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 24 SEPTEMBER 2026

Present: Councillor Nigel Foot (Chairman), Helen Clark (Vice-Chairman), Councillor Patrick Clark, Councillor Heather Codling, Councillor Joanne Stewart, Paul Coe, AnnMarie Dodds, Helen Williamson, Fiona Worby, Steven Bow (Substitute) (In place of Matt Pearce), Rebecca Cullen (Substitute) (In place of Dr Janet Lippett), Dr Ellora Evans and Elizabeth Mottram

Also Present: Adrian Barker, Helena Fahie, Rebecca Hodge, Sonja Janeva and Janette Searle

Apologies for inability to attend the meeting: Councillor Jeff Brooks, Councillor David Marsh, Clare Lawrence, Dr Janet Lippett, Rebecca Morgan and Dr Matt Pearce

Absent: Gail Muirhead and C/Supt Felicity Parker

PART I

2 Minutes

The Minutes of the meeting held on 7 May 2026 were approved as a true and correct record and signed by the Chairman.

3 Actions arising from previous meeting(s)

The updates on actions from previous meetings were noted.

4 Declarations of Interest

There were no declarations of interest received beyond the standing declarations listed in the agenda papers.

5 Public Questions

There were no public questions submitted to this meeting.

6 Petitions

There were no petitions presented to the Board.

7 Response to the Emotional Wellbeing Task Group

The Chairman agreed to vary the order of the agenda to consider the Response to the Emotional Health Task Group (Agenda Item 11) and Members' Questions (Agenda Item 16) as the first substantive items.

AnnMarie Dodds (WBC Executive Director – Children and Family Services), Sonja Janeva (ICB Children and Young People Mental Health Commissioning Lead) and Rebecca Hodge (ICB Head of Perinatal, Early Years, and Children's Mental Health Commissioning) presented the report.

Concerns were raised over the service gap created by the withdrawal of £100,000 of health funding from the Emotional Health Academy (EHA). It was explained that Mental Health Support Teams (MHSTs) had previously provided 50% coverage in West Berkshire, with the EHA providing the remainder, but MHSTs would provide 100% coverage by 2029. It was stressed that children at schools not currently covered by MHSTs would still be able to access equal support via CAMHS.

It was noted that GPs were seeing an increase in young people coming to them with mental health issues following closure of the EHA. It was felt that 2029 was too far away for those who were struggling now and feedback from families suggested that their children's needs were not being fully met.

The need for better system-wide communications was highlighted - GPs had not been formally notified when the EHA stopped accepting new referrals, leading to continued incorrect signposting. This issue was being investigated by the Locality Integration Board.

Although health funding had been withdrawn from the EHA, it still had an emotional health triage service. However, key staff were currently away, and remaining staff were dealing with a backlog of cases who hadn't had access to services. It was clear that there were gaps in the currently level of provision and some children were falling through the cracks.

It was highlighted that Time to Talk was providing counselling in schools and were lowering their age range to support children as young as 10 up to the age of 25 to help meet local need.

It was suggested that the Board should continue to monitor the situation. Confirmation was provided that the ICB was happy to provide ongoing reports and to continue to work with local authority leads.

Action: Bring regular progress reports on MHSTs to future meetings.

RESOLVED that the Board:

(a) Approve the joint West Berkshire Council and Thames Valley Integrated Care Board response to the Task Group recommendations as presented to the Health and Adult Social Care Scrutiny Committee; and

(b) Use this to inform its ongoing strategic oversight of mental health support and improvement for the children and young people of West Berkshire, including through steering the work of the newly formed All Age Mental Health Board and the Families First Board.

8 Members' Question(s)

A full transcription of the Member question and answer session is available from the following link: Transcription of Q&As.

9 Changes to Health and Wellbeing Board Membership

The Chairman presented the report on Changes to the Health and Wellbeing Board Membership (Agenda Item 7).

The proposed membership changes would ensure primary care representation on the Board, which was considered important given the rollout of Neighbourhood Health.

The reduction in ICB members from two to one reflected their reduced capacity.

The proposed changes to quoracy arrangements would ensure that meetings were not cancelled at short notice if the remaining ICB representative was delayed.

RESOLVED that the Board:

(a) Approves the following changes to its membership:

- Addition of the Chief Officer from Community Pharmacy Thames Valley as a full member
- Addition of the West Berkshire GP Clinical Lead (elected from the Berkshire West Primary Care Collaborative) as a full member
- Addition of the Director of the Primary Care Alliance CIC as a non-voting co-opted member
- Reduction in the number of Thames Valley ICB representatives from two to one

(b) Agrees to change the quorum conditions for formal meetings to four members, comprising at least one West Berkshire Councillor and three representatives from partner organisations.

(c) Requests that the Council amends its Constitution to reflect the proposed changes.

10 Changes to Pharmaceutical Services - Decision Making Process

Helena Fahie (Consultant in Public Health) presented the report on the Decision Making Process for Changes to Pharmaceutical Services (Agenda Item 8).

RESOLVED that the Board agrees:

(a) That formal notifications of changes to pharmaceutical services affecting residents of West Berkshire (including notifications of appeals and third party comments on applications and appeals) be circulated via email to all Health and Wellbeing Board members, the Chief Officer of Community Pharmacy Thames Valley (if not a member of the HWB), and relevant West Berkshire Council local ward members for comment, with approval of the final response to be delegated to the Director of Public Health in consultation with the Health and Wellbeing Board Chairman.

(b) That the Pharmaceutical Needs Assessment Sub-Committee be dissolved.

11 West Berkshire – JSNA Review

Helena Fahie (Consultant in Public Health) presented the Joint Strategic Needs Assessment (JSNA) Review (Agenda Item 9).

It was felt that there would be an appetite from other Council service areas to make use of the JSNA. The challenge would be to make it feel instinctively relevant and usable.

The Public Health Team recognised the need to ensure that all WBC officers and Members were aware of the JSNA and how to access it. It was confirmed that "Health In All Policies" training and the multi-directorate Data Intelligence Group would help with this.

It was suggested that Members could promote the JSNA to parish councils

Voluntary sector partners indicated that they would welcome training on how to use the JSNA and that they would be happy to feed lived community experiences into the JSNA to make it richer.

Officers confirmed that Power BI would be used to create useful dashboards. However, while dashboards were useful for conveying data, work still needed to be done to create a narrative to ensure people interpreted the data correctly.

It was noted that real-time GP data from the Connected Care database would be fed into the JSNA, which provided a live picture of health inequalities in West Berkshire.

RESOLVED that the Board:

(a) Note the findings of the JSNA review and the case for strengthening the JSNA as West Berkshire's shared evidence base for strategic decision-making, commissioning, neighbourhood health development and action to reduce health inequalities.

(b) Approve the refreshed vision for the JSNA set out in sections 4.4–4.6 and endorse Option 3, the comprehensive improvement programme, as the basis for its future development.

(c) Agree that strengthened multi-agency governance arrangements be established to oversee the JSNA and establish a JSNA working group to coproduce a detailed action plan and define priorities. Existing JSNA analytical capacity and core outputs will continue as business as usual while the working group develops the future JSNA approach.

12 All Age Mental Health and Wellbeing

Janette Searle (Public Health Principal) and Adrian Barker (Chairman of the Mental Health Action Group (MHAG)) presented the All-Age Mental Health and Wellbeing Report (Agenda Item 10).

Thanks were expressed to Adrian Barker for his work in Chairing MHAG and in helping to prepare the All Age Mental Health and Wellbeing Delivery Plan, which he had done in a voluntary capacity.

It was felt that the Delivery Plan was a good example of how the Board could work together to make a tangible difference.

RESOLVED that the Board approve:

(a) The appointment of Theresa Wyles, Chief Operating Officer at Berkshire Healthcare Foundation Trust (BHFT), as Sponsor of the West Berkshire All-age Mental Health and Wellbeing Delivery Plan;

(b) The establishment of a Mental Health and Wellbeing Board as a sub-body of the West Berkshire Health and Wellbeing Board under the Terms of Reference set out at Annex A;

(c) The All-age Mental Health and Wellbeing Delivery Plan 2026-28 set out at Annex B;

(d) The dissolution of the Mental Health Action Group and the Suicide Prevention Group as sub-bodies of the West Berkshire Health and Wellbeing Board.

13 West Berkshire Suicide Prevention Action Plan 2026

Steven Bow (Consultant in Public Health) presented the west Berkshire Suicide Prevention Action Plan (Agenda Item 12).

Concerns were expressed that the primary data source remained a suicide audit from 2014–2018. Officers acknowledged the historic nature of the data, noting that formal audits were very resource intensive. Also, any new audit would need to be Berkshire-wide. A new audit was planned, but the near real-time surveillance system would help to bridge the immediate data gap.

There was a request for a specific focus on care leavers (aged 18–24), who faced a "cliff edge" in terms of loss of support at 18 and who represented a high-risk group for suicide.

Women suffering from perinatal depression were flagged as another potentially high-risk group.

The wider impacts of suicide were highlighted, with Samaritans data suggesting that 135 people were typically affected by each one. It was recognised that affected children may need specialist bereavement support and should be signposted to appropriate local resources provided by the voluntary sector.

Voluntary organisations reported that they were seeing a rise in self-harm and bereavement caseloads, which highlighted the need to integrate voluntary sector intelligence into public health monitoring.

It was suggested that primary care's internal suicide audits could be linked into the wider strategy, as GPs conducted evaluations to support grieving families and clinical staff.

A further suggestion was for the real-time surveillance system to track upstream risk indicators, such as Mental Health Crisis Team referrals or psychiatric sectioning, to measure the preventive impact of local services.

RESOLVED to:

a. Approve the West Berkshire Suicide Prevention Action Plan 2026 as set out at Appendix 1; and

b. Endorse a rapid review of the Berkshire Suicide Prevention Strategy 2021-26, with the aim of extending the lifespan of that strategy through to 2029.

14 Better Care Fund 2025-26 Update

Paul Coe (WBC Executive Director – Adult Social Care and Public Health) presented the Better Care Fund 2025-26 Update (Agenda Item 13).

The Chairman indicated that he would be visiting the Royal Berkshire Hospital with colleagues to speak to the hospital administrators to see if there was potential to improve discharge rates.

There was ongoing system-wide work with acute hospitals to reduce the number of patients with "no criteria to reside" in acute wards, and also to implement a shared discharge dashboard for West Berkshire patients

A data validation exercise being undertaken regionally. This would look at what information was being captured on the information systems ensuring it was as accurate as possible.

RESOLVED to note the report.

15 Better Care Fund Plan 2026-27

Paul Coe (WBC Executive Director – Adult Social Care and Public Health) presented the Better Care Fund Plan 2026-27 (Agenda Item 13).

Due to the tight submission deadlines, the Plan had already been signed off by the Health and Wellbeing Board Chairman and submitted to NHS England. It had since been approved with some conditions.

RESOLVED to endorse the Better Care Fund Plan for 2026-27.

16 Healthwatch West Berkshire Annual Report

Fiona Worby (Lead Officer – Healthwatch West Berkshire) presented the Healthwatch Annual Report Agenda Item 15).

The Board praised the excellent work that had been undertaken over the previous year and expressed concern at the government's proposal to abolish the Healthwatch service.

Concerns about patients feeling excluded by digital systems were acknowledged by the Board. The point was made that this may not just be about access, skills and confidence in using the systems, but also in interpreting the results provided via the NHS App. Often these needed a medical professional to provide context and meaning.

RESOLVED to note the report.

17 Health and Wellbeing Board Forward Plan

The Board considered the Health and Wellbeing Board Forward Plan.

It was proposed to have an extraordinary meeting on Wednesday, 24 March 2027 to approve the Neighbourhood Health Plan. There was a request to consider Thursday, 25 March as an alternative.

It was suggested that mental health of care leavers and deaths of care leavers be added to a future agenda.

It was also suggested that the Board reinstate the annual conferences. These had been put on hold pending development of the Neighbourhood Health Plan. It was suggested that an event be organised for spring / summer 2027 once the Neighbourhood Health Plan had been submitted. This would be an ideal opportunity to involve voluntary sector partners.

Actions:

- **Confirm the date for the March meeting.**
- **Update the Forward Plan to incorporate suggestions made.**

(The meeting commenced at 9.30 am and closed at 11.07 am)

CHAIRMAN …….

Date of Signature …….