

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, 11 JULY 2024

Present: Councillor Heather Codling, Councillor Jeff Brooks, Councillor Nigel Foot, Councillor David Marsh, Councillor Joanne Stewart, Jessica Jhundoo Evans, Dr Janet Lippett, Sean Murphy, Dr Matt Pearce, April Peberdy, Dr Heike Veldtman and Helen Clark (Substitute) (In place of Sarah Webster)

Attending Remotely: Dr Janet Lippett, Supt Andy Penrith, Rachel Peters, and Fiona Worby

Also Present: Dr John Ashton, Jo England, Gordon Oliver, and Vicky Phoenix

Apologies for inability to attend the meeting: Sarah Webster, Paul Coe, AnnMarie Dodds and Matthew Hensby

Absent: Councillor Patrick Clark, Gail Muirhead and Helen Williamson

PART I

1 Election of Chairman

RESOLVED that Councillor Heather Codling be appointed as Chairman for the 2024/25 Municipal Year.

2 Election of Vice-Chairman

RESOLVED that Sarah Webster be appointed as Vice Chairman for the 2024/25 Municipal Year.

3 Minutes

The Minutes of the meeting held on 2 May 2024 were approved as a true and correct record and signed by the Leader subject to the following amendment:

- Item 80 – Volunteer Centre West Berkshire did not currently provide Mental Health First Aid training.

4 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

5 Declarations of Interest

There were no declarations of interest received.

6 Public Questions

There were no public questions submitted to this meeting.

7 Petitions

There were no petitions presented to the Board.

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8 Membership

The following changes were noted:

- Councillors Patrick Clark and Nigel Foot had been appointed as Elected Member representatives, replacing Councillors Alan Macro and Janine Lewis.
- Dr Matt Pearce had been appointed as the new Director of Public Health, replacing Dr John Ashton.
- Steven Bow had been appointed as the new Consultant in Public Health, and had been nominated as the substitute for the Director of Public Health, replacing Charlotte Pavitt.
- Bernie Prizeman had been nominated as the substitute for the Voluntary Sector Representative, Rachel Peters.

Members thanked Dr John Ashton for his contribution.

9 West Berkshire's Annual Public Health Report 2024

The Board considered the Annual Public Health Report 2024 (Agenda Item 10). The item was introduced by Dr John Ashton (Interim Director of Public Health).

It was noted that the report would be added to the Health and Wellbeing Board pages on the West Berkshire Council website.

Action: Arrange for the report to be added to the Council's website.

Members thanked Dr Ashton for his interesting report, which was considered to be a good basis for the new Director of Public Health.

There were discussions about the challenges and benefits of social media. It was highlighted that some countries had made effective use of social media during the Covid-19 pandemic to broadcast key health messaging. Also, Reading Borough Council had appointed a PR company to segment the marketplace and target particular groups with key messages and monitor the interaction. Such an approach needed investment.

It was acknowledged how difficult it was for residents to make good choices in the face of commercial promotion of unhealthy options, particularly for families struggling with the cost of living.

The Board recognised that the UK was struggling to maintain progress on a number of health indicators and was heading backwards in some cases and that there was a need for a greater focus on prevention and wider rollout of the Health in All Policies approach.

Officers acknowledged that in many cases prevention was invisible. Good progress had been made in eradicating diseases such as polio and rheumatic heart disease, but the latter was at risk of return due to poor dental health.

It was suggested that too much focus had been placed on medical interventions. The advent of safe water had dealt with a number of infectious diseases, and what was needed now was another 'horizontal measure' that would address a raft of problems. It was suggested that consideration should be given to the upstream determinants of unhealthy behaviours. These related to the extent to which individuals were in control of their lives. Greater levels of self-control were linked to improved health. Issues such as planned parenthood, parenting support, school readiness, prevention of school exclusions, and work readiness were all considered to be 'horizontal measures'.

Members highlighted the prevalence of obesity as a concern in terms of its impacts on other diseases, and it was suggested that this could be the subject for a future 'hot focus

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session'. It was recognised that this would need a 'whole system approach' that made it easy for people to do the right thing.

Reference was made to the recent 'hot focus session' on housing and health – it was clear that the cost of dealing with the symptoms of homelessness and poor housing was far greater than the cost of addressing the root causes. The links between poor housing and poor health were clear and it was suggested that an agreed definition of acceptable living standards was needed.

The links between housing and town planning were highlighted and the importance of designing places for people to live in was recognised. It was noted that if dementia patients had the right housing, they could remain in their own homes for 1-2 years longer. Also, the pandemic had highlighted the importance of housing and neighbourhood design in minimising the spread of infectious disease. These issues suggested that a conversation about housing design standards would be beneficial.

Members asked about research in measuring the effectiveness of preventative interventions. It was noted that health economists were mostly concentrated in a small number of universities. It was suggested that evaluation often needed to be multi-disciplinary. An example was given related to 'youth zones' where the evaluation had considered a basket of indicators (e.g., educational attainment, teenage pregnancy, involvement with criminal justice, etc).

RESOLVED to note the Annual Public Health Report 2024.

10 Health and Wellbeing Board Annual Report 2023/24

The Board considered the Health and Wellbeing Board Annual Report 2023-24 (Agenda Item 11). The item was introduced by April Peberdy (Interim Service Director – Communities and Wellbeing).

Members welcomed the report. The format was considered appealing, and the document was praised for being easy to read, which would make it more accessible for residents.

It was recognised that future reports needed to focus more on outcomes. A dashboard of key performance indicators was being developed, which would help with this.

Members suggested that future reports could set out the objectives for the coming year in a tabular format. Officers highlighted that there was a short written description of priorities in the report, but indicated that they could add this to the website when the annual report was uploaded.

Action: Include a table of priorities for the coming year on the website.

RESOLVED to agree the Annual Report for 2023/24 for presentation to Council.

11 Changes to Pharmaceutical Services

The Board considered the report on Changes to Pharmaceutical Services (Agenda Item 12). The item was introduced by April Peberdy (Interim Service Director – Communities and Wellbeing).

It was suggested that the Board should look at the wider contribution of community pharmacy to public health. The Pharmacy First initiative had given pharmacies the ability to offer consultation and prescription services for a range of conditions, but there was a need to consider what their wider role could be in improving health at the population level rather than individual level (e.g., going into schools to talk about drugs).

It was noted that the ICB's Primary Care Strategy was seeking to give a bigger role to community pharmacy. 253 pharmacies across Buckinghamshire, Oxfordshire and

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Berkshire West had signed up to help with hypertension case finding, and good progress had been made with case finding in deprived areas in Reading Borough. Also, pharmacies were giving patients advice on how to use inhalers, and were doing new medicine reviews.

Work was ongoing to improve the relationship between pharmacies and GP practices. In some cases, pharmacists had better relationships with their patients than GPs, and there had been cases where pharmacists had alerted GPs when patients had not collected their prescriptions.

It was noted that the new pharmacy application was for an online facility only, with no provision for face-to-face contact. As such, it would be competing with other online pharmacies, and the impacts on local patients and local pharmacies would be limited. The Board had indicated they had no objection to a previous application by the same provider for different premises, so it was suggested that no further response was necessary.

RESOLVED to note the application for the for inclusion in a pharmaceutical list at Kingfisher Court, Newbury, RG14 5SJ in respect of distance selling premises by Halo Pharmacy Limited.

12 **Local response to the cost of living crisis**

The Board considered the Cost of Living Crisis Update (Agenda Item 13). Sean Murphy (Service Lead - Public Protection) presented this item.

It was noted that the Cost of Living and Poverty Forum intended to invite the local MPs to a future meeting and to write to relevant Minister of State to express their concerns regarding the future of the Household Support Fund.

It was agreed to keep Cost of Living Crisis Updates on future Health and Wellbeing Board agendas, and that the forum should be renamed to People in Poverty or Poverty Forum to recognise its true role.

Members indicated that it would be useful to have trend data to show changes in demand for services over time, recognising that there would be an additional burden on the voluntary sector associated with providing this data.

Action: Develop a standard proforma to capture demand for services in numbers rather than relying solely on narrative.

It was highlighted that a recent Hot Focus Session had explored issues around Housing and Health, and it was agreed that the issues should be presented to a future Board meeting.

Action: Bring a report on Housing and Health to the next Health and Wellbeing Board meeting.

It was noted that in Reading, the Public Health Team had influenced how the Housing Support Fund could be spent, which included female sanitary products and baby milk. The proposal to involve West Berkshire Council's Public Health Team was welcomed.

It was highlighted that community resource centres in other countries had items such as mobility aids that they could distribute to people in need, as well as bulk supplies of frozen food for elderly residents.

It was confirmed that the Community Resource Centre, Shopmobility and NRS Healthcare all accepted donation of mobility aids that were no longer needed and made them available to local residents. It was considered that these services should be better promoted.

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Members asked about intelligence from Social Prescribers on issues faced by patients who were experiencing poverty. It was confirmed that there were lots of referrals to the Cost of Living Hub. Lots of organisations were dealing separately with the same people and it was suggested that packages of support were needed. While the priority had been providing immediate financial support, this would need to change going forward. Communications were flagged as being important.

The importance of access to digital services was stressed and it was noted that the Mental Health Action Group was looking at tackling digital exclusion.

It was noted that there had been little evaluation of the value of conversations – those in need often found the ability to talk through their problems as valuable as the practical support that was provided.

It was confirmed that the Corn Exchange had launched the Supper Club. Three families were regularly attending, but there was capacity for more. These families had found alliance in each other, and valued the chance to step away from their challenges and not to feel alone.

RESOLVED to:

- (a) Note the report.
- (b) Receive an update from the Service Lead – Public Protection at the next meeting.

13 **Better Care Fund Monitoring Report - Q4 2023/24**

The Board considered the Better Care Fund Monitoring Report – Q4 2023/24 (Agenda Item 14). The item was introduced by Jo England (Service Lead – Adult Social Care).

It was noted that the Better Care Fund Plan was being refreshed for 2024-25. As part of this process, officers had looked at the metrics and any reasons for targets not being achieved, and had developed actions that could be taken to restore progress. The refreshed plan would be presented to the next meeting of the Health and Wellbeing Board.

RESOLVED to note the report.

14 **Care Quality Commission Local Authority Assessment 2024**

The Board considered the Care Quality Commission Local Authority Assessment 2024 (Agenda Item 15). The item was introduced by Jo England (Service Lead – Adult Social Care).

Members congratulated the officers for the ‘good’ assessment and thanked officers for their ongoing efforts, which had been formally recognised by the review.

RESOLVED to note that the Adult Social Care Department would deliver the following actions:

- (a) Develop and implement an action plan to progress issues identified through the assurance process. The plan will include engagement with relevant colleagues including Commissioning & Procurement, Human Resources, Digital and the Equality, Diversity and Inclusion Lead. Wider work with partners and stakeholders will take place.
- (b) Incorporate CQC feedback into the updated ASC Strategy.

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15 Health and Wellbeing Board Sub-Group Updates

The Health and Wellbeing Board Sub-Group Updates (Agenda Item 16) were provided for information only.

It was highlighted that the Building Communities Together Team was experiencing significant pressures. The Team had a key role in talking to communities and passing on information about local services and Members, and it was hoped that additional resources could be brought into the team.

Members indicated that they found the reports useful, but asked for further information regarding the members of the Sub-Groups.

Action: Provide information about Sub-Group membership.

RESOLVED to note the report.

16 Members' Question(s)

There were no Member questions submitted to this meeting.

17 Health and Wellbeing Board Forward Plan

The Board reviewed the Forward Plan (Agenda Item 18).

Members noted that there were very few items for decision on the Forward Plan. This was something that would be considered at the 'Hot Focus Session' in the autumn.

Action: Matt Pearce to meet with Jeff Brooks and Councillors Heather Codling prior to the 'Hot Focus Session'.

It was suggested that Health and Wellbeing Boards were seen purely as local authority committees, but they should be seen as a way of mobilising and joining up all the disparate services that impacted the health and wellbeing of local residents. There were different models in different locations across the country. It was also suggested that Integrated Care Partnerships (ICPs) had a similar image problem, since these were viewed as NHS bodies.

Members highlighted that the Board had a complex system of governance, with a large number of sub-bodies. Also, significant numbers of senior officers were attending meetings, so there was a need to ensure that they achieved something and moved the dial on key issues.

It was confirmed that this was a common issue across the country. It was important to show how the Board added value and made a difference to residents.

The proposed 'Hot Focus Session' was considered timely, and it was stressed that this should also consider the role of the ICP and its interface with the Board.

It was suggested that a key benefit of Health and Wellbeing Board meetings was to inform the Members of current activities to inform discussions within their own organisations/portfolios, however, it was recognised that it needed to do more.

The proposal for the next 'Hot Focus Session' was considered.

RESOLVED to:

(a) Note the Forward Plan

(b) Agree the proposal for the next 'Hot Focus Session' to improve the effectiveness and operation of the Health and Wellbeing Board

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18 Future meeting dates

The dates of the future meetings were noted.

(The meeting commenced at 9.30 am and closed at 11.25 am)

CHAIRMAN

Date of Signature