Vision Document.
- 4.3 The Board will undertake such oversight of local safeguarding arrangements as it considers appropriate and necessary.
- 4.4 The Board (as a body or via the Chairman and/or Vice-Chairman as appropriate) will liaise with:
- the Buckinghamshire, Oxfordshire and Berkshire West (“BOB”) Integrated Care Board (“ICB”) and Integrated Care Partnership (“ICP”);
 - the Berkshire West Place Based Partnership; and
 - the other HWBs in the Berkshire West Place;
- in order to deliver shared priorities and actions identified within the:
- BOB ICP Strategy and its delivery plan;
 - the JLHWS and associated delivery plans.
- 4.5 The Board will consider, as appropriate and necessary, reports from Sub-Groups.

5 Membership

- 5.1 Applying s.194 HSCA (as amended by the Health and Social Care Act 2022) to the Council, the minimum core Board membership is:
- 5.1.1 at least one elected Councillor appointed (s.194(3)(a) HSCA) by the Leader of Council;
- 5.1.2 at least one representative from the BOB ICB;
- 5.1.3 the Council’s Executive Director – People (as both DASS (Director of Adult Social Services) and DCS (Director of Children’s Services));
- 5.1.4 the Director of Public Health for Berkshire West;
- 5.1.5 a representative from Healthwatch West Berkshire.
- 5.2 Ss.194(8) and (9) HSCA set out that further Board Members may be appointed:
- 5.2.1 by the Council (ie by the Leader of Council) in consultation with the Board; or
- 5.2.2 by the Board itself.
- 5.3 Regulation 7 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 disapplies ss.15 and 16, and Schedule 1, Local Government and Housing Act 1989 vis-a-vis HWBs such that rules as to political proportionality of seats (etc) on Council committees do not apply to the Board.
- 5.4 Membership of the Board currently consists of the following (with Members encouraged to identify Substitutes to attend if they are unable to do so):
- the WBC Leader of Council;
 - the WBC Portfolio Holder with responsibility for Adult Social Care;
 - the WBC Portfolio Holder with responsibility for Children and Young People;
 - the WBC Portfolio Holder with responsibility for Health and Wellbeing;
 - the WBC Shadow Spokesperson for Health and Wellbeing;
 - the WBC Minority Group Spokesperson for Health and Wellbeing;
 - the WBC Executive Director – People (as both DASS and DCS);
 - the Director of Public Health, Berkshire West;

- the WBC Service Director for Communities and Wellbeing;
- two nominated representatives from the ICB;
- a nominated representative from Healthwatch West Berkshire;
- a nominated representative from Berkshire Healthcare NHS Foundation Trust;
- a nominated representative from Royal Berkshire NHS Foundation Trust;
- a nominated representative from the Voluntary and Community Sector;
- a nominated representative from Thames Valley Police;
- a nominated representative from Royal Berkshire Fire and Rescue Service;
- a nominated representative from the housing sector;
- a nominated representative from the arts and leisure sector;

6 Chairmanship, Quorum and Voting

- 6.1 The Chairman of the Board shall be nominated by the Leader of Council from amongst the Councillors on the Board.
- 6.2 The Vice-Chairman of the Board shall be nominated from amongst the ICB representatives on the Board.
- 6.3 The quorum for a meeting shall be four Members, which must include at least one WBC Councillor and at least one ICB representative.

7 Governance and Code of Conduct

- 7.1 S.27 Localism Act 2011 requires that all members of a Council committee (and thus all Board Members in respect of the Board) adhere to the relevant Councillors' Code of Conduct.
- 7.2 Members other than Councillors and Officers (who must do so anyway) must also complete a Register of Interests Form and declare any interests, gifts or hospitality they receive that could influence their decisions.
- 7.3 Members must notify the Monitoring Officer of any disclosable pecuniary interest (DPI) within 28 days of being appointed to the Board and are prohibited from participating in discussion or voting on any matter where they have a DPI.

8 Meetings and Decisions

- 8.1 The Board will meet at least five times per year, with ordinary meeting dates published in the Council's timetable for meetings.
- 8.2 Any recommendation, or proposed or prospective action, of the Board that would, in the opinion of the Chairman, impact on the finances or general operation of the Council must be referred to the Executive for final determination and decision.

9 Sub-Bodies and Steering Group

- 9.1 The Board is supported by a number of Sub-Bodies, which may have Sub-Bodies themselves, each responsible for an aspect of the Board's work or, in some cases, statutory obligations:
- Ageing Well Task Group;
 - Building Communities Together Partnership:
 - Domestic Abuse Board:
 - Lived Experience Sub-Group;

- Children’s Prevention and Early Help Partnership;
- Health and Wellbeing Engagement Group;
- Health Inequalities Taskforce;
- Homelessness Strategy Group;
- Locality Integration Board;
- Mental Health Action Group;
- Skills and Enterprise Partnership;
- Substance Misuse Harm Reduction Partnership;
- Suicide Prevention Action Group.

9.2 The Sub-Bodies may have responsibility for overseeing implementation of particular aspects of the Joint Health and Wellbeing Strategy and its associated Delivery Plan.

9.3 The Board is supported by a Steering Group, which is comprised of the Chairman and Vice-Chairman of the Board, together with the chairmen or a representative of each of the Sub-Bodies.

9.4 The Vice-Chairman and Chairman of the Board shall be the chairman and vice-chairman respectively of the Steering Group.

9.5 The Steering Group’s role shall be the effective forward planning, agenda preparation, performance and programme management, and delivery of the Board’s decisions.

9.6 The Steering Group and the Sub-Bodies may:

- have their own Terms of Reference; or
- act in accordance with any resolution of the Board establishing them, or any other resolution of the Board.

Part 6.3.1

Council Bodies

Health and Wellbeing Board

Appendix: Health and Wellbeing Board Steering Group

1 Preamble

- 1.1 Part 3 (Meeting Procedure Rules) and Part 6 (Council Bodies) set out the rules and procedures that apply to all of the Council's Bodies and Sub-Bodies.
- 1.2 If there is any conflict between the wording of Parts 3 and 6 and this Appendix, this Appendix will prevail.

2 Establishment and Accountability

- 2.1 The Health and Wellbeing Board Steering Group ("HWBSG") is a Sub-Body of the West Berkshire Health and Wellbeing Board ("HWB").
- 2.2 The HWBSG through the Chairman and Vice-Chairman is accountable to the HWB.

3 Scope of Role

- 3.1 The HWBSG will:
 - oversee the work of, and receive reports from, other HWB Sub-Bodies, as listed in Part 6.3 (Health and Wellbeing Board);
 - undertake effective forward planning of the HWB's work plan, agendas, etc for its public meetings, workshops and conferences, ensuring that its priorities are delivered and statutory duties are discharged;
 - monitor the implementation of decisions taken by the HWB;
 - oversee any budgets/financial arrangements (not specifically assigned elsewhere) on behalf of the HWB;
 - work with the Berkshire West Shared Public Health Team to produce the Joint Strategic Needs Assessment ("JSNA") - for agreement by the HWB – identifying the current and future health and social care needs of the local population so as to inform local decision making;
 - liaise with the relevant Director of Public Health regarding the preparation of the Joint Local Health and Wellbeing Strategy ("Strategy") - for agreement by the HWB - to identify actions to meet the health and social care needs of the local population, as identified within the JSNA;
 - liaise with the relevant Director of Public Health regarding the preparation of a Strategy delivery plan ("the Delivery Plan") with prioritised programmes of actions to achieve the Strategy's priorities and objectives;
 - ensure that effective arrangements are put in place to manage implementation of the Delivery Plan, and develop and maintain a suitable reporting mechanism to facilitate the tracking of performance in delivering actions and achievement of targets and outcomes;
 - provide regular updates to the HWB on progress in implementation of the Delivery Plan, highlighting any performance exceptions.

4 Membership

- 4.1 The HWBSG membership consists of the following individuals (with members encouraged to identify Substitutes to attend if they are unable to do so):
- the Chairman and Vice Chairman of the HWB;
 - the Council's Chief Executive;
 - the Chairmen from each of the HWB Sub-Bodies listed in Part 6.3 (Health and Wellbeing Board);
 - lead Council officers from each of the HWB Sub-Bodies as appropriate;
 - the Council's Service Director with responsibility for Health and Wellbeing (if not already included as above);
 - a representative from Healthwatch West Berkshire;
 - a representative from the Voluntary and Community Sector.

5 Chairmanship and Quorum

- 5.1 The HWB Vice-Chairman shall be Chairman of the HWBSG and the HWB Chairman shall be Vice-Chairman.
- 5.2 The quorum for a meeting is four members.

6 Meetings and Decision Making

- 6.1 Ordinary Meetings of the HWBSG will generally take place three weeks in advance of HWB meetings.
- 6.2 All reports / presentations must be provided to the Principal Policy Officer at least six clear working days before the meeting. Papers will be distributed to the Steering Group five clear working days before the meeting.
- 6.3 Items going to HWB that require a decision must use the HWB report template and must be first be checked and approved by the Steering Group.
- 6.4 Items going to HWB for discussion that do not require a decision, may use the HWB report template, or alternatively may take the form of a presentation, but a copy of any slides should be provided within the agenda. Verbal reports should be avoided.
- 6.5 Items going to HWB for information only do not require a covering report.

Pharmaceutical Needs Assessments - Decision Making Process

Report being considered by: Health and Wellbeing Board

On: 20 April 2023

Report Author: Gordon Oliver

Report Sponsor: April Peberdy

Item for: Decision



1. Purpose of the Report

This report sets out a proposed process for assessing the impacts of notified changes to pharmaceutical services in West Berkshire and for keeping the Pharmaceutical Needs Assessment under review.

2. Recommendation(s)

It is recommended that the Health and Wellbeing Board agrees that:

- (a) notifications of changes to pharmaceutical services in West Berkshire should be shared between the Chairman of the Health and Wellbeing Board, the Director of Public Health for Berkshire West, and West Berkshire Council's Public Health Team;
- (b) decisions about the appropriate response to notifications of changes to pharmaceutical services be delegated to a Sub-Committee of the Health and Wellbeing Board, consisting of the Chairman and Vice Chairman of the Health and Wellbeing Board, the Director of Public Health for Berkshire West, and a senior Public Health Officer;
- (c) the Sub-Committee shall consult the Local Pharmaceutical Committee (Pharmacy Thames Valley) and the relevant local ward councillor(s) if a gap in provision is identified in order to understand the likely impact on other pharmacies and the local community;
- (d) all decisions of the Sub-Committee will be reported back to the Health and Wellbeing Board at the next public meeting and the Berkshire West Shared Public Health Team will publish any supplementary statements or updated PNA on the Berkshire Public Health Observatory website as required;
- (e) the proposed terms of reference for the Pharmaceutical Needs Assessment Sub-Committee be approved.

3. Executive Summary

- 3.1 Health and wellbeing boards have responsibility for developing and updating pharmaceutical needs assessments and for assessing the impacts of any notified changes to pharmaceutical services in their area.

- 3.2 National guidance outlines health and wellbeing boards' responsibilities and includes details on how to keep a PNA updated during its lifetime. This describes circumstances that could result in health and wellbeing boards being required to produce a new PNA sooner than the usual three yearly cycle, or publish a PNA Supplementary Statement.
- 3.3 All health and wellbeing boards are required to have an agreed process for responding to notified changes in provision of pharmaceutical services. This reports sets out options and makes recommendations for such a process.

4. Supporting Information

- 4.1 The Health and Social Care Act 2012 established health and wellbeing boards and made them responsible for developing and updating pharmaceutical needs assessments (PNAs) with effect from 1 April 2013. The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirement for health and wellbeing boards to develop and update PNAs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the 2013 regulations), as amended, set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.
- 4.2 PNAs are used and referred to by those wishing to open a new pharmacy or dispensing appliance contractor premises. They are used by NHS England and NHS Improvement to determine applications, and NHS Resolution refer to them when applications go to appeal.
- 4.3 West Berkshire's most recent PNA was undertaken throughout 2021/22. This considered whether the current and future pharmacy provision meets the health and wellbeing needs of the local population. It also determined whether there were any existing / expected gaps, or need for improvements / better access to the provision of pharmaceutical services at the time of production or within the lifetime of the PNA (1 October 2022 to 30 September 2025). The PNA was approved at the Health and Wellbeing Board on the 29 September 2022, and was subsequently published to the [West Berkshire Council website](#) on 1 October 2022.
- 4.4 National guidance outlines health and wellbeing boards' responsibilities and includes details on how to keep a PNA updated during its lifetime. This describes circumstances that could result in health and wellbeing boards being required to produce a new PNA sooner than the usual three yearly cycle, or publish a PNA Supplementary Statement.
- 4.5 Once a PNA is published, the 2013 regulations require a health and wellbeing board to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent. Therefore, each health and wellbeing board needs to put a system in place that allows them to identify and assess any changes to the need for pharmaceutical services that arise in their area during the three year lifetime of their PNA and to agree the appropriate response. This responsibility could be delegated to a committee or sub-committee, or could remain with the board.
- 4.6 Notifications of changes to pharmacy provision can be received at any time. The timeframe is dependent on the type of application (e.g. 45 days for consolidations of pharmacies, three months for closure of pharmacies with 40 core opening hours per week and six months for closures of pharmacies with 100 core opening hours per

week). A local process must take timelines into consideration in order to submit representation by deadlines (where applicable). Representation and subsequent actions required should be based on analysis of the impact and access to pharmaceutical services.

- 4.7 The Berkshire West Shared Public Health Team and West Berkshire's Public Health Team have the necessary resource and expertise to undertake the analysis of the impact of notified changes in provision.

5. Options Considered

- 5.1 The Health and Wellbeing Board must decide, whether notifications of changes to pharmaceutical services in West Berkshire should be:

- (a) sent to all Board members via email for information; or
- (b) only shared between the Health and Wellbeing Board Chairman and the Director of Public Health for Berkshire West and West Berkshire Council's Public Health Team.

- 5.2 Option (b) is recommended, in order to make the most effective use of Member and Officer time.

- 5.3 The Health and Wellbeing Board must agree a process for reviewing the notified changes. In the event that no public meeting is planned, the options would be:

- (a) to hold an extraordinary meeting with a minimum quorum to make a decision;
- (b) to circulate the information by email to all Health and Wellbeing Board members for a decision; or
- (c) to delegate the decision to a Sub-Committee of the Health and Wellbeing Board, consisting of the Chairman, Vice Chairman, the Director of Public Health for Berkshire West, and a senior Public Health Officer.

- 5.4 Option (c) is the preferred option, since this would allow for effective and timely decision making, based on technical analysis by the Shared Public Health Team, and would be the most efficient use of Member and Officer time.

- 5.5 Based on the data analysis in accordance with the PNA and national criteria, the decision to be made would be whether a review of the PNA is required, or a supplementary statement is to be published, or no action is to be taken because the change is not considered significant and does not create a gap in the local provision of pharmaceutical services.

- 5.6 The outcome of any decision would be presented for information at the next public meeting of the Health and Wellbeing Board and the West Berkshire Public Health Team would publish any supplementary statements or updated PNA as required.

6. Proposal(s)

For reasons of effective and timely decision making and efficient use of Members' and Officers' time, it is proposed that:

- (a) notifications of changes to pharmaceutical services in West Berkshire should be shared between the Chairman of the Health and Wellbeing Board, the Director of Public Health for Berkshire West, and West Berkshire Council's Public Health Team;
- (b) decisions about the appropriate response to notifications of changes to pharmaceutical services be delegated to a Sub-Committee of the Health and Wellbeing Board, consisting of the Chairman and Vice Chairman of the Health and Wellbeing Board, the Director of Public Health for Berkshire West, and a senior Public Health Officer;
- (c) the Sub-Committee shall consult the Local Pharmaceutical Committee (Pharmacy Thames Valley) and the relevant local ward councillor(s) if a gap in provision is identified in order to understand the likely impact on other pharmacies and the local community;
- (d) all decisions of the Sub-Committee will be reported back to the Health and Wellbeing Board at the next public meeting and the Berkshire West Shared Public Health Team will publish any supplementary statements or updated PNA on the Berkshire Public Health Observatory website as required; and
- (e) the proposed terms of reference for the Pharmaceutical Needs Assessment Sub-Committee be approved.

7. Conclusion(s)

The process identified above would ensure that the Health and Wellbeing Board discharges its responsibilities with respect to keeping the PNA under review.

8. Consultation and Engagement

The Health and Wellbeing Board Steering Group has been consulted on this report.

9. Appendices

Appendix A: Terms of reference for the Public Health Needs Assessment Sub-Committee

Background Papers:

[West Berkshire Pharmaceutical Needs Assessment 2022-2025 Information Pack for local authority health and wellbeing boards](#)

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring adequate pharmaceutical services provision in West Berkshire.

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Part 6.3.5

Council Bodies

Health and Wellbeing Board

Appendix: Pharmaceutical Needs Assessment Sub-Committee

1 Preamble

- 1.1 Part 3 (Meeting Procedure Rules) and Part 6 (Council Bodies) set out the rules and procedures that apply to all of the Council's Bodies and Sub-Bodies.
- 1.2 If there is any conflict between the wording of Parts 3 and 6 and this Appendix, this Appendix will prevail.

2 Establishment and Accountability

- 2.1 The Pharmaceutical Needs Assessment Sub-Committee ("PNASC") is a Sub-Body of the West Berkshire Health and Wellbeing Board ("HWB").
- 2.2 The PNASC, through the Chairman and Vice-Chairman, is accountable to the HWB.

3 Scope of Role

- 3.1 The PNASC will consider formal notifications ("Notifications") of proposed changes ("Proposals") to the availability of pharmaceutical services to residents of West Berkshire, including changes to opening hours, consolidation of pharmacies, relocation of pharmacies, and pharmacy closures.
- 3.2 For the purposes below, "Gap" means a gap in the provision of pharmaceutical services relevant to the granting of market entry applications.
- 3.3 As it considers necessary, the PNASC may ask the Berkshire West Shared Public Health Team and the Council's Public Health Team to jointly undertake an assessment of the impact of Proposals on local residents, to include (as relevant in the circumstances):
 - 3.3.1 preparation of a report summarising the impacts and making recommendations regarding any appropriate response; and/or
 - 3.3.2 where a Gap is anticipated, consultation with the Local Pharmaceutical Committee and local Ward Councillors in order to understand the likely impacts on other pharmacies and the local community.
- 3.4 The PNASC will agree the appropriate response to a Notification (in line with national guidance), for example:
 - 3.4.1 where the impact of the Proposals is not considered to be significant (where a Gap is not anticipated) - to take no action; or
 - 3.4.2 where the impact of the Proposals is considered to be significant but not substantial (where a Gap is anticipated, but where a producing an updated Pharmaceutical Needs Assessment ("PNA") is considered a disproportionate response) - to publish a supplementary statement explaining the changes to the availability of pharmaceutical services; or
 - 3.4.3 where the impact of the Proposals is considered to be substantial (where a Gap requires an updated PNA) - to commission an update of the PNA.
- 3.5 The PNASC will report the outcome of any decision to the next relevant Meeting of the HWB.

4 Membership, Chairmanship, Quorum, and Meetings

- 4.1 The PNASC membership consists of the following individuals (with members encouraged to identify Substitutes to attend if they are unable to do so):
- the Chairman and Vice-Chairman of the HWB;
 - the Director of Public Health for Berkshire West;
 - a senior officer from the Council's Public Health team.
- 4.2 The HWB Chairman shall be Chairman of the PNASC and the HWB Vice-Chairman shall be Vice-Chairman.
- 4.3 The quorum for a Meeting is three members.
- 4.4 Meetings shall take place as necessary to consider Notifications.

Pharmacy Closures - FEJ88 and FVP85

Report being considered by:	Health and Wellbeing Board
On:	20 April 2023
Report Author:	Sarah Shildrick and Gordon Oliver
Report Sponsor:	April Peberdy
Item for:	Decision



1. Purpose of the Report

This report provides an analysis of the impacts of the notified closures of the Lloyds pharmacies at the Sainsbury's superstores in Calcot and Newbury and advises the Health and Wellbeing Board on the implications for the West Berkshire Pharmaceutical Needs Assessment.

2. Recommendation(s)

The Health and Wellbeing Board is asked to:

- (a) note the receipt of the NHS notification of the termination of the contract and subsequent closure of the following pharmacies on 22 April 2023:
 - FEJ88 – Lloyds Pharmacy Ltd (in Sainsbury), Bath Road, Calcot, Reading, Berkshire, RG31 7SA
 - FVP85 – Lloyds Pharmacy Ltd (in Sainsbury), Hectors Way, Newbury. Berkshire RG14 5AB
- (b) note the assessed impacts of the closures;
- (c) agree that a supplementary statement be issued in relation to the closure of FEJ88; and
- (d) agree that no action is needed in relation to the closure of FVP85.

3. Executive Summary

- 3.1 The West Berkshire Health and Wellbeing Board has received closure notifications for Lloyds Pharmacies located in Sainsbury's in Calcot and Newbury. The Board has a duty to keep its Pharmaceutical Needs Assessment (PNA) under review in the light of any notifications of changes in provision of services within the district.
- 3.2 This would bring the total number of closures of pharmacies listed in the PNA to three. FXR54 – Lloyds Pharmacy Ltd, 7 Kingsland Centre, The Broadway, Thatcham, RG19 3HN having closed in August 2022 just prior to the publication of the PNA.
- 3.3 The implications of the closure of FEJ88 and FVP85 have been assessed in accordance with national guidance and legislative requirements.

4. Supporting Information

Background

- 4.1 The Health and Social Care Act 2012 established health and wellbeing boards and made them responsible for developing and updating PNAs with effect from 1 April 2013. The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirement for health and wellbeing boards to develop and update PNAs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the 2013 regulations), as amended, set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.
- 4.2 PNAs are used and referred to by those wishing to open a new pharmacy or dispensing appliance contractor premises. They are used by NHS England and NHS Improvement to determine applications, and NHS Resolution refer to them when applications go to appeal.
- 4.3 Following publication of a PNA, health and wellbeing boards must assess the impacts of any changes in provision of pharmaceutical services in their area and determine whether the changes warrant refreshing the PNA or publishing a supplementary statement to the existing PNA in accordance with national guidance and legislation, or if no action is required because the changes do not create a gap in provision.

Pharmacy Closures

- 4.4 NHS England formally notified the Health and Wellbeing Board Chairman, the West Berkshire Council Public Health Team and Principal Policy Officer on 31 January 2023 that they had been notified by Lloyds Pharmacy Ltd that they will permanently close the following pharmacies:
- Lloyds Pharmacy Ltd (in Sainsbury), Bath Road, Calcot, Reading, Berkshire, RG31 7SA (ODS Code: FEJ88) - effective from COP on 22 April 2023.
 - Lloyds Pharmacy Ltd (in Sainsbury), Hectors Way, Newbury, Berkshire, RG14 5AB (ODS Code: FVP85) – effective from COP on 22 April 2023.

Essential Services

- 4.5 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services. These are:
- Dispensing Medicines
 - Dispensing Appliances
 - Repeat Dispensing
 - Clinical governance
 - Discharge Medicines Service

- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

4.6 The closure of the two pharmacies (FEJ88 and FVP85) would see a reduction in the overall availability of essential provision in the district. The closures will also lead to an increase in the average number of items dispensed in other pharmacies. In 2020/21, West Berkshire pharmacies dispensed an average of 7,867 items per month, which is more than the national average of 6,675 per month. However, the current PNA indicates that existing contractors have spare capacity, and it is considered likely that current service provision will provide sufficient coverage.

Advanced Services

4.7 Advanced services are NHS England commissioned services that community pharmacy and contractors and dispensing appliance contractors can provide subject to accreditation as necessary. As of January 2022 these included:

- New medicines service
- Community pharmacy seasonal influenza vaccination
- Community pharmacy consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service

4.8 Also, in early 2022, a stop-smoking service was introduced in pharmacies for patients who started their stop-smoking journey in hospital.

4.9 In addition, there are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

- Appliance use reviews,
- Stoma appliance customisation.

4.10 Both FEJ88 and FVP85 provide:

- New medicines service
- Community pharmacy seasonal influenza vaccination
- Community pharmacy consultation service

4.11 The current PNA findings indicated that there was strong coverage of these services within West Berkshire and in pharmacies just beyond the local authority boundary. Closure of FEJ88 and FVP85 is therefore unlikely to significantly affect overall availability of this provision. The following is a summary of the impact to those

residents in the immediate vicinity of FEJ88 and FVP85 who are most likely to be affected by the closures.

Access

- 4.12 Within the current PNA, accessibility of services was determined by whether the population resided within 1 mile radius of a pharmacy for urban areas, or within 20 minutes' drive to a pharmacy for rural areas. Both FEJ88 and FVP85 are located within urban areas.
- 4.13 Closure of FEJ88 will result in 2,990 additional residents being excluded from being within a 1-mile radius of a pharmacy, including parts of Calcot, Beansheaf and Fords Farm. It should be noted that there are additional challenges affecting walking journeys to the nearest pharmacies, with residents having to cross the A4 and / or M4 or negotiate the steep hill to Tilehurst. The affected area contains one Lower Super Output Area that is within the 40% most deprived areas in the country, which includes part of Tilehurst Birch Copse ward. This neighbourhood is one of the 10% most deprived in West Berkshire. There is a Branch practice to Theale Medical Centre providing GP services located within this area.
- 4.14 Closure of FVP85 will not exclude any additional residents from being within a 1-mile radius of a pharmacy. Although there are a number of residential developments planned within the area which will bring additional population not currently accounted for in this analysis.
- 4.15 After the closure 18 community pharmacies would remain within the district. This equates to 1.1 community pharmacies per 10,000 residents in West Berkshire, the national average is 2.2. The closure will decrease the ratio, although noting earlier comment about additional capacity being available within the system. Local analysis and discussion with the Local Pharmaceutical Committee confirms this remains the position.
- 4.16 FEJ88 opens 8.30am to 9pm Monday to Friday, 8am to 8pm on Saturdays and 10am to 4pm on Sundays, totalling 80.5 hours per week. There are 5 other pharmacies within a 2-mile radius of this site, which are in Theale and Tilehurst (including those in neighbouring Reading Borough). These offer the same advanced services as FEJ88. Late evening opening is covered by one pharmacy within this radius, no pharmacy provides Sunday opening. Asda Pharmacy (FT293) in Reading Borough is just outside a 2-mile radius and provides coverage in the evenings and on Sundays. Travel times from FEJ88 to the nearest pharmacy located in Theale are: 20 minutes walking; 5 minutes driving; and 10-15 minutes by public transport.
- 4.17 FVP85 opens 8am to 8pm Monday to Friday, 8am to 8pm on Saturdays and is closed on Sundays, totalling 72 hours per week. There are 5 other pharmacies within a 2-mile radius of this site, which are in Newbury town centre, Greenham and Wash Common. Of these, Boots (FP041) at the retail park and Tesco (FK567) at Pinchington Lane are both open evenings and on Saturdays, while Boots (FJV60) on Northbrook Street is open on Saturdays. All pharmacies provide the same advanced services as FVP85.
- 4.18 Compared to numbers stated in the PNA, the closure of FEJ88 and FVP85 in addition to the closure of FXR54 will result in the following reductions in numbers within the district.

	Stated in PNA	From 22 April 2023	Loss
Total community pharmacies	21	18	3
Late evening opening	10	8	2
Sunday opening	6	4	2
Saturday opening	19	16	3
New medicine service	20	17	3
Community pharmacy seasonal influenza vaccination	19	16	3
Community pharmacist consultation service	21	18	3
Needle exchange	18	15	3
Supervised consumption	19	16	3
Pharmacy emergency hormonal contraception service	20	18	2

5. Options Considered

The options available to the Health and Wellbeing Board are:

- (a) to refresh the PNA;
- (b) to issue a supplementary statement;
- (c) to do nothing

6. Proposal(s)

Public Health officers consider that the closure of FVP85 will not create a gap in provision of pharmaceutical services in the Newbury area, and so no further action is required. However, the closure of FEJ88 will create a small gap in provision of pharmaceutical services affecting residents of Calcot, Beansheaf and Fords Farm, which will be exacerbated by local factors affecting access. This will impact residents of one of the district's most deprived neighbourhoods. Therefore, it is proposed that a supplementary statement should be issued in relation to this site. It is considered that refreshing the PNA would not be a proportional response to the closures.

7. Conclusion(s)

The closures of FEJ88 and FVP85 have been assessed in accordance with the national guidance and relevant legislation.

8. Consultation and Engagement

The following parties have been consulted on this report:

- Health and Wellbeing Board Steering Group,

- Local Pharmaceutical Committee (Pharmacy Thames Valley); and
- Local ward members.

9. Appendices

Appendix A – Pharmacy Access Mapping

Background Papers:

[West Berkshire Pharmaceutical Needs Assessment 2022-2025 Information Pack for local authority health and wellbeing boards](#)

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring that there are sufficient pharmaceutical services in the District to meet the needs of the local population.

Appendix A

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Overview of FEJ88 – Lloyds (in Sainsbury's, Calcot)

Opening times

Day	Opening hours
Monday	8:30am to 9pm
Tuesday	8:30am to 9pm
Wednesday	8:30am to 9pm
Thursday	8:30am to 9pm
Friday	8:30am to 9pm
Saturday	8am to 8pm
Sunday	10am to 4pm

Last updated: 5 March 2023

General pharmacy services

- Appliance dispensing
- New medicine service
- Seasonal flu vaccination service (at risk groups)
- Prescription collection from local General Practices
- Appointment booking for consultations not required
- Private consultation room

NHS pharmacy services

- Supervised consumption of medicines
- Medication review service
- Needle and syringe exchange
- Emergency contraception (NHS)
- Vaccination service (NHS)

Non-NHS pharmacy services

- Seasonal flu vaccination service (not at risk groups)
- Type 2 diabetes screening
- Vaccination service (Non-NHS)

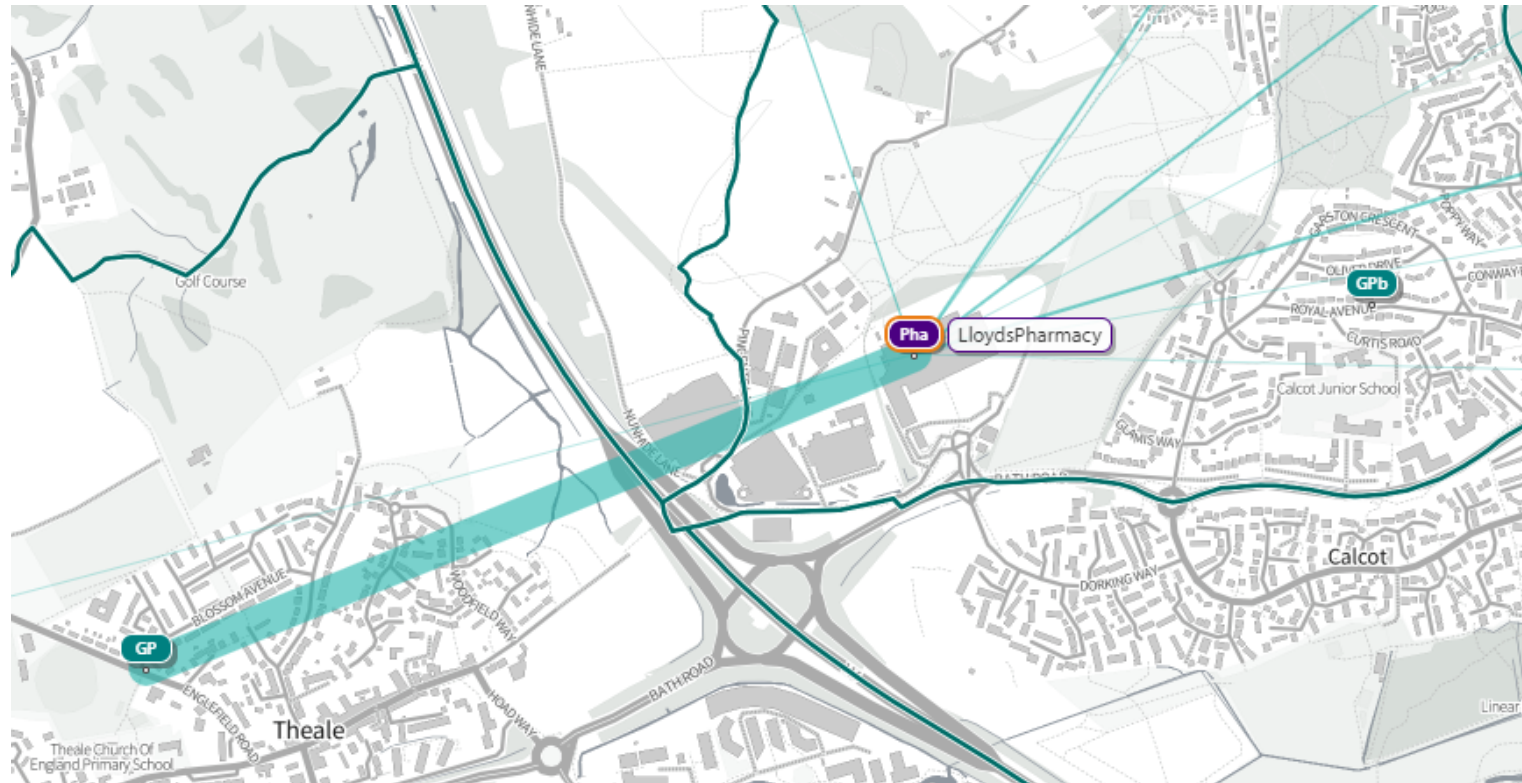
Last updated: 5 March 2023



Dispensing Activity FEJ88 November 2022

- 4,962 prescriptions for 70 GP Practices

Top 10 prescribing practices (note: figures for Theale Medical Centre will include those for Royal Avenue Calcot Branch Practice)

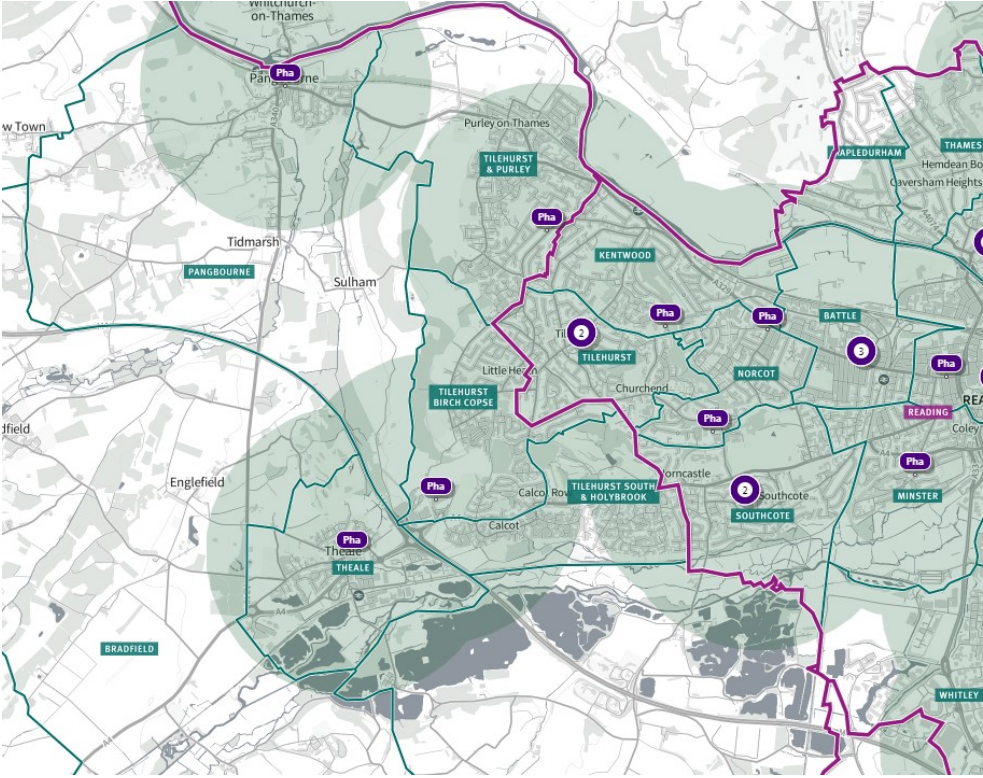


- 61.5% K81077: Theale Medical Centre, Reading
- 6.5% K81062: Western Elms & Circuit Lane Surger...
- 6.0% K81644: Tilehurst Village Surgery, Reading
- 5.1% K81004: Tilehurst Surgery Partnership, Tileh...
- 3.9% K81012: The Boat House Surgery, Reading
- 1.9% K81056: Westwood Road Surgery, Reading
- 1.3% K81636: Russell Street Surgery, Reading
- 1.3% K81078: Grovelands Medical Centre, Reading
- 1.0% K81103: Chapel Row Surgery, Reading
- 0.9% K81605: University Medical Group, Reading

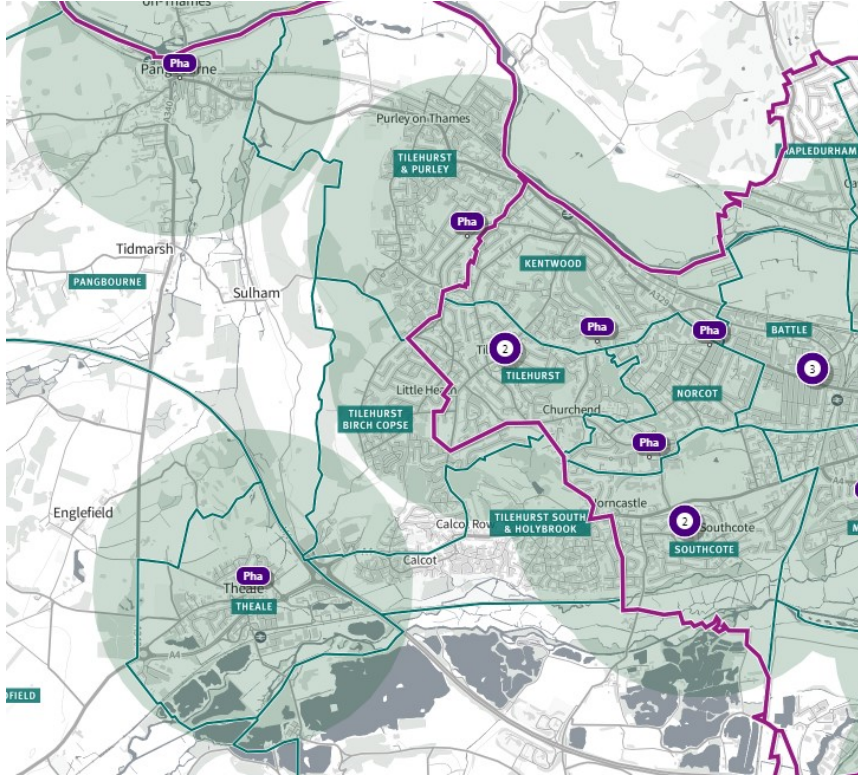
Distance to Pharmacy - 1 mile radius

As pharmacy is located in, and serves an urban population, the 1 mile radius criteria is used as per decision made by PNA steering group. As the pharmacy borders Reading, Reading community pharmacies have been included in the following analysis

With FEJ88 (excluded pop = 40,477*)



Without FEJ88 (excluded pop = 43,467)



*total for West Berkshire and Reading

Newly excluded population

- Just under 3,000 people will be newly excluded with the closure of the pharmacy
- This mainly covers 2 LSOAs
 - Majority of E01016275 in Tilehurst South and Holybrook
 - National deprivation decile = 7; West Berkshire decile 4 (where 1 is most deprived)
 - Over half of E01016273 in Tilehurst Birch Copse
 - National deprivation decile = 4; West Berkshire decile 1 (where 1 is most deprived)
 - There is a Branch Practice to Theale Medical Centre located in this LSOA

Alternative pharmacies (within 2 mile radius of existing pharmacy)

Name	Code	Description	Early morning opening (before 8am)	Late evening opening (after 6pm)	Saturday opening	Sunday opening	New Medicine service	Seasonal influenza vaccination	CPCS	Stop smoking services
Lloyds in Sainsbury's	FEJ88	Proposed for closure	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Kamsons Pharmacy	FMP97	Within 1 mile radius of FEJ88	No	No	Yes	No	Yes	Yes	Yes	Yes
Tilehurst Pharmacy	FGF17	Within 2 mile radius of FEJ88	No	No	Yes	No	Yes	Yes	Yes	Yes
Triangle Pharmacy	FDX71	Within 2 mile radius of FEJ88	No	No	Yes	No	Yes	Yes	Yes	Yes
Lloyds	FF110	Within 2 mile radius of FEJ88	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Boots	FNR10	Within 2 mile radius of FEJ88	No	No	Yes	No	Yes	Yes	Yes	No

- All 5 pharmacies within 2 miles provide comparable services
- The pharmacy within 1 mile radius does not have late evening nor Sunday opening
- Late evening opening is covered by one pharmacy within 2 miles
- Sunday opening is not covered by any alternative pharmacy within 2 miles
- Asda Pharmacy (FT293) which is just beyond a 2 mile radius is open in evenings and on Sundays
- Travel times from the existing pharmacy to the nearest pharmacy (Kamsons)* are:
 - Walking = 20mins
 - Driving = 5mins
 - Public transport = 15mins (Weekday mornings) 10mins (Weekend evenings)
 - The number 1 bus route runs between Calcot and Theale

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Overview of FVP85 – Lloyds (in Sainsbury's Newbury)

Opening times

Day	Opening hours
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Saturday	8am to 8pm
Sunday	Closed

Last updated: 5 March 2023

General pharmacy services

- New medicine service
- Seasonal flu vaccination service (at risk groups)
- Prescription collection from local General Practices
- Appointment booking for consultations not required
- Private consultation room

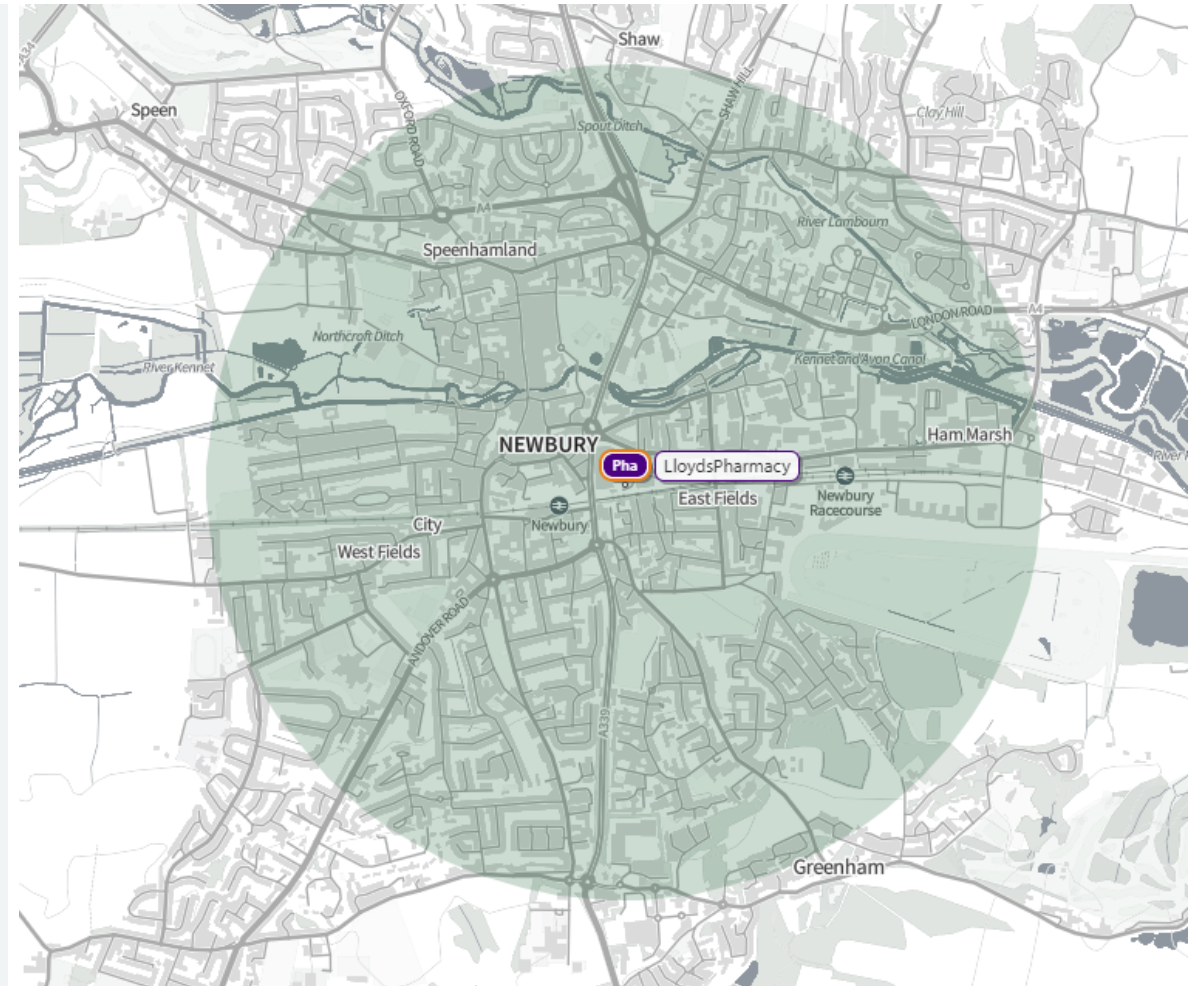
NHS pharmacy services

- Supervised consumption of medicines
- Medication review service
- Needle and syringe exchange
- Emergency contraception (NHS)
- Vaccination service (NHS)

Non-NHS pharmacy services

- Seasonal flu vaccination service (not at risk groups)
- Type 2 diabetes screening
- Vaccination service (Non-NHS)
- Emergency contraception (Non-NHS)

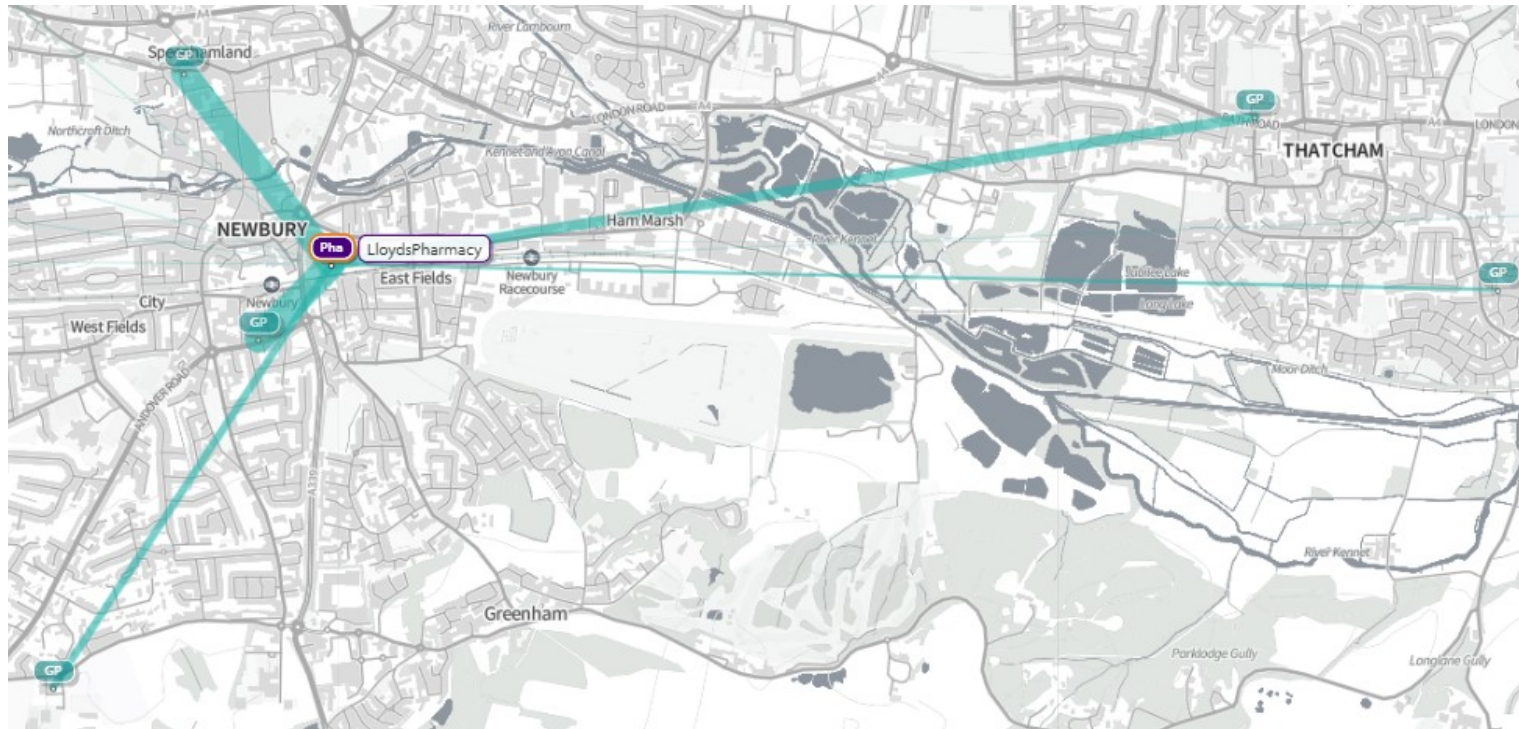
Last updated: 5 March 2023



Dispensing Activity FVP85 November 2022

- 7,650 prescriptions for 55 GP Practices

Top 10 prescribing practices



- 35.4% K81002: Eastfield House Surgery, Newbury
- 33.1% K81063: Strawberry Hill Medical Centre, Ne...
- 13.5% K81073: Thatcham Health Centre, Newbury
- 10.1% K81017: Falkland Surgery, Newbury
- 4.0% K81102: Burdwood Surgery, Newbury
- 0.7% K81057: Hungerford Surgery, Hungerford
- 0.5% Y00623: Westcall OOH, Wokingham
- 0.3% J82054: Kintbury & Woolton Hill Surgery, Ki...
- 0.3% J83045: Ramsbury Surgery, Marlborough
- 0.2% K81052: Lambourn Surgery, Lambourn

Distance to Pharmacy - 1 mile radius

As pharmacy is located in, and serves an urban population, the 1 mile radius criteria is used as per decision made by PNA steering group.

With FVP85 (excluded pop = 43,192)



Without FVP85 (excluded pop = 43,192)



Newly excluded population

- The closure of the pharmacy will not result in any additional excluded population

Alternative pharmacies (within 1 mile radius of existing pharmacy)

Name	Code	Description	Early morning opening (before 8am)	Late evening opening (after 6pm)	Saturday opening	Sunday opening	New Medicine service	Seasonal influenza vaccination	CPCS	Stop smoking services
Lloyds in Sainsbury's	FVP85	Proposed for closure	No	Yes	Yes	No	Yes	Yes	Yes	No
Boots	FJV60	Within 1 mile of FVP85	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Superdrug	FN512	Within 1 mile of FVP85	No	No	Yes	No	Yes	Yes	Yes	No
Day Lewis	FWX13	Within 1 mile of FVP85	No	No	Yes	No	Yes	Yes	Yes	No
Boots	FP041	Within 1 mile of FVP85	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tesco	FK567	Within 1 mile of FVP85	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

- All 5 pharmacies within 1 miles provide comparable advanced services
- 2 pharmacies within 1 mile have comparable opening hours
- Travel times from the existing pharmacy to the nearest pharmacy (Boots) are:
 - Walking = 12mins
 - Driving = 5mins

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Young Carers

Report being considered by: Health and Wellbeing Board

On: 20 April 2022

Report Author: Dave Wraight

Report Sponsor: Councillor Dominic Boeck

Item for: Information



1. Purpose of the Report

To provide an update to the Board on the progress of the outstanding actions for Young Carers contained in the Health and Wellbeing Strategy Delivery Plan.

2. Recommendation(s)

As a broad partnership to offer support to Young Carers in West Berkshire through the different agencies that make up the Health and Wellbeing Board.

3. Executive Summary

The number of young carers in West Berkshire has grown steadily over the years, currently there are 183 young carers open to the service with one worker in post to complete assessments and support with activities. Additional staff capacity has been utilised from across the service area to support with the assessment of young carers. Against this backdrop the service has established innovative ways of working with young carers which was highlighted as excellent practice in our most recent Ofsted Inspection in March 2022. The recruitment of an apprentice for the Young Carers Activity Coordinator post was delayed due to a wider recruitment freeze. This post has now been advertised and generated two shortlisted applicants, with interviews scheduled for April 2023.

4. Supporting Information

Updates on actions from the Health and Wellbeing Strategy Delivery Plan:

4.1 *Action 2.3.2 Embedding new process for online referrals of Young carers and ensuring all partners are aware. – action complete and business as usual.*

Most referrals relating to young carers are completed online and advertised on the West Berkshire Council website and West Berkshire Directory. There is an additional option to refer via the CAAS/Early Response Hub who automatically generate a Young Carer referral form. It is recognised that schools are excellently placed to identify young carers therefore the Young Carers worker has a training slot at the schools Designated Safeguarding Leads forum and provides an overview of the role and outlines the referral process at those forum.

4.2 *Action 2.3.3 Raise awareness of young carers, Engagement with partner agencies, Advice and information sessions with schools, Young carers groups at schools, Re-establish young carers champions – action partially complete and ongoing*

The promotion and awareness raising of young carers has continued, using some of the different multi agency forums that exist to promote awareness of young carers and highlight how to refer young carers. There is ongoing engagement with schools through training and attendance at education events. The reestablishment of the Young Carer champions has been delayed due to capacity challenges but can be progressed when the apprentice Young Carers Activity Coordinator is in post.

4.3 *Action 2.4.3 Using the young carers dashboard to continuously review engagement with services and outreach to new attendees. – action complete and business as usual*

The young carers dashboard is a tool utilised to monitor the progress of both new contacts received and young carer assessments. This brings assurance that there is no drift and delay and enables monitoring of the support young carers are engaged with to determine the appropriate support for the individual child/young person.

4.4 *Action 2.4.4 Use feedback from young carers to inform and expand the activities on offer – action refined and ongoing*

Feedback is collated from young carers directly during each of the sessions. The information gathered is utilised to inform the development of future sessions so that activities and group work is tailored to the young people's age and stage of development. The apprentice young carer activity coordinator will have a pivotal role in further developing the feedback process and the way that their participation and engagement is developed. We will use a model of co-production with young carers in enhancing the development of a process for gathering and utilising feedback.

4.5 *Action 2.4.5 Recruit volunteers to one to one mentoring role to work with young carers with particular challenges – action is delayed until recruitment*

Work to develop this role has been hindered due to limited capacity. Once the apprentice Young Carers Activity Coordinator is in post this work will progress via the young carers' worker. As an interim measure, work has been completed to ensure young carers have access to adults who can bring positive influences and offer guidance. An example of this is the utilisation of the Early Response Hub Youth worker. He now attends the young carers' primary group and other clubs.

5. Options Considered

Not applicable

6. Proposal(s)

The actions outlined in the Health and Wellbeing Board action plan are either complete or will be progressed following the appointment of the apprentice Young Carers Activity Coordinator. The actions are being monitored internally through the service development plan therefore it is proposed that the HWBB close off the Young Carer actions delegating them back to the service to progress.

7. Conclusion(s)

The Young Carers offer is now well established and has grown and developed with practices that were highlighted by Ofsted as excellent in meeting the needs of this vulnerable group and recognised the positive impact the work had on this group of children. The Children and Family Service will continue to support young carers in the future.

8. Appendices

None

Background Papers:

Minutes of Health and Wellbeing Board, 23 February 2023.

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities: The young carers project has helped a significant number of young carers of all ages, supporting them with opportunities to develop peer relationships and providing a safe space to meet, talk and enjoy activities that impact positively on their emotional wellbeing.

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Health & Wellbeing Board – 20 April 2023

Item 13 – Members’ Questions

Verbal Item

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Health and Wellbeing Board Forward Plan (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
13 July 2023 - Board Meeting					
Buckinghamshire, Oxfordshire and Berkshire West ICB Annual Report	To present the ICB's draft annual report for 2022/23	For discussion	05/07/2023	Sarah Webster	Health and Wellbeing Steering Group
ICB Update: Berkshire West Place Based Partnership	To provide an update on arrangements for the Berkshire West Place Based Partnership	For discussion	05/07/2023	Sarah Webster	Health and Wellbeing Steering Group
Berkshire Suicide Prevention Strategy	To present the final version of the Suicide Prevention Strategy for approval	For decision	05/07/2023	John Ashton	Health and Wellbeing Steering Group
Financial Problems and Mental Health	To present the revised report for approval.	For decision	05/07/2023	Adrian Barker	Health and Wellbeing Steering Group
West Berkshire Better Care Fund Plan	To present the Better Care Fund Plan for approval	For decision	05/07/2023	Maria Shapherd	Health and Wellbeing Steering Group
Evaluation of the Cost of Living Hub and Be Well This Winter Outreach Programme	To present the findings of the evaluation of the Cost of Living Hub and Be Well This Winter Outreach Programme	For discussion	05/07/2023	Sean Mjurphy / April Peberdy	Health and Wellbeing Steering Group
Supported Employment Strategy Update	To provide an update on the Supported Employment Strategy	For discussion	05/07/2023	Sam Robins	Health and Wellbeing Steering Group
Joint Health and Wellbeing Strategy Delivery Plan Monitoring Report - Q4 2022/23	To provide an update on progress with implementation of the Delivery Plan	For discussion	05/07/2023	April Peberdy / Gordon Oliver	Health and Wellbeing Steering Group
28 September 2023 - Board Meeting					
			20/09/2023		
7 December 2023 - Board Meeting					
Health and Wellbeing Board Peer Review	To present the findings from the Health and Wellbeing Board Peer Review	For decision	29/11/2023	TBC	Health and Wellbeing Steering Group
Safeguarding Adults Board for Berkshire West - Annual Report for 2022/23	To present the annual report from the Safeguarding Adults Board	For information	29/11/2023	TBC	Health and Wellbeing Steering Group
Berkshire West Safeguarding Children Partnership - Annual Report for 2022/23	To present the annual report from the Safeguarding Children Partnership	For information	29/11/2023	TBC	Health and Wellbeing Steering Group
22 February 2024 - Board Meeting					
			14/02/2024		
2 May 2024 - Board Meeting					
			24/04/2024		

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