

# 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, 19 MAY 2022

**Board Members Present:** Councillor Graham Bridgman (Chairman), Councillor Dominic Boeck, Councillor Lynne Doherty, Garry Poulson (Volunteer Centre West Berkshire), Belinda Seston (Berkshire West Clinical Commissioning Group), and Councillor Martha Vickers

**Board Members in Attendance Remotely:** Dr Abid Irfan (Berkshire West CCG) (Vice Chairman), Dr Zakyeya Atcha (Public Health Consultant), Zahid Aziz (Thames Valley Police), Jessica Jhundoo Evans (Corn Exchange), Matthew Hensby (Sovereign Housing Association), Dr Janet Lippett (Royal Berkshire Hospital), Councillor Steve Masters, Gail Muirhead (RBFRS), Sean Murphy (Public Protection Manager), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), and Reva Stewart (Berkshire Healthcare NHS Foundation Trust).

**Also Present:** Thomas Dunn (Principal Policy Officer), Gordon Oliver (Principal Policy Officer)

**Also in Attendance Remotely:** Amanda Lyons (BOB Integrated Care System), Catalin Bogos (Performance Research Consultation Manager), Paul Coe (Service Director - Adult Social Care)

**Apologies for inability to attend the meeting:** Prof Tracy Daszkiewicz (Director of Public Health), Councillor Joanne Stewart and Councillor Rick Jones

## PART I

### 1 Minutes

The Minutes of the meeting held on 17 February 2022 were approved as a true and correct record and signed by the Chairman.

### 2 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted. Observations were made in relation to the following actions:

- 169 – It was noted that this action was very old. This was due to the Chairman of the Health and Wellbeing Engagement Group having left and not being replaced. It was agreed to close this action and for Sean Murphy to explore alternative ways to achieve the desired outcome.
- 181 – It was noted that Andrew Sharp and Niki Cartwright had yet to meet.
- 189 – The review of the Health and Wellbeing Strategy Delivery Plan in response to workshop feedback was ongoing.
- 183 – Councillor Martha Vickers was not aware of having received the information on the eating disorder service. Gordon Oliver to investigate.
- 186 – It was agreed that this action could be closed. However, a fresh action should be opened to report on progress.

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### 3 **Declarations of Interest**

There were no declarations over and above the standing declarations of interest from Councillor Graham Bridgman and Andrew Sharp.

### 4 **Public Questions**

There were no public questions submitted to the meeting.

### 5 **Petitions**

There were no petitions presented to the Board.

### 6 **Membership of the West Berkshire Health and Wellbeing Board**

The Board noted the current membership, which had been presented at the Annual Meeting of Council on 10 May. The Chairman explained that there was a statutory core membership of the Health and Wellbeing Board, with roles for the Council and CCG. The Leader of the Council appointed four elected members from the administration, and the Liberal Democrats and Green Party each nominated a representative. Other statutory members included the Director of Adult Social Services and Director of Children's Services (in this case fulfilled by the Executive Director of People), the Director of Public Health and a representative of the Clinical Commissioning Group. All other members were appointed by the Board.

The Chairman suggested that it was a good practice to regularly review and confirm the membership. Members were invited to nominate substitutes if they had not already done so.

Councillor Martha Vickers asked about representation from Sovereign Housing, since she was not aware of them having attended previous meetings. Matthew Hensby confirmed that he regularly attended or sent a deputy.

Councillor Vickers also asked about representation from young people. It was highlighted that young people were represented through the Health and Wellbeing Board's Steering Group and its Sub-Groups. Councillor Dominic Boeck stressed that his portfolio was solely focused on children and young people. He highlighted that the Council was doing more to engage with this demographic and he indicated that any concerns would be brought to the meeting as appropriate.

It was noted that the CCG was a statutory representative on the Board, but they were due to be replaced by the Integrated Care Board. Dr Abid Irfan had raised this with Catherine Mountford (Director of Governance at the ICB) but had not heard anything since.

The Chairman observed that the CCG's role would need to be replaced within existing legislation.

Amanda Lyons indicated that the Health and Care Act had just received Royal Assent and publication was awaited. Also, the DHSC would be providing guidance for Health and Wellbeing Board and this may incorporate advice about changes to membership. It was suggested that a 'place' representative from the ICB would be the natural solution and ideally this person would have clinical expertise.

It was noted that it may be Dr Irfan's last meeting. The Chairman thanked Dr Abid Irfan for his contribution as Chairman of the Steering Group and Vice Chairman of the Board and expressed his hope that he would continue in the role.

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Addressing Councillor Vickers' point, Garry Poulson explained that the Volunteer Centre clerked the Special Educational Needs Voluntary Sector Board, which was comprised of organisations that represented children / families' needs. They also clerked the Children and Young People's Voluntary Sector Board. Relevant Council officers were invited as necessary. Assurances were given that issues would be raised with the Board as necessary.

Belinda Seston indicated that she would provide details of her new substitute. The Chairman asked Belinda to pass on his thanks to Jo Reeves for her contribution.

The Chairman summarised the changes to the Membership. He welcomed Dr Janet Lippett as the Royal Berkshire NHS Foundation Trust representative and noted that her substitute was Andrew Statham. It was noted that a new Service Director for Communities and Wellbeing had been appointed and Zakyeya would act as substitute until the new person was in post.

The Chairman proposed that the current Membership be approved. This was seconded by Councillor Lynne Doherty. At the vote the Motion was carried.

**RESOLVED that** the Health and Wellbeing Board Membership be approved.

Councillor Lynne Doherty noted that the employer representative had been a vacant position for some time despite efforts to fill the role. She asked if different mechanisms would be needed to engage local businesses.

Andrew Sharp indicated that he had approached several organisations, but without success. He felt that businesses did not see what they would get out of attending. He also felt that it would be difficult to find someone who could represent the diverse range of businesses in West Berkshire. He suggested that it would be difficult to recruit someone unless the offer changed or it was filled by an association representative.

Garry Poulson suggested that a meeting with an agenda focused on businesses might be more attractive. He highlighted local business breakfast clubs, which could be used to find small businesses representatives.

Councillor Doherty noted that the Economic Development Team had launched a new website (<https://www.businesswestberks.co.uk/>), which could be used to tell businesses about how they could get involved. She also suggested that the Board could go to businesses rather than expecting them to join the Board.

Councillor Doherty proposed that the employer representative be removed from the list of Health and Wellbeing Board Members. The motion was seconded by the Chairman. The indicative vote of those present in the room and those attending remotely was in favour of the motion. At the formal vote, the motion was carried.

**RESOLVED that** the employer representative be removed from the list of Health and Wellbeing Board Members.

### 7 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update**

Amanda Lyons (Interim Director of Strategy and Partnerships) presented the item on the BOB ICS update (Agenda Item 8).

The Health and Care Act 2022 was approved on 28 April and the focus was on establishing the Integrated Care Board (ICB) by 1 July. Activities undertaken in April and May included:

- ICB Constitution submitted to NHS England on 20 May.

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- Consultation on the Working with People and Communities Strategy.
- Integrated Care Partnership (ICP) working group had met.
- The Readiness to Operate Statement had been subject to Internal Audit and Regional Office review.
- The CCG Staff TUPE transition consultation had closed and the interim ICB team was in place.

In relation to the System Delivery Plan:

- This had been submitted to NHS England - it set out the year 1 establishment plan for the ICS while the ICP Strategy was in development.
- The Plan focused on the ICB architecture (governance and staff transition) and ICS development.
- The Strategy was published on the ICS development microsite: <https://bobics.uk.engagementhq.com/strategic-delivery-plan>
- The focus of recent weeks had been on the establishment of the ICB on 1 July. Work on the ICS would take precedence once the ICB and ICP were established.

Development of the ICS was based on the four aims set out in the White Paper:

- Improving population health and healthcare
- Tackling inequalities in outcome, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

ICS development roadmap:

- Various workstreams were progressing for ICB architecture and ICS development.
- It was stressed that these were not focused on operational planning and delivery for the NHS

Key outcomes:

- April 2022 milestones had been achieved
- Good progress had been achieved in working towards the July 2022 milestones.
- Recruitment for the place executive director was underway

Managing the ICS development programme:

- This was intended to be a 'living document'.
- There were key roles for the ICB and ICP, and the Place Based Partnerships (PBPs).

ICP Strategy:

- There was a degree of ambiguity about the ICP Strategy.
- The Strategy must be completed by 31 December 2022, which was a tight timescale, so preparatory work had already begun:
  - Looking at the 5 Health and Wellbeing Strategies and the NHS Core 20 plus 5 analysis of health inequalities.
  - Establishing close working relationships with ICS Directors of Public Health.
  - Understanding the requirements of the Health and Care Act 2022.
  - Developing an ICS level fact base, including a Joint Needs Assessment.

BOB ICS Emerging Vision:

- This would be developed in collaboration with system health and care partners.
- Preparatory work to start in April 2022, but the core vision and strategy development would coincide with the formation of the ICP Board on 1 July 2022.

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- Current priorities of the ICS included:
  - Elective care recovery
  - Provision of urgent and emergency care
  - A focus on child and adolescent mental health services and temporary staffing

ICP Strategy Development – preparatory phase:

- Key activities were highlighted
- It was expected that children and young people would feature prominently in the Strategy

The Chairman noted that there were three rather than five Health and Wellbeing Strategies, since there was a joint strategy adopted by the three local authorities in Berkshire West.

The Chairman also highlighted significant disquiet amongst elected Members at the lack of involvement in the development of the ICP.

It was noted that the ICB membership was yet to be finalised – the three partner members from the local authorities, NHS Trusts and Primary Care Networks were yet to be appointed.

Councillor Martha Vickers agreed the importance of involving elected Members, since they were an important channel of communication to residents who may not be aware of the changes. She expressed concern that health services remained accessible so patients did not have to travel unnecessarily.

The Chairman noted that the NHS Trusts and PCNs would not change. He emphasised that delivery of the Health and Wellbeing Strategies would be key, but conversations were needed with the ICP as to how this would happen.

Garry Poulson highlighted that he had been working with colleagues across the BOB region to ensure that the community and voluntary sector's voice was heard within the new framework. He also noted that Healthwatch was working hard to ensure that the patient voice was heard. He stressed it was important to have involvement at the start of the commissioning process and asked that someone from the Berkshire West CVS should be involved to represent the sector's voice on delivery.

Andy Sharp welcomed the comments about children and young people being important. However, he was concerned about membership of the development group and the lack of representation from Children's Services. He suggested that there was a similar issue in terms of Public Health involvement.

**Action: Andy Sharp and Amanda Lyons to discuss options for widening the membership of the development group.**

Andrew Sharp welcomed the improved engagement of the Healthwatch serviced by the ICS in recent months. However, concerns remained about how the programme boards were changing and about poor stakeholder communications, with key partners often missing from meetings. He stressed the need to have a whole system approach.

Dr Abid Irfan confirmed that work was ongoing with the new Chief Medical Officer to review the various programme boards. Structures may not be finalised by 1 July, but he was confident that it would happen with the new leadership. He agreed about the need to have the right people involved.

Amanda Lyons welcomed the comments. She stressed that there would be involvement of the voluntary sector and Healthwatch in developing the ICP Strategy. She indicated that there would be work around community engagement, which would involve elected

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Members and stressed the importance of the preparatory phase. She indicated that she had been given mixed messages in relation to the Berkshire West Health and Wellbeing Strategy. She was pleased to see consistent priorities across all of the BOB Health and Wellbeing Strategies, but the challenge would be in catching the local nuances.

The Chairman noted that in order to achieve synergies between the ICP and the Health and Wellbeing Boards, it would be helpful to engage the Chairmen of the Health and Wellbeing Boards. This would help to avoid duplication of efforts in progressing aspects of the delivery plans.

**Action: Amanda Lyons and Councillor Graham Bridgman to discuss how best to engage of Health and Wellbeing Board Chairmen.**

### 8 West Berkshire Vision 2036 Update

Catalin Bogos (Performance, Research and Consultation Manager) presented the item on the West Berkshire Vision 2036 Update (Agenda Item 9).

It was noted that the vision was owned by everyone and not just the Council. It was adopted in January 2019 and set out the long-term local aspirations to 2036. The vision had 5 'hopes for the future' and 58 'we will' statements (aspirations).

The document was assessed in the light of Covid and other events such as the war in Ukraine, but it was agreed that much of the vision was still relevant, so it was proposed to refresh the vision rather than re-write it.

The first step was to review progress made against each of the 'we will' statements by inviting feedback from officers and partner organisations. Feedback to date showed that the majority of statements were 'work in progress'. The priority around eliminating rough sleeping had already been achieved, but it was recommended that this be retained. It was felt that most of the other statements should be retained, but some were no longer felt to be relevant or were considered to be 'business as usual' activities and should therefore be amended or deleted. A few new statements had been proposed.

The needs analysis was being updated. Census 2021 data was awaited, which would provide information on the local population and structure. Feedback from the Residents' Survey would also be incorporated. The focus would be on evidence relating to domains that were more likely to have changed. This work would inform the revised set of aims in the Vision.

Key areas of focus would include:

- Covid-19 impacts
- The sustainability agenda
- Inequalities / equity / fulfilling potential
- Understanding changes compared to the initial analysis
- Links with other strategies and plans
- Incorporation of experience regarding community engagement

Efforts were being made to engage with seldom heard demographics, and to conduct qualitative consultation rather than relying on online questionnaires.

Prioritised groups included:

- People not part of groups that are already represented
- Younger people
- Rural communities
- East of the district
- Areas with pockets of deprivation

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- Groups with lower response rates in the Residents' Survey
- Residents who do not think about the distant future
- Business community
- Voluntary sector

Initial comments included:

- A section on wellbeing / mental health / dealing with loss
- People are connected and supported – need to harness the Covid experience
- The need to tackle loneliness
- A section on spiritual wellbeing
- The need to address active drug dealing in a new neighbourhood
- Clarity for signposting and reporting issues, with more face-to-face interaction
- Housing availability for homeless / people on benefits
- Progressive / stage based solutions for homelessness
- Equal opportunity
- Infrastructure integration, access to public toilets and affordable transport for people who are struggling
- Rent affordability
- Electric cars / fuel / heating affordability
- Stop building unsustainable homes
- Phone connectivity in rural areas to support home working

The key tasks in updating the vision were:

- Refine the list of aims
- Establish 'we will statements' with input from partners
- Write the vision document and design work
- Formal public consultation (July to September 2022)
- Approval with final adoption at Health and Wellbeing Board in December 2022

Councillor Martha Vickers noted the current cost of living crisis and suggested that more could be done to ensure that people had information about the benefits they were entitled to, and support available from the Council, as well as community initiatives. She also welcomed the inclusion of sustainability issues within the vision.

The Chairman stressed that it was a vision document rather than a strategy or delivery plan. He indicated that the aim was to understand what had changed since the vision was first adopted in 2019.

### 9 **Safeguarding Adults Update for Health and Wellbeing Board (Q3 2021/22)**

Paul Coe presented the Safeguarding Adults Update report (Agenda Item 10).

Members were reminded that the West of Berkshire Safeguarding Adults Board had presented their Annual Report to the last meeting. This had incorporated data from Reading and Wokingham, and the Health and Wellbeing Board had requested further information about the local picture in West Berkshire.

It was noted that in addition to scrutiny and governance undertaken by the Berkshire West Safeguarding Adults Board, quarterly reports were taken to the Council's Corporate Board. Further scrutiny would occur when the CQC inspections process was introduced.

The key metrics were around: making people safer, reacting quickly, provision of advocacy for those who needed it, and also application of the Making Safeguarding

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Personal principles (i.e. hearing the views of the individual first, understanding what they wanted to achieve and being led by them).

The current situation in West Berkshire was described as “busy, but well–managed”. The key question was whether an increase in volume was a cause for concern because more people were unsafe, or a good thing because the service was more aware of concerns and was acting to make those people safer.

Councillor Lynne Doherty welcomed the clarification provided by the report, which highlighted that 98% of services users achieved the outcomes they were looking for. This demonstrated that the Council was listening to and working with residents.

Sean Murphy highlighted the issue of financial abuse. Trading Standards had continued to see a significant volume of fraud, particularly targeted at vulnerable residents. The service was working to safeguard people from further fraud. He asked if this was something that the Adult Social Care Service was aware of.

Paul Coe confirmed that the service routinely collected data on the type of abuse and its source. Often the source of the abuse was someone who should be trusted (e.g. family members or carers).

**Action: Sue Brain to contact Sean Murphy to discuss the issue of financial abuse.**

Councillor Steve Masters noted that the figure for conclusions within 30 days was between 50 – 60% and asked how this compared to historical performance. For those that were not concluded within 30 days, he asked how many were still live after 90 days and whether this was related to the complexity of the case or lack of resources.

Paul Coe confirmed that complexity was the main issue and conclusion of a case was a high bar. The Service aimed to ensure that all appropriate actions had been taken. He offered to provide further data on longer-term cases. Overall, he felt that the service was concluding more cases more quickly than in previous years, but he undertook to check and confirm if this was the case.

**Action: Paul Coe to provide further data on longer-term safeguarding cases and on performance relative to previous years.**

### 10 Hampshire Pharmaceutical Needs Assessment

The Chairman introduced the report on the Hampshire Pharmaceutical Needs Assessment (Agenda Item 11).

It was noted that the closing date for the consultation was 5 June 2022. Health and Wellbeing Board Members had been notified of the consultation so they could respond individually should they wish to do so. The report proposed that a joint response was not considered necessary, because NHS England would be responding and they had a better knowledge of cross-boundary issues.

Councillor Dominic Boeck noted that residents living in Aldermaston might use surgeries and pharmacies in Hampshire and asked about the extent of the consultation.

Zakyeya Atcha agreed that this was the reason why Hampshire was consulting with neighbouring Health and Wellbeing Boards. She highlighted that Health and Wellbeing Boards had a statutory duty to receive and engage with Pharmaceutical Needs Assessments (PNAs) to ensure that communities had access to the services provided by community pharmacies. She suggested that if individual Members wanted to highlight specific issues, then they could raise them directly. However, there was an important role for NHS Improvement to ensure that services were available, accessible and met the necessary requirements for local pharmaceutical services in each area.



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Councillor Boeck asked if services users were being consulted. He indicated that he would pass on the details to affected parishes.

Zakyeya Atcha noted that it was a formalised process. Each PNA looked at the needs of the local population, the services that already existed, their proximity to key areas of population and whether local GP practices were dispensing practices. The consultation presented an opportunity to raise concerns.

The Chairman proposed to accept the report's recommendation. This was seconded by Councillor Lynne Doherty. The indicative vote showed that those in the room and those attending remotely were in favour of the motion. At the formal vote, the motion was carried.

**RESOLVED that** Members of the West Berkshire Health and Wellbeing Board should consider the consultation on the Hampshire Pharmaceutical Needs Assessment and make individual representations where they feel there was an issue that they wished to raise.

### 11 **Berkshire West Place Based Partnership Transformation Programme**

Belinda Seston (Interim Director of Place Partnerships) gave a presentation on the Berkshire West Place Based Partnership Transformation Programme (Agenda Item 12).

The presentation related to the identified priorities for 2022/23. These were mapped to the Berkshire West Health and Wellbeing Strategy priorities and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System priorities.

The Cardiovascular Disease priority was new for 2022/23, with Dr Tracy Daszkiewicz as sponsor. The programme built on the success of previous work on building a musculoskeletal pathway. The key focus was on early detection, since patients were often diagnosed in acute settings when they had experienced heart failure. Consideration was being given to using digital tools to support people in terms of any escalation / exacerbation of their condition.

Multi-Disciplinary Team (MDT) Working was the second priority. It was noted that there were robust teams in place. There had been significant increases in mental health issues as a result of Covid. The focus was on identifying people with low level mental health needs. Digital tools were being used to understand the population profile.

The third priority was Children and Young People's Mental Health, which was an established programme. Reporting was via the Children's Board as well as being monitored through the Unified Executive. The importance of reducing stigma was recognised together with identifying and treating problems to deliver the best outcomes. A far-reaching programme of activities was planned.

The fourth priority was around the Additional Roles Reimbursement Scheme for the workforce. £6.3 million would be made available over the next four years to build resilience within Primary Care and support the development of Primary Care Networks. The workforce was identified as a key issue and attention was focused on joint or rotational posts, to try and prevent organisations taking staff from each other. Work was ongoing with educational providers and partners to increase the number of staff within Primary Care. Efforts were being made to diversify the workforce and build MDTs by employing physiotherapists, social prescribers and physician associates.

Rapid Community Discharge had been designated as a priority by the Unified Executive. National funding had ended in March 2022. The Integrated Care System made additional funding available in April and May as part of transitional arrangements. Services would then revert to the pre-pandemic operating model and local leaders from the NHS and

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local authorities would be meeting to discuss what the optimal model for discharge would look like and how this could be funded.

Councillor Lynne Doherty noted that the presentation contained a lot of information, but because it had been presented at the meeting, there had not been time for Members to read and process the information and then formulate questions. She questioned whether presentation should have been provided in advance of the meeting.

The Chairman acknowledged the criticism. He undertook to distribute the slides after the meeting and suggested that Members could send individual questions directly to Belinda Seston and if there were any outstanding issues, then an item could be brought to a future meeting. He acknowledged that these were ongoing issues that would require a whole-system approach.

**Action: Gordon Oliver to circulate the presentation to Members with the minutes.**

Andrew Sharp highlighted the [CQC report on Huntercombe Hospital](#) that had just been published and suggested that it was odd that the Health and Wellbeing Board was not being warned of such issues. He expressed concern that the Board was watching passively rather than actively being engaged.

Belinda Seston accepted the criticism and offered to discuss this with colleagues.

**Action: Belinda Seston to have a discussion with the Unified Executive about how they could be more agile and report back.**

### 12 **Response to Council Motion on Provision of Defibrillators in West Berkshire**

The Chairman introduced the report on the Response to the Council Motion on Provision of Defibrillators (Agenda Item 13).

The Motion submitted to Council by Councillor Adrian Abbs had been discussed at a previous meeting and officers had undertaken to do additional research. Discussions had taken place with town and parish councils to understand where defibrillators were within the community and whether they were registered on the Save a Life app.

It was noted that Councillor Abbs had been invited to the meeting, but was unable to attend.

Zakyeya Atcha highlighted that the paper had been informed by a lot of information, particularly around how useful it was to have defibrillators in phone boxes or within local areas. She highlighted that there were other factors that needed to be considered, such as accessibility, maintenance and replacement at the end of their service life. She stressed that in sparsely populated areas, the most important thing was to provide basic life support and to call the paramedics. The report's recommendations focused on what could be done to improve local knowledge and skills through basic life support training and increasing awareness of the Save a Life app. She stressed that if funding were to be allocated, then consideration needed to be given as to how it would be used and the long-term sustainability of that funding.

Councillor Martha Vickers noted that provision of defibrillators was an issue that Councillor Abbs was passionate about. She noted that the evidence was that the effectiveness of the defibrillators was not conclusive, but even if they were to only save a few lives, then they had value. She highlighted the importance of working in partnership with town and parish councils regarding the funding and management of the defibrillators. She agreed that the most important thing was provision of education on life support and hoped that funding could be found. She supported the report's recommendations.

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Sean Murphy observed that there were a number of water safety events and undertook to review whether these could be extended to include information on defibrillators.

**Action: Sean Murphy to look at incorporating information on defibrillators into planned water safety events.**

Garry Poulson supported the report's recommendations. He indicated that having defibrillators in phone boxes would ensure maintenance of the phone boxes themselves.

The Chairman agreed that it was a good idea to place defibrillators in phone boxes if they were in the correct locations and not already being used for other purposes. However, he noted that they could be installed in other locations.

Andrew Sharp noted that first aid and lifesaving skills were often not prioritised, but in other countries training was part of the school curriculum, and there was a significant difference in outcomes as a result. He felt that the Board should come up with a programme to fund and / or encourage employers and others to run regular courses. He observed that while safeguarding training was widespread, lifesaving training was not.

The Chairman agreed and highlighted that this was captured as part of the report's recommendations.

The Chairman proposed to accept the report's recommendations. The motion was seconded by the Councillor Lynne Doherty. The indicative vote showed that those in the room and those attending remotely were in favour of the motion. At the formal vote, the motion was carried.

**RESOLVED** that the Health and wellbeing Board:

- (a) Contacts West Berkshire Council's elected Members to remind them that they are able to use their Members' bids to part-fund community defibrillators.
- (b) Signposts town and parish councils to existing sources of funding for public access defibrillators.
- (c) Reminds town and parish councils of the need to undertake regular maintenance checks of AEDs and suggests that they nominate a 'guardian' for each unit.
- (d) Encourages South Central Ambulance Service to identify any units that are approaching the end of their useful service life.
- (e) Gives consideration to funding a programme of First Aid training in schools and colleges and the wider community, to include the use of defibrillators. (If the Council was to support first aid training, then funding would need to be identified.)
- (f) Encourages residents to download the Save a Life app as part of a publicity campaign to support British Heart Week (7-15 June 2022).

### 13 **Leisure Strategy**

The Board noted that the Leisure Strategy had been adopted. Members were invited to contact Councillor Howard Woollaston if they had any questions relating to the strategy.

### 14 **Members' Question(s)**

There were no questions submitted to the meeting.

### 15 **Health and Wellbeing Board Forward Plan**

Members were invited to comment on the Health and Wellbeing Board Forward Plan. No comments were received at the meeting, but it was noted that there would be a further presentation on how the Place Based Partnership could be more agile in engaging with the Health and Wellbeing Board on key issues.

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**16 Future meeting dates**

Board Members were invited to note the dates of future meetings.

*(The meeting commenced at 9.30 am and closed at 11.27 am)*

**CHAIRMAN** .....

**Date of Signature** .....