

## READING HEALTH & WELLBEING BOARD MINUTES - 22 JANUARY 2021

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock Andy Ciecierski	Leader of the Council, RBC North & West Reading Locality Clinical Lead, Berkshire West CCG
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Maureen McCartney	Director of Operations, Reading Localities, Berkshire West CCG
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Meradin Peachey	Director of Public Health Berkshire West
Councillor Terry	Lead Councillor for Children, RBC

### Also in attendance:

Teresa Bell	Independent Chair, West of Berkshire Safeguarding Adults Board
Ramona Bridgman	Chair, Reading Families Forum
Rebecca Curtayne	Communications Lead, Healthwatch Reading
Nicky Lloyd	Acting Chief Executive, Royal Berkshire NHS Foundation Trust
Jill Marston	Senior Policy Officer, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Councillor McEwan	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
David Munday	Consultant in Public Health, RBC
Sarah Rayfield	Acting Consultant in Public Health, West Berkshire Council
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
Councillor Robinson	RBC
Janette Searle	Preventative Services Development Manager, RBC
Andrew Statham	Director of Strategy Transformation and Partnership, Royal Berkshire NHS Foundation Trust
John Underwood	Communications and Engagement Lead, Freshwater Communications
Nicky Simpson	Committee Services, RBC

### Apologies:

Seona Douglas	Director of Adult Care & Health Services, RBC
David Shepherd	Chair, Healthwatch Reading
Rachel Spencer	Chief Executive, Reading Voluntary Action

## 1. MINUTES

The Minutes of the meeting held on 9 October 2020 were confirmed as a correct record.

## 2. IMPACT OF COVID-19 IN READING

David Munday, Deborah Glassbrook and Maureen McCartney gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded, in light of the second and third national lockdowns and work on recovery. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
  - Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England and mortality per 100,000 population, as well as recent data on cases by age group
  - Comparative data with other Berkshire authorities
  - Information about the new SARS-CoV-2 variant
  - Information on Covid testing
  - Details of Covid vaccines and the list of priority groups
- Adult Social Care - information on support to service users and the provider market
- Brighter Futures for Children - information on:
  - Impact on and support to Schools
  - Impact on Early Years
  - Impact on Children's Social Care and response
  - Impact on Early Help & Prevention
- NHS Berkshire West CCG - information on Covid Vaccination in Reading and Phlebotomy Services
- BOB Integrated Care System - information on NHS 111 First national initiative and the BOB 111 First Model, benefits, progress and next steps
- RVA - information on the Reading Voluntary and Community Sector support activities, areas of concern and planning for recovery.

**Resolved** - That the presentations be noted.

## 3. READING PEOPLE'S EXPERIENCE OF HEALTH AND SOCIAL CARE SERVICES DURING THE FIRST COVID-19 LOCKDOWN

Mandeep Bains submitted a report presenting the findings of a survey carried out by Healthwatch Reading between June and August 2020 to understand people's experiences of health and care services during the first Covid-19 lockdown.

The survey had asked how people experienced NHS and social care services, their experience of digital means of access or the reasons for any choices not to use services during this time.

In total 153 responses had been received to the survey from people of a broad range of ages and ethnicities. Whilst people had appeared to accept new ways of working, Healthwatch had found that a third of respondents had stayed away from services due to the pandemic, potentially delaying the early diagnosis and treatment of health concerns. Services had changed greatly at this time to cope with treating people with the virus safely and there was a strong message from the findings that clearer and

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more up-to-date communications would have helped support people to navigate and use services.

The report gave details of the survey findings, summarised below:

- 65% of people who responded to the survey had used services during this period
- Most people had used their GP (75%), pharmacy (51%), or outpatients (22%)
- 23% had mentioned how quickly they were seen at appointments
- 36% had said better communication and information was needed to improve their experience of services at this time
- Very few respondents had participated in a video consultation
- Resolving technical issues on video consultations would improve patient experience
- 54% of people who did not use services had said that they had no new health concerns while nearly a half (44%) had said they did not use services because they either did not want to bother services at this time, thought their problem could wait or were worried about catching COVID-19
- Most people had described ‘ups and downs’ of emotions during this time
- 55 people had left messages for staff and services showing their gratitude for the care they had received at this challenging time

The report stated that, as vaccines offered the hope that life would ‘get back to normal’ by Spring, the public would need to know which ways of working would be kept by the NHS and other services, and which would return to pre-pandemic routines. The survey had suggested that patients would accept alternative models of care that were right for their health concern, their confidence, their lifestyle and their abilities. To bring the public with them, service providers and commissioners would need to show they had considered public feedback in planning the future delivery of services and communicate a post-pandemic vision as well as comprehensive operational details about how services would work going forward.

This report concluded with six key recommendations that focused on how to better shape services as recovery started from the second surge of the pandemic and included responses from Berkshire Healthcare NHS Foundation Trust and the Berkshire West Integrated Care Partnership.

**Resolved** - That the report be noted.

#### **4. ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT - “BUILDING BERKSHIRE TOGETHER” UPDATE**

Nicky Lloyd, John Underwood and Andrew Statham gave a presentation and answered questions on the Royal Berkshire NHS Foundation Trust’s (RBFT) plans for redevelopment of the Royal Berkshire Hospital.

The presentation explained that the government Health Infrastructure Plan (HIP) had provided funding for new hospital projects over the next ten years and that RBFT was one of 21 Trusts to receive seed funding to develop ideas for new hospital facilities. A Strategic Outline Case had been developed for the Treasury and all redevelopment possibilities were being considered. This was a major opportunity for the NHS and

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local communities to improve services, improve patient experience and improve the environment.

The presentation set out the case for change, in terms of the capacity, condition and capability of the current hospital buildings and the opportunity to improve the environment and reduce the contribution to the climate emergency, as well as being a possible catalyst for change in the area. It gave details of some possible scenarios:

1. Do nothing - addressing only the most high-risk backlog maintenance
2. Do the minimum - addressing more backlog maintenance
3. New Emergency Care Block - expanded A&E, new ICU, new theatres
4. New Emergency Care Block plus new Elective Care Block and new women's and children's facility - grow clinical services, better address developing local needs
5. Substantially new hospital on the current site - support growing demand, greater integration of health and care services, medical school and research centre
6. Completely new hospital on a greenfield site - could address all local needs and provide the blank canvas for a zero-carbon health facility

The pros and cons of the redevelopment were being considered in the following terms:

- Adjacencies - Ensuring the services that needed to be near each other were co-located;
- Environment - Developing an environment which was green and low carbon;
- Economy - Developing a hospital which supported the local economy and created jobs;
- Compliance - Considering which scenario ensured the greatest compliance with modern safety guidelines;
- Cost - Developing the most cost-effective scenario;
- Convenience - Considering which scenario could be easily and conveniently delivered.

The presentation noted critical features of the case were that the Thames Valley was home to one of the world's largest life sciences clusters, critical in the fight against coronavirus and future pandemics, and that RBFT was an "anchor institution" in the local community.

A Strategic Outline Case had been submitted to the Treasury in December 2020 and RBFT was continuing engagement with stakeholders (local authorities, patients, staff, other stakeholders) under the title "Building Berkshire Together" before developing an Outline Business Case and then submitting a Full Business Case to the Treasury for approval.

The meeting asked questions and a number of points were made, including the following:

- The majority of the funding for the project was expected in a future spending review, possibly around 2025, and in the next 12 to 18 months a decision would need to be made about which options were able to be progressed.

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- It would be good to be able to “future proof” the hospital site as much as technology and finances would allow but there were some concerns about potential massing on the current site and what improvements could be made to deal with the existing traffic and parking problems for staff, patients and visitors.
- Consideration of which clinical services needed to be on site would be central to the development of the massing of the buildings, as the Trust operated from several sites in the area. For example, since the pandemic many other services now offered non face-to-face interactions and remote monitoring. Modelling suggested a less than 10% increase in beds was needed to meet the clinical model and a reduction of around 35-33% of outpatient work on site by using other sites across Berkshire was being assumed.
- In line with HIP 2 design requirements, there was an ambition to be zero carbon and RBFT was already working with RBC and Reading Transport Ltd on public transport for staff, improving facilities for staff to cycle, walk and run to work and working with suppliers on logistics and impacts. In working towards the Outline Business Case, the intention was to work closely with stakeholders to design the plans to ensure enhancement of rather than detriment to the environment.
- Public Health were keen to work with RBFT on ensuring plans for a “healthy hospital” were built into the fabric of the redevelopment, including aspects such as food and beverages, smoking policy, active travel and using the large patient throughput at the hospital to help with screening. RBFT would welcome further conversations on these areas and was already focusing on green space for patients and staff, food and nutrition and improving compliance with the no smoking policy. The RBH was one of the few hospitals that already prepared and cooked all food on the premises, and a Health and Wellbeing Centre for staff would be opening later in 2021.
- A co-production approach to development of the plans was intended and although the pandemic had reduced the amount of face to face consultation that had been possible so far, this was still planned when safe and appropriate. Recent developments in use of digital technology had been useful, for example to carry out focus groups with people from some seldom heard groups. The intention was to carry out deep, substantial and continuous engagement with all communities in the area served by the hospital.
- The level of formal consultation on the proposals would depend on which option was being pursued. The position RBFT had recommended to NHSE and DOH was that they focused in on the last three of the six options, so if this was supported, RBFT would need to make a choice about staying on site or moving; changing site would obviously require consultation and engagement with the public. If it was decided that a new site was not affordable, there would not be a substantive change in provision and location, so active engagement would continue, but less formal consultation might be needed.
- Accessibility at the hospital was an important issue and concern was expressed, for example, that there were a number of areas where it was difficult to take wheelchairs and the availability of charged hoists to enable patients with mobility issues to be examined was variable. RBFT was aware of the problems and had already commissioned an expert company to review all on site access, including ramps, provision for those with visual and auditory impairments and way-finding issues and make recommendations to address these. The recommendations from this review would be considered as soon as they were

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received and appropriate changes would be made and further details of these could be provided once known. This review was not linked to the redevelopment but would inform the design of any new built environment.

- RBFT were keen to provide learning opportunities and apprenticeships in the redevelopment process and beyond and were building in best practice in the plans.

**Resolved -** That the position be noted and Nicky Lloyd, John Underwood and Andrew Statham be thanked for their presentation.

### 5. SPECIAL EDUCATIONAL NEEDS AND DISABILITY STRATEGY - UPDATE

Further to Minute 4 of the meeting held on 17 January 2020, Kate Reynolds submitted a report on progress made in delivering the SEND (Special Educational Needs and Disability) Strategy since January 2020 and on the timetable for development of the next strategy.

The report highlighted the significant work in hand to develop revenue and capital approaches in a way which embedded the strategic intent to provide high quality, local provision for Reading children. It provided evidence of the improvement journey and plans for moving forward with the development of the next strategy during 2021 for implementation to commence from 2022.

The report had appended the following:

Appendix 1: Performance against Key Performance Indicators (up to September 2020)

Appendix 2: SEND strategy 2017-2022

Appendix 3: Action plan for development of SEND strategy 2022-2027

Ramona Bridgman from Reading Families Forum attended the meeting and addressed the Board, noting that the situation had improved since 2020, with lots of positive progress and concrete plans and funding in place to take strategic plans forward. It still took some time to obtain resources for individual co-production to happen with families, but the new system was very clear, the materials being developed were excellent and the SEND team were doing a good job in moving the strategy on.

**Resolved -**

- (1) That the work completed to date on implementing the SEND Strategy be noted;
- (2) That the action plan for the development of the SEND strategy 2022-2027 be noted and a report on progress be brought to the Board in autumn 2021;
- (3) That Ramona Bridgman be thanked for attending the meeting and be invited to attend all future meetings of the Health and Wellbeing Board.

**6. DEVELOPING A BERKSHIRE WEST JOINT HEALTH AND WELLBEING STRATEGY - UPDATE**

Further to Minute 8 of the meeting held on 13 March 2020, Meradin Peachey and Sarah Rayfield submitted a report and gave a presentation on the development of a Joint Health and Wellbeing Strategy (JHWBS) for Berkshire West, highlighting some of the results of the public engagement so far and seeking approval to extend the time allowed for public engagement, in light of the impact of the COVID pandemic and current national lockdown. The report had appended a Public engagement plan, a list of the potential priorities for the JHWBS and the presentation slides.

The report gave details of progress, explaining that defining the current state of the strategy had been carried out from March to July 2020, which had included: an evaluation of each of the three existing Joint Health and Wellbeing Strategies; numerous priorities discussions with various stakeholders across the system (the three local authority public health teams, children's services, adult's services, education, place directorate, Berkshire West CCG, colleagues from the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust) and a "What's missing" data exercise had highlighted areas of population need not identified through discussion. In addition, a review of strategies in place across the three local authorities had been undertaken to ensure alignment.

A long list of 30 priorities had been compiled. This had been reduced to a short list of 11 through two sets of prioritisation workshops in August and September 2020 looking at:

- Workshop 1 - System working and whether the potential priority can be addressed by health and social care organisations along with at least one other system partner (August)
- Workshop 2 - Is there value added by working on this area across the whole of Berkshire West and would it reduce duplication; Does the priority aid the recovery from Covid-19 and does it align to the whole system's vision (September)

A short list of priorities had been developed as follows and it had been planned to use public engagement from October 2020 to January 2021 to refine the list into the final three to five priorities of the JHWBS:

- Reduce differences in health between different groups of people
- Support vulnerable people to live healthy lives
- Help families and children in early years
- Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- Good health and wellbeing at work
- Physically active communities
- Help households with significant health needs
- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

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The report set out details of the public engagement and the initial findings from the public engagement were outlined in the presentation. It explained that the worsening situation of the coronavirus pandemic and the current national lockdown had presented challenges to the public engagement and so it was now proposed to extend the period of engagement until the end of February 2021, in order to fully address the gaps in engagement so far and ensure adequate opportunity for the public to have their say in the strategy. It had originally been planned for the first draft of the final strategy to be brought to the next Board meeting on 19 March 2021 for discussion and approval, but if the deadline for engagement was extended, this would be delayed to a later Health and Wellbeing Board meeting.

### Resolved -

- (1) That the progress be noted and the programme to continue with the JHWBS development and public engagement be supported;
- (2) That the extension by a month of the time allowed for the public engagement be endorsed.

## 7. STUDENT HEALTH AND WELLBEING IN READING

Mandeep Bains submitted a report presenting the final set of findings of an engagement project carried out by Healthwatch Reading between September 2018 and February 2020 to understand the health and wellbeing concerns of people aged 16 and over, who were studying at university or college in Reading, and their awareness of local health and wellbeing services.

The report explained that 279 students had been surveyed: 172 in 2018, mostly first-year students and 107 in late 2019 and early 2020. The second part of the survey, concentrating on second and other later-year students, had been carried out after a stakeholder group suggested Healthwatch find out whether students' awareness of services and health needs changed over time. The project had found that awareness of most services did improve from first-year levels, over time, but there were still worrying gaps, with fewer than 50% of students in both groups knowing where to find Reading's NHS sexual health clinic and fewer than 40% of both groups aware of how to get help for serious mental health conditions. For both sets of students, coping with stress and worries remained their top health concern.

As well as capturing views of students, Healthwatch Reading had also designed a Student Guide to Local Services - a double-sided A5 card directory of GPs, pharmacies, sexual health, mental health and other services - that had been distributed to students and some GP surgeries.

The report set out further details of the findings of the project, summarising the following key statistics:

- Two-thirds (66%) of all students would turn to family first when seeking information about a health or wellbeing issue
- The services that students were most confident of finding in Reading were a doctor's surgery (72%) and a pharmacy (71%)
- The services students knew *least* how to find were the local NHS sexual health clinic (29%) and the Reading Walk-In centre (46%)



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- The top three health issues for students were: coping with stress and worries, their weight and diet and coping with depression or a diagnosed mental health condition
- Only 30% of respondents said they would know how to access help for serious mental health issues
- Only 41% said they would know how to access free and/or emergency contraception
- Only 44% said they would know how to access help to cope with stress or anxieties
- Students called for more information to be available to help them find services or cope with issues, particularly to help them manage their mental health needs.

The report made five key recommendations, but Healthwatch had been delayed in sending these out to providers and commissioners for a response by the Covid-19 outbreak. The national body Healthwatch England had advised Healthwatch Reading to suspend activities that would put pressure on services at that time. At the time of publishing the report, Healthwatch had not received a final response to the report due on 25 September 2020 due to Covid-19 pressures.

David Munday reported that the Public Health and Wellbeing team had been working closely with the University of Reading regarding Covid-19 and so there was now a strong working relationship which could be built on to look at any wider areas of wellbeing for students which needed addressing, noting that the areas of concern for students were likely to have been worsened by the pandemic. He said that there was a wide range of health services and offers available to students and it would be helpful to map those, perhaps through a workshop, to ensure that the offers were comprehensive and cohesive, and that this exercise should include Wokingham colleagues as the University spanned the borough boundary.

It was reported that the relevant partners would be looking at the recommendations within the report and how best to address them and would then respond to Healthwatch.

**Resolved -** That the report and position be noted.

### **8. BERKSHIRE WEST LOCAL SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2019/20**

Deborah Glassbrook submitted a report presenting the Berkshire West Local Safeguarding Children Partnership (BWSCP) Annual Report for 2019/20 on the work of and achievements of the BWSCP for the 2019/2020 financial year, which was appended to the report.

The report explained that the Local Safeguarding Children Boards (LSCBs) had been disestablished by the Working Together to Safeguard Children 2018 statutory guidance and replaced with a requirement for a flexible equitable safeguarding partnership. From March 2019, the LSCBs across the west of Berkshire (Reading, West Berkshire and Wokingham) had merged to become BWSCP, which was now the key statutory partnership whose role was to oversee how the relevant organisations co-operated to safeguard and promote the welfare of children in Reading (and across Berkshire West) and to ensure the effectiveness of the arrangements.

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The first BWSCP annual report had focussed on the work undertaken together as a partnership rather than as single agencies or areas. The report highlighted some significant achievements that had been achieved by being open to new ways of working in a tri-borough arrangement, including:

- A clear and effective Rapid Review process that provided detailed and comprehensive learning for cases at an early stage, which had been recognised by the national Child Safeguarding Practice Review Panel as best practice.
- A new website for Berkshire West Safeguarding Children Partnership that brought together all the key information from the previous LSCB websites and made the location of information for practitioners and families clearer and easier to access.
- The locally devised and produced 'Be Brave - Speak up' online campaign which had reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and had been shared 207 times on Facebook.
- A committed Strategic Partnership which ensured the best plans were in place to identify and respond to risk to help protect vulnerable children and support practitioners during the Covid-19 pandemic.
- Collaborative working across multi-agencies had captured the views of practitioners that had resulted in the production of the first partnership Business Plan under the new arrangements to focus priorities.
- Local learning and key information from five Serious Case Reviews had been delivered to 167 practitioners as an opportunity to participate in multi-agency safeguarding discussions.

The report also described how the multi-agency arrangements had been revised and adapted for the year ahead, to better suit the needs and the local ways of working.

**Resolved** - That the report be noted.

### **9. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019-20**

Teresa Bell submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2019-20. The SAB Annual Report was appended.

The report explained that the Care Act 2014 stipulated that each local authority must have a Safeguarding Adults Board (SAB) to lead on adult safeguarding arrangements across its locality and have oversight and co-ordination of the effectiveness of the safeguarding work of its member and partner agencies. The SAB's aim was to help and safeguard adults with care and support needs by ensuring that local safeguarding arrangements were in place, as defined by the Care Act 2014, and that: safeguarding practice was person-centred and outcome-focused; work was collaborative in order to prevent abuse and neglect where possible; agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; safeguarding practice was continuously improving and the quality of life for adults in its area was enhanced.

The Annual Report 2019/20 presented what SAB had aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2019/20, both as a partnership and through the work of its participating partners. It provided a picture

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of who was safeguarded across the area, in what circumstances and why. It also outlined the role and values of the SAB, its ongoing work and future priorities.

The report also gave details of activity Reading had taken in response to the SAB report 2019/20, key findings in the data that had influenced delivery priorities for the following year and plans for streamlining the pathway process for safeguarding concerns.

Teresa Bell highlighted some of the key points from the report, noting that Reading had seen a reduction in the number of safeguarding concerns in the 2019-20 period which was being reported on, but that the impact of the Covid-19 pandemic and lockdown had meant an increase in the number of concerns in 2020-21 and the SAB had been meeting more often to keep on top of the work.

**Resolved** - That the report be noted and Teresa Bell be thanked for all the valued and respected work carried out by the SAB.

### 10. READING'S ARMED FORCES COVENANT AND ACTION PLAN

Jill Marston submitted a report presenting an update on progress against the actions outlined in the Reading Armed Forces Covenant action plan, in particular the health-related actions, and on the general development of the covenant, including national proposals to enshrine the Covenant in law and proposals for a pan-Berkshire Civil Military Partnership. The Action plan with details of progress made was appended to the report.

The report explained that the Government had recently announced that it intended to introduce legislation to further strengthen the statutory basis of the Covenant, as part of the Armed Forces Bill, due to go through Parliament in January 2021. The proposal was for the legislation to put a duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing.

In response to the new duty, the Council was proposing to demonstrate 'due regard' by adding the Armed Forces community to those considered as part of the standard committee report paragraph on 'equality impact assessment', so that the impact on this community was considered as a matter of course.

The report also gave details of proposals for setting up a pan-Berkshire Civil Military Partnership, noting that the Reading Armed Forces Partnership Board were also keen to continue meeting at the local level for information exchange and networking.

**Resolved** -

- (1) That the potential new legislation relating to the Armed Forces Covenant and the duty to pay 'due regard' to the Armed Forces community be noted;
- (2) That the proposals for a pan-Berkshire Civil Military Partnership be noted;
- (3) That the progress against the actions set out in the Armed Forces Covenant action plan be noted.

**11. HEALTH AND WELLBEING DASHBOARD - JANUARY 2020**

David Munday submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

**Resolved** - That the report be noted.

**12. DATE OF NEXT MEETING**

**Resolved** - That the next meeting be held at 2.00pm on Friday 19 March 2021.

(The meeting started at 2.02pm and closed at 5.21pm)