

Notice of Meeting



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Health and Wellbeing Board

Thursday 29 January 2026 at 9.30 am
in Council Chamber Council Offices
Market Street Newbury

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 21 January 2026

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.



WestBerkshire
C O U N C I L

To: Councillor Nigel Foot, Ben Riley (BOB ICB), Councillor Jeff Brooks, Councillor Patrick Clark, Councillor Heather Codling, Councillor David Marsh, Councillor Joanne Stewart, Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children's Services), Clare Lawrence (Executive Director - Place), Janet Lippett (Royal Berkshire NHS Foundation Trust), Rebecca Morgan (Sovereign Network Group), Gail Muirhead (Royal Berkshire Fire & Rescue Service), C/Supt Felicity Parker (Thames Valley Police), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Rachel Peters (Voluntary Sector Representative), Helen Williamson (Berkshire Healthcare NHS Foundation Trust) and Fiona Worby (Healthwatch West Berkshire)

Agenda

Part I

Page No.

Standard Agenda Items

- | | | |
|---|---|---------|
| 1 | Apologies for Absence To receive apologies for inability to attend the meeting (if any). | 5 - 6 |
| 2 | Minutes To approve as a correct record the Minutes of the meeting of the Board held on 24 September 2025. | 7 - 12 |
| 3 | Actions arising from previous meeting(s) To consider outstanding actions from previous meeting(s). | 13 - 14 |
| 4 | Declarations of Interest | 15 - 16 |



Agenda - Health and Wellbeing Board to be held on Thursday 29 January 2026 (continued)

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:

- Councillor Patrick Clark – 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; and
- Councillor Jo Stewart – works for the Royal Berks Charity which is part of the Royal Berkshire NHS Foundation Trust, and spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

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| 5 | Public Questions Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Meeting Rules contained in the Council's Constitution. <i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i> | 17 - 18 |
| 6 | Petitions Councillors or Members of the public may present any petition which they have received. | 19 - 20 |
| 7 | Health and Wellbeing Board Membership Purpose: To agree any changes to Health and Wellbeing Board membership. | 21 - 22 |

Items for discussion

Strategic Matters

- | | | |
|---|--|---------|
| 8 | Ratification of Health and Wellbeing Board Priorities Purpose: To ratify the priority areas for the Health and Wellbeing Board, which will be its primary focus over the short to medium term. | 23 - 32 |
| 9 | West Berkshire Health and Wellbeing Board Compact | 33 - 40 |

Agenda - Health and Wellbeing Board to be held on Thursday 29 January 2026 (continued)

Purpose: To agree and jointly set the principles and expectations for how the West Berkshire Health and Wellbeing Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy.

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| 10 | Members' Question(s) Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Meeting Rules contained in the Council's Constitution. <i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i> | 41 - 42 |
| 11 | Health and Wellbeing Board Forward Plan An opportunity for Members of the Health and Wellbeing Board to suggest items to go on to the Forward Plan. | 43 - 44 |
| 12 | Future Health and Wellbeing Board Meetings Formal meetings of the West Berkshire Health and Wellbeing Board: <ul style="list-style-type: none">• 25 March 2026 (TBC) – Extraordinary Meeting• 7 May 2026• 24 September 2026• 21 January 2027 | |

Sarah Clarke.

Sarah Clarke
Executive Director: - Resources

If you require this information in a different format or translation, please contact Gordon Oliver on telephone (01635) 519486.

Health & Wellbeing Board – 29 January 2026

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 WEDNESDAY 24 SEPTEMBER 2025

Present: Councillor Nigel Foot (Chairman), Councillor Jeff Brooks, Councillor Heather Codling, Councillor Denise Gaines, Councillor David Marsh, Councillor Joanne Stewart, Paul Coe, AnnMarie Dodds, Jessica Jhundoo Evans, Rebecca Morgan, Gail Muirhead, Sean Murphy, Dr Matt Pearce, April Peberdy, Fiona Worby, Rebecca Cullen (Substitute) (In place of Dr Janet Lippett) and Dr Abid Irfan (Substitute) (In place of Dr Ben Riley)

Also Present: Steven Bow (Consultant in Public Health)

Apologies for inability to attend the meeting: Dr Ben Riley, Dr Janet Lippett and Rachel Peters

Absent: Councillor Patrick Clark, C/Supt Felicity Parker and Helen Williamson

PART I

78 Election of Chairman

RESOLVED that Councillor Nigel Foot be appointed as Chairman of the Health and Wellbeing Board for the 2025/26 Municipal Year.

79 Election of Vice Chairman

RESOLVED that Dr Ben Riley be appointed as Vice Chairman of the Health and Wellbeing Board for the 2025/26 Municipal Year.

80 Minutes

The Minutes of the meeting held on 6 March 2026 were approved as a true and correct record and signed by the Chairman.

81 Actions arising from previous meeting(s)

Members noted the updates on actions from the previous meetings.

82 Declarations of Interest

No further declarations of interest were received beyond the standing declarations given in the agenda papers.

83 Public Questions

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

84 Petitions

There were no petitions presented to the Board.

85 Health and Wellbeing Board Membership

The Board noted the following changes to its membership since the last meeting:

- Melanie O'Rourke (added as a substitute for Paul Coe)
- Rebecca Cullen (added as a substitute for Dr Janet Lippett)
- Benn Owen (added as a substitute for Rebecca Morgan)

86 Pharmaceutical Needs Assessment

Steven Bow (Consultant in Public Health) presented the Pharmaceutical Needs Assessment (Agenda Item 10).

The following points were raised in the debate:

- The content of the assessment was noted, and it was hoped that the gap in the provision of services in the Calcot area would be addressed by a new pharmacy opening.
- Members asked if home delivery services should be actively marketed for repeat prescriptions in order to relieve pressure on local pharmacies, which were being asked to do more in terms of treating minor ailments. It was highlighted that the PNA focused solely on access to local pharmacies and did not consider strategic goals regarding how services were used or promoted. It was recognised that online pharmacies had a role to play and had expanded in recent years, but physical pharmacies relied on dispensing prescriptions in order to continue as viable businesses. It was noted that information on pharmacy options could be promoted through the Council's 'Let's Talk' outreach service.
- It was suggested that the Board should be advising on how pharmacy services could be improved. It was explained that the Board was looking to make use of workshop sessions outside of the formal meetings to do that sort of development work. Members noted that the PNA was a statutory requirement.

RESOLVED to approve the statement of need for pharmaceutical services for the West Berkshire population to cover the period from 1 October 2025 to 30 September 2028.

87 Director of Public Health Annual Report 2025

Dr Matt Pearce presented the Director of Public Health's Annual Report (Agenda Item 11).

The following points were raised in the debate:

- Members welcomed the report.
- It was noted that recent Ofsted inspection of Children's Social Care had highlighted a general lack of investment in early years across the country.
- Members highlighted that a key priority for the Council's administration was to improve outcomes for children. Work was already underway to improve the offer of the Family Hubs, but it was recognised that improving outcomes for children would take time to deliver.
- It was noted that the Low Income Family Tracker (LIFT) was using Department for Work and Pensions data to identify where families may be entitled to claim additional benefits, particularly around free school meals. This had an additional benefit in terms of bringing more money into schools.

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- Members noted that some of the report's recommendations were within the Board's control and could be delivered relatively quickly (e.g., better information and signposting), while others would be more challenging to deliver.
- There was some discussion about what a 'child-friendly district' would look like. It was explained that this was based on the UNICEF Child Friendly City and Communities programme¹, which sought to put children at the heart of all decision-making. It was suggested that the Board may wish to do some further work to consider what this would look like in practice. Dr Pearce was invited to bring a report to a future Executive Briefing.

ACTION: Dr Matt Pearce to bring a report on a 'child-friendly district' to a future Executive Briefing.

- Members expressed concern over some of the housing related statistics quoted in the report, particularly in relation to the prevalence of mould, which was linked to asthma. It was suggested that this could be an area for the Board to focus on in future. It was noted that the Council had made significant progress in terms of how it housed vulnerable families – children were no longer accommodated in temporary/bed and breakfast accommodation.
- It was highlighted that much of what the Council did was already child-friendly, but it would be helpful to pull this together into a policy that underpinned all of its activities and highlighted this to children, families and the wider public.
- The report was praised for being easy to read and accessible to a lay person.
- It was noted that libraries would be able to help promote initiatives such as LIFT.
- While it was recognised that the Council's finances were constrained, Members noted the potential for very high return on early years investment.
- The Board noted the Steering Group's recommendations for partners to be asked to commit to actioning this report's recommendations and for the Director of Public Health to bring a report back to a future meeting to update the Board on progress.

ACTIONS:

- **All partners to commit to implementing the report's recommendations.**
- **Bring a report back to a future meeting to provide an update on progress.**

RESOLVED to note the report.

88 Better Care Fund Plan

Paul Coe (Executive Director – Adult Social Care) presented the Better Care Fund Plan report (Agenda Item 12).

Members of the Board did not have any questions or comments on the report.

RESOLVED to endorse the Better Care Fund Plan for 2025-2026.

89 Response to the LGA Review of the Health and Wellbeing Board

Dr Matt Pearce (Director of Public Health) presented the report on the Response to the LGA Review of the Health and Wellbeing Board (Agenda Item 13).

The following points were raised in the debate:

¹ [About Child Friendly Cities & Communities - Child Friendly Cities & Communities](#)

HEALTH AND WELLBEING BOARD - 24 SEPTEMBER 2025 - MINUTES

- Members welcomed the report and felt that the recommendations would help to improve the health experience in West Berkshire.

RESOLVED to:

- Endorse the proposed changes to the Board's governance arrangements and working practices as set out in Section 6 of the report and agree that these be referred to Council for final approval.
- Be informed that the proposed changes will require amendments to the Council's Constitution, the final wording of which will be delegated to the Monitoring Officer in consultation with the Constitution Review Task Group.

90 ICB Update

Dr Abid Irfan (BOB ICB Deputy Chief Medical Officer) presented the ICB Update (Agenda Item 14).

The following points were raised in the debate:

- Clarification was sought as to the geographical area to be covered by the new Thames Valley Integrated Care Board. It was confirmed that this would cover the whole of Berkshire as well as Oxfordshire and Buckinghamshire. Some areas previously covered by Frimley ICB would transfer to Hampshire and Isle of Wight ICB, and some would transfer to the new Surrey and Sussex ICB, but the majority would transfer to Thames Valley ICB.
- It was noted that there would be considerable costs associated with redundancies as a result of the nationwide restructuring of ICBs. Members asked about the implications for BOB ICB staff. It was confirmed that the ICB's budget had been significantly reduced. The working assumption was that 40-50% of staff would be redeployed or made redundant. The first phase was nearing completion and involved mutually agreed resignations. However, much of the reorganisation had yet to be agreed and it was not yet clear what would/would not be covered by the proposed funding allocation (e.g. Continuing Health Care). It was recognised that it was a difficult time for staff.

RESOLVED to note the report.

91 Changes to Pharmaceutical Services

The Chairman presented the update on Changes to Pharmaceutical Services (Agenda Item 15).

The following points were raised in the debate:

- Members welcomed the response that had been submitted in relation to the application for a new pharmacy in Royal Avenue, Calcot, and felt that it provided a good summary of the local situation. While it was recognised that a new pharmacy was needed, there were traffic and parking issues near the proposed site. It was noted that the route of the local bus service had recently changed, and it no longer served Royal Avenue – the bus company was being lobbied on this issue.

RESOLVED to note the report.

92 Health and Wellbeing Board Sub-Group Updates

The Board considered the Sub-Group Updates (Agenda Item 16).

No comments were made in relation to the updates.

HEALTH AND WELLBEING BOARD - 24 SEPTEMBER 2025 - MINUTES

RESOLVED to note the updates.

93 Members' Question(s)

There were no Member questions submitted to the meeting.

94 Health and Wellbeing Board Forward Plan

The Board considered the Health and Wellbeing Board Forward Plan (Agenda Item 18).

It was noted that the Forward Plan would be developed following the workshop when the Board's priorities had been agreed.

95 Future meeting dates

The dates of future meetings were noted. It was highlighted that these may be adjusted to recognise that the Board had agreed to reduce the number of meetings to three per year.

(The meeting commenced at 9.30 am and closed at 10.45 am)

CHAIRMAN

Date of Signature

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| Ref | Meeting | Agenda item | Action | Action Lead | Agency | Status | Comment |
|-------|------------|---|--|---------------------------------|------------|-------------|---|
| 264 | 02/05/2024 | Berkshire Suicide Prevention Strategy | Update the Suicide Prevention Strategy Action Plan in consultation with SPAG and bring this back to a future meeting for approval. | Steven Bow | WBC | In progress | A workshop was held on 5 November with partners to design the Action Plan. This links to the Mental Health priority for the Health and Wellbeing Board. |
| 24-2 | 11/07/2024 | Health and Wellbeing Board Annual Report 2023/24 | Include a table of priorities for the coming year on the website | Steven Bow | WBC | In progress | This will be done once the action plans have been approved. |
| 24-7 | 12/09/2024 | BOB ICB Annual Report and Joint Capital Resource Use Plan 2024-25 | Provide an opportunity for the Board to provide feedback on how the new operating model is working | Helen Clark | ICB | In progress | This will be covered as part of the regular ICB Updates |
| 25-01 | 06/03/2025 | Health and Wellbeing Board Membership | Review ICB representation in consultation with the Council's monitoring officer. | Cllr Nigel Foot Dr Ben Riley | WBC ICB | In progress | To be picked up after the HWB meeting on 24 September. |
| 25-02 | 06/03/2025 | Health Protection Annual Report | Review comms re vaccination messaging | Dr Matt Pearce Steven Bow | WBC | On hold | This will be revisited in the autumn after recruitment to vacancies in the public health team, as the health protection specialist post has become vacant. In the meantime we will continue to support national messaging campaigns encouraging vaccination, with local tailoring where applicable. |
| 25-04 | 24/09/2025 | DPH Annual Report | Bring a report on a 'child-friendly district' to a future Executive Briefing. | Dr Matt Pearce | WBC | In progress | This action will be progressed as part of the development of the 'Best Start in Life Delivery Plan' and raised as part of the New Children Strategic Board |
| 25-05 | 24/09/2025 | DPH Annual Report | Board Members to commit to implementing the recommendations outlined in the report. | All | All | In progress | Actions to be considered by members of the Health and Wellbeing board and their respective organisations |
| 25-06 | 24/09/2025 | DPH Annual Report | Bring a report back to a future HWB meeting to update the Board on progress. | Dr Matt Pearce | WBC | Programmed | Progress report to be produced late 2026. |

09 January 2026

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Item 4 – Declarations of Interest

Verbal Item

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Item 5 – Public Questions

Verbal Item

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Health & Wellbeing Board – 29 January 2026

Item 6 – Petitions

Verbal Item

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| Name | Role/Organisation | Substitute |
|-------------------------------------|--|--|
| Cllr Jeff Brooks | Leader of the Council, Executive Portfolio Holder: Strategy and Communications | Cllr Vicky Poole |
| Cllr Patrick Clark | Executive Portfolio Holder: Adult Social Care and Public Health | |
| Cllr Heather Codling | Executive Portfolio Holder: Children and Family Services | |
| Cllr Nigel Foot (Chairman) | Executive Portfolio Holder: Culture, Leisure, Sport and Countryside | |
| Cllr Jo Stewart | Conservative Group Spokesperson for Health and Wellbeing | Cllr Dominic Boeck |
| Cllr David Marsh | Green Group Spokesperson for Health and Wellbeing | Cllr Carolyn Culver |
| Paul Coe | WBC Executive Director - Adult Social Care | Melanie O'Rourke |
| AnnMarie Dodds | WBC Executive Director – Children's Services | Rebecca Wilshire Neil Goddard |
| Clare Lawrence | WBC Executive Director – Place | Sean Murphy April Peberdy |
| Dr Matt Pearce | Director of Public Health (WBC & RBC) | Steven Bow |
| Helen Williamson | Berkshire Healthcare NHS Foundation Trust | |
| Dr Ben Riley (Vice Chairman) | Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board | Helen Clark Dr Abid Irfan |
| TBC | GP representative | TBC |
| Fiona Worby | Healthwatch West Berkshire | Jamie Evans/ Mike Fereday |
| Gail Muirhead | Royal Berkshire Fire and Rescue Service | Stephen Leonard Paul Thomas |
| Dr Janet Lippett | Royal Berkshire NHS Foundation Trust | Rebecca Cullen Hannah Hollis William Orr Andrew Statham |
| Rebecca Morgan | Sovereign Network Group | Ian Patterson |
| C/Supt Felicity Parker | Thames Valley Police | |
| Rachel Peters | Voluntary Sector Representative | Bernie Prizeman |

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Health and Wellbeing Board Priorities

Report being considered by: Health and Wellbeing Board

On: 29 January 2026

Report Author: Gordon Oliver (Principal Policy Officer)

Report Sponsor: Matt Pearce (Director of Public Health)



Executive Summary

The recent Local Government Association review of the Health and Wellbeing Board recommended that the Board should focus on two or three priorities at a time, which were informed by local need, and that it should streamline its governance arrangements, aligning these around the agreed priorities. This will help the Board to focus its collective resources to delivery meaningful change rather than diluting its efforts across a larger number of activities.

This report outlines the work that has been completed following the LGA review and makes recommendations for areas where the Board could focus its attention in the medium term. It also provides an update on streamlining the Board's governance arrangements.

1. Purpose of the Report

This report sets out three priorities for the Health and Wellbeing Board, which it is proposed should be the focus for the Health and Wellbeing Board over the next two years in order to deliver meaningful change.

2. Recommendation(s)

2.1 To agree that the priorities for the Health and Wellbeing Board for the medium term should be:

- (1) Best Start in Life
- (2) Children and Young People and Adult Mental Health
- (3) Healthy Neighbourhoods

2.2 To agree that:

- (1) Delivery plans be developed for all three priorities, with the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan being prioritised to meet timescales specified by central government.
- (2) To support each delivery plan, outcomes frameworks will be developed that include intermediary input and output metrics that will look to shift outcomes.

2.3 To agree that the following should be nominated as the Health and Wellbeing Board's sponsors for the above priorities:

- (1) AnnMarie Dodds (WBC Executive Director – Children’s Services)
- (2) Chair of Mental Health Board
- (3) Integrated Care Board Representative / LIB Co-Chair

3. Implications

| Implication | Commentary | | |
|---------------------------|--|----------------|-----------------|
| Financial: | There are no financial implications arising from this report. Action plans will be developed for each of the three priorities, which will be brought back to the Board for approval in due course. | | |
| Human Resource: | There are no HR implications arising from this report. | | |
| Legal: | There are no legal implications arising from this report. | | |
| Risk Management: | There are no additional risks arising from this report. | | |
| Property: | There are no property implications arising from this report. | | |
| Policy: | <p>The priorities are consistent with the following national policies:</p> <ul style="list-style-type: none"> • The 10 Year Plan for Health - this requires that neighbourhood health plans be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, with the aim of having draft plans in place by the end of March 2026. • The 10 Year Plan for Health also includes substantial financial and resource commitments to tackling the mental health crisis affecting the UK. • Giving Every Child the Best Start in Life – This requires local authorities to develop Best Start Local Plans by the end of March 2026. | | |
| | Positive | Neutral | Negative |
| Equalities Impact: | | | |

| | | | | |
|--|---|---|--|--|
| A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality? | | X | | By focusing on a small number of priorities, the Health and Wellbeing Board will seek to make meaningful progress in addressing existing health inequalities. However, there are no impacts arising directly from this report - details will be set out in the Action Plans that will be brought back to the Board for approval in due course. |
| B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users? | | X | | As above |
| Environmental Impact: | | X | | There are no impacts arising directly from this report. |
| Health Impact: | X | | | By focusing on a small number of priorities, the Health and Wellbeing Board will seek to make meaningful progress in addressing existing health inequalities. However, there are no impacts arising directly from this report - details will be set out in the Action Plans that will be brought back to the Board for approval in due course. |
| ICT Impact: | | X | | There are no impacts arising directly from this report. |
| Digital Services Impact: | | X | | There are no impacts arising directly from this report. |
| Council Strategy Priorities: | | X | | There are no impacts arising directly from this report. However, the proposed priorities are consistent with those set out in the Council Strategy, particularly Priorities 2A, 2C and 5B. |
| Core Business: | | X | | There are no impacts arising directly from this report. |
| Data Impact: | | X | | There are no impacts arising directly from this report. |

| | |
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| Consultation and Engagement: | <p>The following have been consulted on this report:</p> <ul style="list-style-type: none"> • Cllr Nigel Foot (Chairman of Health & Wellbeing Board) • Dr Matt Pearce (Director for Public Health) • WBC Corporate Board <p>The priorities were developed through multi-stakeholder workshops.</p> |
|-------------------------------------|---|

4. Supporting Information

- 4.1 Last year, the Local Government Association (LGA) was invited to undertake a review of the Health and Wellbeing Board's governance and working practices. The aim was to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities, and to make recommendations for improvement. A key recommendation arising from the review was for the Board to have a focus on just two or three priorities at a time in order to drive meaningful change.
- 4.2 There was widespread agreement amongst partners that the Board should be driven by data, with activity informed by the Joint Strategic Needs Assessment (JSNA), intelligence from Healthwatch and other patient groups, recommendations arising from the findings of Health Scrutiny reviews, etc.
- 4.3 It was also accepted that the previous governance model was overly complicated and that the role of the HWB Steering Group/Sub-Groups needed to be audited and rationalised and linked to its priorities.
- 4.4 A high level 'state of the district' JSNA was presented to Board Members and other stakeholders at a workshop on 24 September 2025. This was used to generate a long-list of potential priorities, which included:
 - Best start in life
 - Children and young people and adult mental health
 - Social isolation and loneliness
 - Healthy neighbourhoods
 - Drugs and alcohol
 - Healthy weight
 - People with long-term conditions
 - Cardiovascular disease
 - Cancer
 - Dementia
- 4.5 From these, it was agreed that the following should be the three priorities for the Board over the medium term (i.e., the next two-years):
 - Healthy neighbourhoods
 - Best start in life
 - Children and young people and adult mental health

- 4.6 These priorities were identified as there is both national momentum and a local requirement to accelerate these areas of work.
- 4.7 A second workshop was held on 14 November 2025 to review current activity, possible future options and next steps for the development of delivery plans associated with each of the priorities. Key outcomes are summarised below.

Healthy Neighbourhoods

- 4.8 There was agreement that healthy neighbourhoods represent an opportunity to work differently, and for communities to become active partners, with services tailored to social, cultural and environmental contexts. Different areas will have different visions for healthy neighbourhoods and each must be individually co-produced
- 4.9 Three strategic challenges were identified around:
- Inequality
 - Rising demand
 - Unsustainable and outdated models of care.
- 4.10 This was seen as an opportunity to triangulate with existing prevention activity and integrated workstreams led by the Locality Integration Board.
- 4.11 Potential benefits of this approach were identified as:
- Joined up care
 - Faster, easier access
 - Personalised community-rooted support
 - Prevention and independence
 - Better outcomes and experience
- 4.12 It was recognised that shifting from acute to community settings was a big ask and would require significant investment – outpatient redesign would be key.
- 4.13 There was discussion about what ‘neighbourhoods’ might look like (e.g., PCN footprint, or ‘west, central and east’ as used by Adult Social Care), but this needs further thought and a workshop has been proposed to consider the options.
- 4.14 Central government requires that Local Neighbourhood Health Plans be worked up for the end of March, led by Health and Wellbeing Boards, and therefore this presents an opportunity for the Board to focus on this area and mobilise their collective efforts.

Best Start in Life

- 4.15 It was agreed to work up a Best Start Delivery Plan for the end of March 2026. This will be more wide-ranging than that required by central government, and will be focused on local needs.
- 4.16 Good progress has already been made across a number of areas, and it was recognised that there would be opportunities around co-location of services in future.
- 4.17 A number of potential delivery plan priorities were outlined at the workshop, but a further workshop is needed to finalise the scope and priorities for the plan.

- 4.18 The 'State of the Borough Report' identified a number of outcomes that the Board wished to improve including, child and maternal obesity, oral health, school readiness and infant mortality.

Mental Health

- 4.19 Key findings from the Mental Health Needs Assessment were summarised and a model of mental health causes, treatment and recovery was presented.
- 4.20 It was suggested that there was a need to free up resources from high demand, complex cases and crisis treatment in order to focus on primary prevention.
- 4.21 A logic model of current activity and a four phase theory of change model were presented:
- Phase 1 - reduce high demand (complex cases, crisis, recovery)
 - Phase 2 – primary prevention
 - Phase 3 – tackle proximate stressors from organisations
 - Phase 4 – wider socio-economic, environmental and cultural factors
- 4.22 Recommendations included:
- Adoption of the proposed four phase approach
 - Investment in prevention and early intervention
 - Improving access to crisis care
 - Tackling mental health inequalities for those at risk of poor mental health
 - Supporting people with severe mental illness
 - Strengthening the voluntary and community sector
 - Addressing the wider determinants of health
 - Making greater use of lived experience to guide commissioning and reduce unmet need.
- 4.23 It was acknowledged that mental health services tended to be delivered in an institutional way that was not necessarily equitable.
- 4.24 Mental health problems are large and complex and it is necessary to break them down into chunks and focus on one area at a time.
- 4.25 The 'State of the Borough Report' identified a number of outcomes that the Board wished to improve including, child mental health, self-harm, perinatal mental health and loneliness and isolation
- 4.26 A further workshop was proposed to identify priorities for the Mental Health Action Plan.

Governance

- 4.27 Following the LGA review, it had been agreed to disband the Health and Wellbeing Board Steering Group and that the sub-groups should report directly to the Board. A new first-tier structure was proposed aligned to the new priorities:
- Strategic Children's Board (incorporating children's mental health)
 - Mental Wellbeing Board (focused on adults' mental health)

- Locality Integration Board (incorporating Neighbourhood Health)

- 4.28 It was proposed to change reporting lines for second tier sub-groups. A potential governance model is shown in Appendix A. However, further discussions are required to confirm reporting arrangements for the Homelessness Strategy Group and Skills and Enterprise Partnership.
- 4.29 There was widespread support at the workshop for each priority to be allocated a Health and Wellbeing Board Member as a sponsor. They will have responsibility for overseeing development and delivery of the plans and will be accountable to the Health and Wellbeing Board.

Delivery and Resources

- 4.30 Although Delivery Plans will be developed for all three priorities, development of the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan will be prioritised to meet timescales specified by central government.
- 4.31 Each delivery plan will be fully costed and resources allocated to deliver them. Actions will be focused on local needs, informed by data, and will reflect available funding, aligning budgets wherever possible. The plans will have SMART measures to clearly indicate where actions and associated targets have been achieved. To support each delivery plan, outcomes frameworks will be developed that include intermediary input and output metrics that will look to shift outcomes. Also, dashboards will be developed to facilitate tracking and reporting of progress.

5. Proposal(s)

It is proposed that the Board agrees:

- To formally adopt the three priorities set out in paragraph 4.5 above.
- To develop delivery plans and outcomes frameworks for all three priorities, with the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan being prioritised to meet timescales specified by central government.
- To nominate a member to act as sponsor for each of the priorities and associated action plans.

6. Options Considered

A long-list of potential priorities was identified at the first workshop in September, but there was widespread agreement amongst HWB partners that the priorities set out in paragraph 4.5 should be the focus for the medium term. Priorities will be reviewed after two years to evaluate progress and decide whether they should be retained or new priorities developed and adopted.

7. Conclusion(s)

The above approach will help to deliver the changes that were agreed following the LGA review. Having a clear focus on three priority areas will allow the Board to deliver meaningful change rather than diluting its efforts across a wider range of activities. The chosen priorities align closely with central government priorities as well as local priorities. Also, having HWB members assigned as sponsors of each priority and associated action plan, will help to ensure accountability for delivery.

8. Appendices

Appendix A – Provisional Health and Wellbeing Board Governance Structure

Background Papers:

[10 Year Health Plan for England: fit for the future - GOV.UK](#)

[Giving every child the best start in life - GOV.UK](#)

Joint Health and Wellbeing Strategy Priorities Supported:

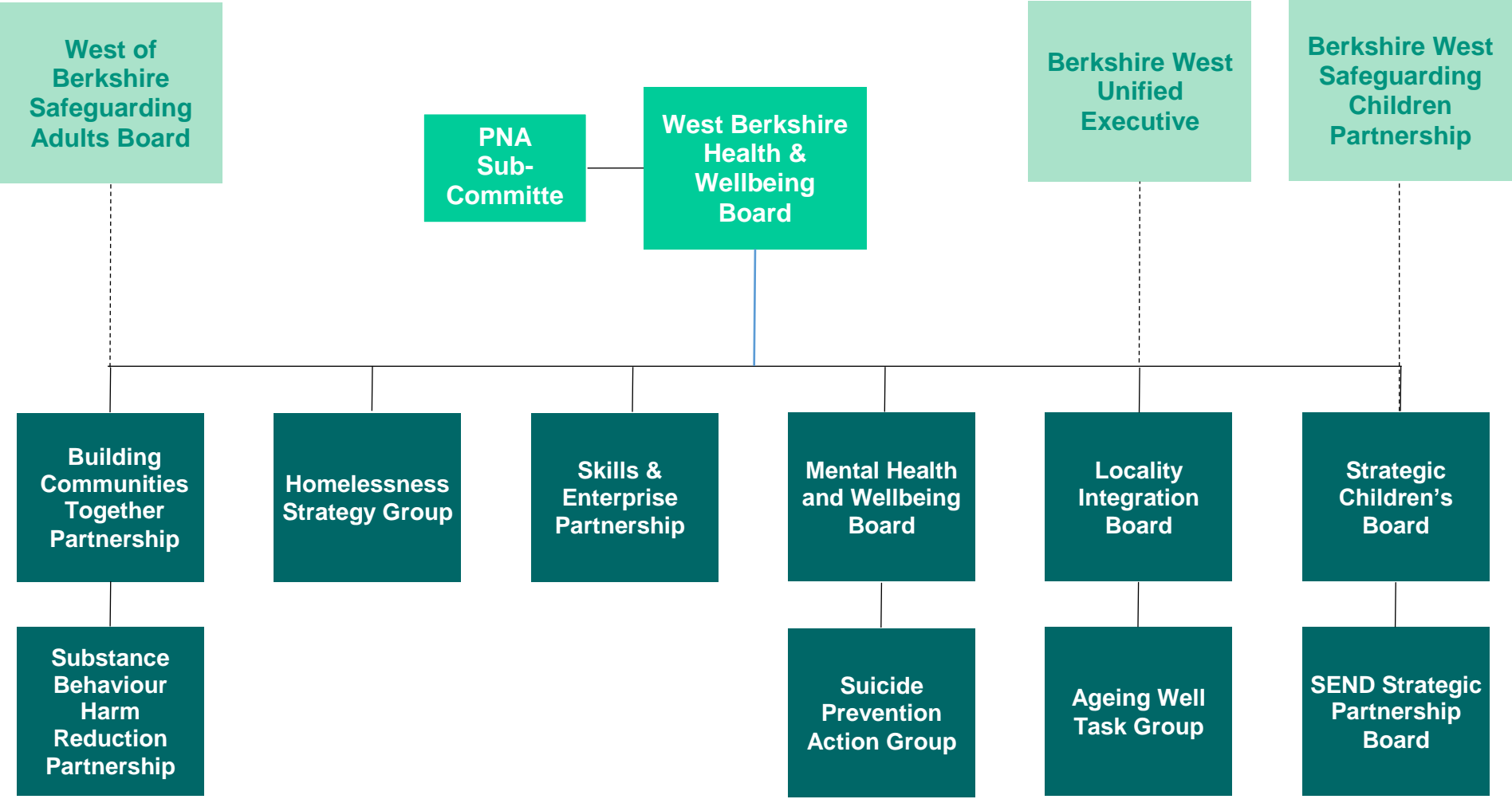
The proposals will support the following priorities:

- ☒ 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 improving neighbourhood health, delivering a step-change in performance for early years support, and changing the ways in which mental health services are delivered.

Appendix A: Potential Health and Wellbeing Board Governance Structure





West Berkshire Health and Wellbeing Board Compact

Report being considered by: Health and Wellbeing Board

On: 29 January 2026

Report Author: Gordon Oliver (Principal Policy Officer)

Report Sponsor: Matt Pearce (Director of Public Health)



Executive Summary

Following the Local Government Association review of the Health and Wellbeing Board last year, a number of changes to governance and working practices were proposed and agreed at the Board meeting on 24 September 2025. These included the development of a West Berkshire Health and Wellbeing Board Compact setting out how members will work collectively as a strategic partnership to drive meaningful action and achieve the vision articulated in the Joint Health and Wellbeing Strategy. This report presents the draft Compact for approval and adoption.

1. Purpose of the Report

This report presents the draft West Berkshire Health and Wellbeing Board Compact for approval and adoption.

2. Recommendation(s)

- 2.1 To approve and adopt the West Berkshire Health and Wellbeing Board Compact as set out in Appendix 1, and agree to adhere to the principles and ways of working set out within it.

3. Implications

| Implication | Commentary |
|-------------------------|---|
| Financial: | There are no financial implications arising from this report. |
| Human Resource: | There are no HR implications arising from this report. |
| Legal: | There are no legal implications arising from this report. |
| Risk Management: | There are no risk management implications arising from this report. |
| Property: | There are no property implications arising from this report. |
| Policy: | The operating principles and working practices outlined in the Compact are consistent with the aspirations of the NHS's 10 Year Plan. |

| | Positive | Neutral | Negative | Commentary |
|--|---|---------|----------|---|
| Equalities Impact: | | | | |
| A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality? | | X | | There are no equalities impacts arising directly from this report. |
| B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users? | | X | | As above |
| Environmental Impact: | | X | | There are no environmental impacts arising directly from this report. |
| Health Impact: | X | | | The Compact is intended to drive meaningful action and achieve the vision articulated in the Joint Health and Wellbeing Strategy. |
| ICT Impact: | | X | | There are no ICT impacts arising directly from this report. |
| Digital Services Impact: | | X | | There are no digital services impacts arising directly from this report. |
| Council Strategy Priorities: | | X | | There are no Council Strategy priorities directly impacted by this report. |
| Core Business: | | X | | This is considered to be business as usual |
| Data Impact: | | X | | There are no data impacts arising directly from this report. |
| Consultation and Engagement: | <p>The following have been consulted on the draft Compact:</p> <ul style="list-style-type: none"> • Cllr Nigel Foot (Chairman of Health & Wellbeing Board) • Dr Ben Riley (Vice Chairman of Health & Wellbeing Board) | | | |

4. Supporting Information

- 4.1 One of the recommendations arising from the recent Local Government Association review of the Health and Wellbeing Board was to develop a Compact – this was agreed at the Health and Wellbeing Board meeting on 24 September 2025.
- 4.2 The intention was for the Compact to set out how Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision articulated in the Joint Health and Wellbeing Strategy.
- 4.3 The Compact has been drafted by the Director of Public Health in consultation with the Chairman and Vice Chairman of the Health and Wellbeing Board and is provided in Appendix 1. It has been developed with reference to other best practice examples.
- 4.4 The Compact seeks to establish a mutual understanding of how the Board will operate and to define members' roles and responsibilities in delivering its function to deliver meaningful change and improve outcomes for people in West Berkshire. It sets out a number of core principles and how these should be practically supported.
- 4.5 Development of the Compact is timely given the current focus on neighbourhood health, which will require more integrated working amongst Health and Wellbeing Board partners.

5. Proposal(s)

It is proposed that members review and endorse the West Berkshire Health and Wellbeing Board Compact as set out in Appendix A, and to agree to adhere to the principles and ways of working set out within it.

6. Options Considered

None.

7. Conclusion(s)

Adoption of the Compact will help to improve how Board members work together to deliver meaningful change and deliver the vision set out in the Joint Health and Wellbeing Strategy.

8. Appendices

Appendix A – Draft West Berkshire Health and Wellbeing Board Compact

Background Papers:

None

Joint Health and Wellbeing Strategy Priorities Supported:

The proposals will support the following 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 improving how partners work together to deliver meaningful change and improve outcomes for people in West Berkshire.

Appendix A: Draft Health and Wellbeing Board Compact

Draft West Berkshire Health & Wellbeing Board Compact



This document defines the shared principles and jointly sets expectations for how West Berkshire Health and Wellbeing Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy (JHWS).

The compact seeks to establish a mutual understanding of how the Board will operate and members' roles and responsibilities in delivering its function to generate impact on improving outcomes for people in West Berkshire.

Regarding operating principles, members agree that the West Berkshire Health and Wellbeing Board will:

1. Behave as a genuine strategic partnership, recognising its distinct role and function from scrutiny, establishing a culture of shared responsibility, accountability and collaboration, and endeavour to utilise a common language.
2. Clearly establish its role in promoting prevention, equity and driving improvement on the building blocks of health.
3. Seek to maximise opportunities that are within the board's control and commit to exploring opportunities that are negotiable across its membership in a supportively challenging way.
4. Ensure that system leadership is collaborative across its membership, with commitment from its nominated organisations to take a proactive role in enabling, influencing, actioning and championing the work of the Board.
5. Seek to prioritise its focus based on evidence of need and where it can add most value as a strategic partnership, whilst retaining oversight of the wider Joint Health and Wellbeing Strategy.
6. Ensure parity between its members by providing sufficient opportunity to influence its work programme/activities within and between Board meetings, supported through an annual development session.
7. Use 'additionality' as an essential criterion when prioritising its work programme, ensuring that the Board is adding value by giving focus to a topic, above and beyond that of a single member organisation and is not duplicating activity elsewhere in the system.
8. Ensure the format of discussion is appropriate for the focus and purpose of any topic, in order to enable action. This may include formal meetings, task and finish groups or workshops, recognising a high frequency of formal meetings and volume of reporting does not equate to success.
9. Ensure that wider stakeholders are engaged in the Board's work where appropriate, to better identify opportunities to drive action and make connections across relevant agendas.
10. Seek to better engage and reflect the voice of residents in the work of the Board, including through working groups/workshops where people may have an interest or expertise.

West Berkshire Health and Wellbeing Board members agree they will support these principles by:

1. Recognising that although it will sometimes be appropriate to seek assurance or further understanding, their role on the Board is distinct from scrutiny.
2. Representing the group, organisation, and / or partnership that they speak for and ensuring they enable a feedback loop between the Board and that group, organisation and / or partnership.
3. Bringing the system leadership, insight, knowledge, perspective and strategic capacity they have through their role and taking responsibility for recognising where their group, organisation and / or partnership can add value in relation to a particular topic.
4. Ensuring that contributions within meetings are evidence based and when bringing in local insight, recognising the need to have a population (rather than individual) focus.
5. Being proactive and willing to propose and take away actions on behalf of the group, organisation and / or partnership they represent and report back progress within agreed timescales.
6. Proactively informing the Board's work programme, ensuring appropriate items are brought to the Board's attention for consideration.
7. Acting in an inclusive and open manner, recognising the strengths, constraints and contributions other partners may be able to make, to collectively identify constructive action.
8. Viewing the Board as a network and understanding its role is broader than formal meetings, recognising the importance of making connections and implementing actions in between.
9. Supportively challenging each other to adhere to the principles set out within the Health and Wellbeing Board compact.

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Health & Wellbeing Board – 29 January 2026

Item 10 – Members' Questions

Verbal Item

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Health and Wellbeing Board Forward Plan

| Item | Purpose | Action Required | Date Agenda Published | Lead Officer(s) | To be consulted |
|--|--|-----------------|-----------------------|--------------------------------|---------------------|
| 25 March 2026 - Board Meeting (date TBC) | | | | | |
| Best Start Local Plan | To endorse the Best Start in Life Local Plan for West Berkshire | For decision | 17/03/2025 | AnnMarie Dodds | WBC Corporate Board |
| Neighbourhood Health Plan | To approve the Neighbourhood Health Plan for West Berkshire | For decision | 17/03/2025 | Dr Matt Pearce | WBC Corporate Board |
| Review of Health and Wellbeing Board Membership | To review the membership of the Health and Wellbeing Board | For decision | 17/03/2025 | Dr Matt Pearce and Helen Clark | WBC Corporate Board |
| Workshop - Topic and Date TBC | | | | | |
| 7 May 2026 - Board Meeting | | | | | |
| Better Care Fund Plan 2026-27 | To approve the Better Care Fund Plan for 2026-27 | For decision | 28/04/2026 | Paul Coe | WBC Corporate Board |
| Mental Health Delivery Plan | To approve the Mental Health Plan for West Berkshire | For decision | 28/04/2026 | Adrian Barker | WBC Corporate Board |
| Workshop - Topic and Date TBC | | | | | |
| 24 September 2026 - Board Meeting | | | | | |
| Director of Public Health Annual Report 2026 | To share the Director of Public Health (DPH) Annual Report 2026 with the Health and Wellbeing Board. | For information | 17/09/2026 | Dr Matt Pearce | WBC Corporate Board |
| Updated on Implementation of the recommendations of the Director of Public Health Annual Report 2025 | To update the Board on progress in implementing the recommendations from the Director of Public Health Annual Report 2025, which focused on 'Setting the Foundations for Lifelong Health'. | For information | 17/09/2026 | Dr Matt Pearce | WBC Corporate Board |
| 21 January 2027 May 2026 - Board Meeting | | | | | |
| | | | | | |
| Workshop - Topic and Date TBC | | | | | |

Updated: 21 January 2026

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