

## READING HEALTH & WELLBEING BOARD MINUTES - 8 OCTOBER 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 Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Councillor Ennis Deborah Glassbrook	Lead Councillor for Adult Social Care, RBC Director of Children's Services, Brighter Futures for Children (BFfC)
Gail Muirhead Meradin Peachey Rachel Spencer Katie Summers	Prevention Manager, Royal Berkshire Fire and Rescue Service Director of Public Health, Berkshire West Chief Executive, Reading Voluntary Action Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG
Councillor Terry	Lead Councillor for Children, RBC

### Also in attendance:

Sushma Acquilla Raghuv Bhasin	Interim Consultant in Public Health, Berkshire West Director of System Partnerships, Royal Berkshire NHS Foundation Trust (RBFT)
Ramona Bridgman Ralph Chanada	Chair, Reading Families Forum Head of Mental Health Services, Berkshire Healthcare NHS Foundation Trust (BHFT)
Alison Foster	Programme Director, Building Berkshire Together - Hospital Redevelopment, RBFT
Deb Hunter Eiliis McCarthy Amanda McDonnell Councillor Mpofu- Coles	Head of SEN & Principal Educational Psychologist, BFfC Reading Locality Manager, Berkshire West CCG Media & Communications Manager, RBC RBC
Bev Nicholson Becky Pollard Nicky Simpson Chris Stannard Melissa Wise	Integration Programme Manager, RBC Consultant in Public Health, RBC Committee Services, RBC Public Health Programme Officer, RBC Deputy Director for Commissioning & Transformation, RBC

### Apologies:

Niki Cartwright Seona Douglas Andy Fitton Paul Illman	Interim Director of Joint Commissioning, Berkshire West CCG Director of Adult Care & Health Services, RBC Assistant Director of Joint Commissioning, Berkshire West CCG West Hub Group Manager, Royal Berkshire Fire and Rescue Service
David Shepherd	Chair, Healthwatch Reading

## 16. MINUTES

The Minutes of the meeting held on 16 July 2021 were confirmed as a correct record.

**17. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36**

The following questions were asked by Tom Lake in accordance with Standing Order 36:

**a) GP Surgery South Reading**

There have been discussions for several years about a new GP surgery for South Reading, which is sorely needed. We understand that a site has been offered on church land. What progress has been made towards providing this facility and when will it be operational?

**REPLY** by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

The CCG is currently working with GP providers and a local Church in the Whitley area on the development of a new practice site that would provide new premises for an existing provider. At this point in the development process, commercial sensitivities mean that we cannot share further details at this point, but all parties are planning to have arrangements in place to consult more widely with interested parties in the near future.

**b) Urgent Primary Care - Queueing Theory**

Queueing theory is a facet of probability theory which helps us understand how well we can satisfy random variable demands with given levels of service. For example, it tells us under plausible assumptions that if appointments are just sufficient to meet demand queues will grow linearly with time, owing to the randomness in demand.

This branch of mathematics explains why we need spare capacity in hospitals and in primary care.

If we are going to provide spare capacity for several streams of demand it is most efficient to provide it in common so that some of the variability smooths out.

Berkshire West CCG is currently conducting a consultation into the need for same day urgent primary care, including providing a central walk-in service at Broad Street Mall practice.

Can we be sure that the CCG will take into account the efficiency and value for money arguments suggested by queueing theory and provide an efficient central overflow service for Reading or will overflow continue to default to the Royal Berkshire Hospital?

**REPLY** by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

It's pleasing to see more than 520 people have taken part in the survey and engagement exercise and I'd like to thank Mr Lake and his colleagues for helping

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spread awareness of the survey and for handing out paper copies to those unable to access the survey online.

The engagement exercise is intended to support the CCG in deciding whether the walk-in service is required in the future or whether on the day demand is best provided by registered GP practices, who may work collaboratively, or whether an alternative service is required, such as Emergency Department streaming.

The survey has also helped raise awareness of the alternative options available to encourage appropriate use of the range of services available across Berkshire West and to prevent a default to the RBH. Latest figures show around 100 people go to the hospital's Emergency Department every day when they could be cared for and treated elsewhere. Others contact their GP for an appointment when their local high street pharmacist, who's a highly trained healthcare professional, could help just as well.

Work on appropriate use of services and accessing Primary Care, along with promoting self-care messages, are the key themes of our winter communications strategy.

The following question was asked by Francis Brown in accordance with Standing Order 36:

### c) **South Reading Surgery - Patient Experiences**

This question is about the South Reading Surgery and patient experiences there as reported by the last 5 Ipsos Mori annual surveys of patients registered at GP surgeries in England.

One of the key questions is about overall satisfaction with one's GP surgery. The results over the last 5 years have been consistently disappointing: between 96% and 99% of surgeries were rated by patients as being better than the South Reading Surgery.

The next survey will be in January 2022. Are there any reasons to expect improved results for the South Reading Surgery? What actions are being taken by the CCG and RBC to help the surgery achieve improvements in its performance?

**REPLY** by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

South Reading Surgery, along with all Berkshire West Practices, have experienced something like a 30 percent rise in demand over the last few months at a time when staff are still dealing with the ongoing demands of the Covid pandemic, the Covid vaccination roll out and now the onset of winter pressure. A great deal of work is being carried out across all Berkshire West surgeries to support them so we are confident there will be positive results in the next Mori survey in January.

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As for South Reading Surgery, key areas of work include:

- The CCG GP Clinical Lead and Primary Care Manager holds 6 weekly contract review meetings with the practice, and these have focused on patient experience.
- The Practice has a patient experience action plan in place. This includes the Practice conducting their own in-house survey. Each team within the Practice has been asked to review the in-house survey and identify improvement actions they can take, for example the reception team have put their own improvement plan in place
- The action plan details 17 questions including one about the overall experience of practice and 65% of people who responded rated the practice as good.
- The CCG will be discussing ways to improve further at its next contract review meeting, including ways of reviewing results with the PPG.

In response to a supplementary question from Francis Brown about the number of patients who had responded to the in-house survey, Katie Summers said she would find out the information (it was subsequently reported that there had been 302 responses to the survey). Francis Brown also noted that the Surgery's Patient Participation Group (PPG) seemed to be quite isolated and unaware of the roles of the Health & Wellbeing Board, CCG, PPG and Healthwatch Reading and asked if others with more experience could help the PPG; Katie Summers said that she would get the Primary Care team to work with Healthwatch Reading to give explanations to the PPG and help them to make appropriate links.

### 18. IMPACT OF COVID-19 IN READING

Becky Pollard, Katie Summers and Deborah Glassbrook gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded. 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 and ward, cases in schools and in Royal Berkshire Hospital, and vaccination rates and percentages.
  - It was noted that the latest data was now showing 5.2% of individuals testing positive and 295 cases per 100,000 population. The case rate in Reading remained slightly higher than most Berkshire authorities, but case rates across Berkshire were lower than the England average; the rate of testing was higher in Reading than elsewhere and the positivity was slightly lower.

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- The highest numbers of cases were in the 5-16 age group and there had been a huge rise in school cases after term started and with increased testing, but this had dropped again, as nationally, but there were outbreaks and cases in individual schools.
- Information on Vaccination Programmes:
  - Information on Covid vaccination in Reading, explaining progress and detailing the cohorts, delivery mechanisms and take-up, noting that 29% were still to be vaccinated. The latest figures for Reading showed 52.5% of 16-17 year olds had now had the first vaccine; Berkshire Healthcare were going into schools to vaccinate children and all schools were expected to have been visited by 8 November 2021.
  - Information on the flu vaccination programme 2021/22; It was reported that guidance had now been received that co-administration of Covid and flu vaccination could be done and a number of sites were now doing this.
- Brighter Futures for Children - information on:
  - Impact on Schools
  - Impact on Children's Social Care
  - Impact on Early Help & Prevention

It was noted at the meeting that there was an unclear denominator for the Covid testing and vaccination data in Reading, partly because of the high turnover of residents, and it was reported that work was being carried out on this issue, including developing a plan to carry out a GP patient list-cleansing exercise across Berkshire West, to help improve the accuracy of data.

It was also reported that information on how to get a vaccination for a disabled child or adult had been hard to find and the meeting discussed the importance of clear information being available on all the different details and phases of the vaccination programme, through all communication channels. It was agreed that the CCG would work with Healthwatch Reading and the local authorities to develop appropriate communication messages.

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

### 19. FLU VACCINE 2021/22 OVERVIEW

Katie Summers submitted a report giving an overview of the flu vaccine campaign for 2021/22 and an update on the performance of the influenza (flu) vaccine campaign in winter 2020/21.

The report explained that, as a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, physical and social distancing, and restricted international travel) flu activity levels had been extremely low globally in 2020 to 2021. This was expected to lead to a lower level of population immunity against flu in 2021 to 2022.

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In the situation where social mixing and social contact returned towards pre-pandemic norms, it was expected that winter 2021 to 2022 would be the first winter in the UK when seasonal flu (and other respiratory viruses) would co-circulate alongside COVID-19. There was therefore a significant drive across the population to protect local residents from flu, with updated eligibility criteria.

The report set out the new eligibility criteria and the uptake ambition for the vaccine and gave details of the planning groups that met to coordinate the programme at the system-wide and Berkshire West levels. It also gave details of the uptake of the vaccine in the 2020/21 flu season, noting that there had been good engagement of patients with the GP practices for both groups '65 and over' and '65 at risk', with an increase from 2018/19 in uptake in over 65s from 73.6% to 81.2%. However, there was still some work to be done in the coming season with the other cohorts.

There was learning to be shared from the inequalities workstream that had been expedited due to the Covid vaccination, in order to reach those patients in 'at risk' groups to encourage attendance for vaccination.

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

### **20. "BUILDING BERKSHIRE TOGETHER" - UPDATE ON ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT**

Further to Minute 4 of the meeting held on 22 January 2021, Alison Foster gave a presentation and answered questions on progress 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 and that RBFT was one of 40 Trusts to receive seed funding to develop a business case for redevelopment. A Strategic Outline Case had been submitted in December 2020, highlighting three preferred options to take forward, including redevelopment on site or new build off-site. It gave details of the enabling work that had been carried out in 2021, which included learning lessons from the pandemic about use and siting of facilities, and explained that the next stage in 2022 was to produce an Outline Business Case (OBC). This would involve describing a new clinical model, specifying the requirements for built environment, following the options appraisal process and making the strategic, economic, financial, commercial and management cases for a preferred option.

The presentation set out the case for change, in terms of the capacity, condition, cost and capability of the current hospital main site, the opportunity to address transport and travel issues and the desire to achieve net zero carbon. It stated that three options were being taken forward from the Strategic Outline Case - Options 4, 5 and 6:

4. Development of Emergency Care Block, Elective centre for planned hospital care, new women's and children's facility and potential for a local medical school
5. Build a substantially new hospital on the current site
6. Full relocation and rebuilding of a new hospital off-site

The RBFT was part of the government's New Hospital Programme and was in Phase 4 - full adoptors. Construction for these hospitals was scheduled to start in 2025/26 and

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so RBFT would benefit from the learning from earlier phases. It was not yet known what funding would be available.

Key priorities for the project were establishing the programme and progressing the following five priority areas in workstreams:

- The Clinical Model - Transformation
- Key Enablers - digital, workforce, net zero carbon, MMC (Modern Methods of Construction)
- Finance & Commercial
- Design & Construction - linked to full adoptor status
- The Business Case - options appraisal process

The presentation also gave details of how people could get involved in the Building Berkshire Together hospital redevelopment project.

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

- RBFT were aware of the accessibility problems at the existing hospital and, in light of the redevelopment still being some way off, had been reviewing health and safety and accessibility and a series of proposals were being progressed for the current site; accessibility would also be part of the space planning work for the redevelopment.
- In response to a query about the timescale for the submission of the Outline Business Case, it was reported that this generally took 12-18 months. Once information had been received about how much funding was available to progress the work, this would affect the time taken.
- It was suggested that, in view of the importance of the hospital redevelopment, the Adult Social Care, Children's Services and Education (ACE) Committee, as the Council's Health Overview and Scrutiny Committee, should receive regular update reports on the project and RBFT should be contacted at the agenda setting stage for each meeting to see if there were any updates to bring to the Committee.
- The development of the Outline Business Case would involve a review of the investment objectives, linking these to critical success factors to establish a longlist of options, involving engagement with all stakeholders. An options appraisal process would create a shortlist and a preferred option would be established by the end of the process, to meet the predicted needs of the population and optimise value for money. The final decision would be made by the Treasury.
- The involvement of the Voluntary & Community Sector and the Council would be key to ensure that seldom-heard voices were heard in the engagement and co-production process.
- It would be important to lobby the local MPs to support the preferred option and secure the right resources for the redevelopment.

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- In terms of the RBFT's net zero carbon ambition, this included staff travel, but not visitor or patient travel, in line with current guidance.

### Resolved -

- (1) That the position be noted and Alison Foster be thanked for her presentation;
- (2) That the principle of regular reports on the Royal Berkshire Hospital redevelopment being submitted to ACE Committee be endorsed.

## 21. BERKSHIRE WEST HEALTH & WELLBEING STRATEGY 2021-2030

Further to Minute 6 of the meeting held on 16 July 2021, Meradin Peachey submitted a report seeking endorsement of the final Berkshire West Health and Wellbeing Strategy 2021-2030, which set a basis for commissioning plans across both the local authorities and the local Clinical Commissioning Groups (CCGs), for submission to and adoption by full Council on 19 October 2021. The report had appended:

- Appendix A - Berkshire West Health and Wellbeing Strategy 2021-2030
- Appendix B - Berkshire West Health and Wellbeing Strategy 2021-2030: Equality Impact Assessment
- Appendix C: Berkshire West Health and Wellbeing Strategy 2021-2030: Public Engagement Report

The report noted that, in April 2019, Health and Wellbeing Board chairs from West Berkshire, Reading and Wokingham had agreed to the development of a shared Joint Health and Wellbeing Strategy across the three boroughs, which had been supported by the CCG and Integrated Care System leadership. This approach would recognise the cross-borough reality for many Berkshire West residents, who often lived, worked and used services across different parts of Berkshire West, and the aspiration to have an effective influence over planning which already took place on a Berkshire West footprint.

The strategy had been developed in close collaboration and consultation with residents and local partners, engaging with the diverse range of voluntary sector and community groups operating across Berkshire West. A consultation had been carried out between December 2020 to February 2021 on the 11 priorities identified during the shortlisting process in 2019. Respondents had identified the following five priorities as being the most important, and these had been used as the foundation of the 2021-2030 strategy:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help children and families in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

The draft strategy had been consulted on for a period of six weeks between 24 June to 4 August 2021 in West Berkshire and Reading (with Wokingham opting out of the consultation on the draft strategy) and the strategy had now been finalised and was being presented for approval.

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The report explained that the strategy was being used to develop the content of implementation plans for each authority area that would represent the delivery tools of the strategy. In Reading, a number of delivery boards had been identified to shape the implementation plans and report on outcomes as follows:

Priority	Delivery board
Reduce the differences in health between different groups of people	Reading Integration Board
Support individuals at high risk of bad health outcomes to live healthy lives	Reading Integration Board
Help children and families in early years	One Reading Partnership - Under 5s workstream
Promote good mental health and wellbeing for all children and young people	Brighter Futures for Children
Promote good mental health and wellbeing for all adults	Adult Mental Wellbeing Steering Group

The final implementation plans and future monitoring arrangements would be brought back to the March 2022 Board meeting for approval.

### Resolved -

- (1) That, having considered the feedback from the formal consultation on the Berkshire West Health and Wellbeing Strategy (Appendix C), together with the Equality Impact Assessment (Appendix B) and the climate assessment, the 2021-2030 Berkshire West Health and Wellbeing Strategy, as set out in Appendix A, be endorsed and recommended to Council for adoption;
- (2) That the development of the Reading Health and Wellbeing Strategy Implementation Plans, and that it was intended that the final plans and future monitoring arrangements would be brought back to the March 2022 meeting of the Board to approve the Plans on behalf of the Council, be noted.

### **22. REFRESH OF THE FUTURE IN MIND BERKSHIRE WEST LOCAL TRANSFORMATION PLAN, IMPROVING THE RESPONSE TO CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH**

Further to Minute 4 of the meeting held on 13 March 2020, Deb Hunter submitted a report giving an overview of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Emotional Wellbeing, which had been published in September 2021, the sixth such publication of the system planning locally since 2015. The LTP provided an update on how the local system was improving the emotional wellbeing and mental health of all Children and Young People (CYP) across Reading, West Berkshire, and Wokingham.

The report stated that it had been a very busy time since the 2019 publication, delivering the transformation plan as well as responding to the COVID-19 pandemic,

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and set out headline messages of what had been achieved, alongside young people, parents and strategic partners from the local authority, health, education, and the voluntary sector.

The report explained that there continued to be increased demand, which in turn was having an impact on waiting times, across providers. The impact of COVID-19 had increased demand across all emotional health and wellbeing services, and in addition there was increased complexity of presentations. The report gave details of key achievements and areas of challenge in the area of children and young people's mental health and emotional wellbeing. It also explained how, over the last 18 months, consolidation had been carried out of the joint governance arrangement across the health, social care and education system, with the formation of the Berkshire West Integrated Care Partnership Children & Young People's Board and set out details of the following nine transformation priorities that had been agreed:

1. Building a formal delivery partnership arrangement
2. Creating a single access and decision-making partnership arrangement
3. Tackling the waiting times in both specialist/ Core CAMHs
4. Meeting the Eating Disorder waiting times for response to referrals
5. Mobilising a Community Home treatment offer 24/7 access standard for crisis cases
6. Mobilising two further Mental Health Support Teams
7. Meeting the COVID-19 surge demand as it arose
8. Addressing gaps in access and service offer due to inequalities
9. Strengthening the adolescent to young adulthood offer (16 - 25)

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

### **23. SEND STRATEGY AND INSPECTION UPDATE**

Deborah Glassbrook submitted a report providing an update on the updated SEND (Special Educational Needs and/or Disabilities) Strategy 2022-2027 (attached at Appendix 1), which incorporated findings from the recent local area inspection of SEND in Reading and shared a copy of the letter from Ofsted regarding the inspection (Appendix 2).

The report explained that there had been considerable work carried out on developing the next version of the SEND Strategy for 2022-2027 and it had been anticipated that the government would publish its review of SEND reforms earlier in 2021, but there had been a third delay in the publishing. It was anticipated that this would now be available sometime in 2022, but there was no specified date. The SEND Strategy would be updated to incorporate any necessary changes once the reforms had been published.

The recommendations of the local area inspection that had taken place in June 2021 had been included in the updated Strategy. Two more strands had been added to the five existing ones in response to the inspection so there were now seven focused areas of work in the next version of the strategy, as follows:

- Strand 1: Improving communication;
- Strand 2: Early Intervention through to specialist provision;
- Strand 3: Consistent approaches to emotional wellbeing;
- Strand 4: Preparing for adulthood;

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- Strand 5: Support for families/short breaks;
- Strand 6: Capital and school places;
- Strand 7: Revenue and funding.

The joint local area inspection of SEND had been conducted by Ofsted and the CQC in June 2021, which had concluded that arrangements were sufficiently robust and effective so that no written statement of action was required for Reading. There had been a very positive response to the inspection outcome and findings from stakeholders and, whilst being confident about what had been achieved, BfFC were continuing to focus on key areas that need to be strengthened. The actions had been outlined under the strands and would be overseen through the SEND Strategy Group.

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

### **24. BERKSHIRE WEST STOP SMOKING SERVICE AND E-CIGARETTE POSITION STATEMENT**

Chris Stannard submitted a report giving an overview of the new Berkshire West Stop Smoking Service which had commenced on 1 October 2021. The report set out the context for commissioning the service as part of the wider system approach to Tobacco Control, the key features of the new service model and the plans being developed to ensure the service was aligned with the new NHS Tobacco Dependency Treatment services being developed.

The report also included a description of the recent position statement on e-cigarettes, produced by the South East Association of Directors of Public Health, which was relevant to all services that provided support to people wishing to quit smoking.

The report had appended:

- Appendix A - Delayed Procurement Committee Report;
- Appendix B - Waiver RBCW043;
- Appendix C - Officer Decision Form;
- Appendix D - South East Directors of Public Health E-Cigarette Position Statement;
- Appendix E - Climate Impact Assessment.

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

### **25. BERKSHIRE SUICIDE PREVENTION STRATEGY 2021-26**

Sushma Acquilla submitted a report presenting the Berkshire Suicide Prevention Strategy 2021-26 for approval by the Health and Wellbeing Board. The report had appended:

- Appendix A: Berkshire Suicide Prevention Strategy 2021-26
- Appendix B: Berkshire Suicide Prevention Strategy 2021-26: Equality Impact Assessment
- Appendix C: Berkshire Suicide Prevention Strategy 2021-26: Climate Assessment

The report explained that local authorities were responsible for developing local suicide strategies and action plans through the work of their Health and Wellbeing Boards,

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Clinical Commissioning Groups and wider partners. The latest strategy built on the previous Berkshire Suicide Prevention Strategy (2017-2020) and served as a refresh of that strategy, taking forward the key underlying principles and identifying new priorities. It had been developed through the work of the Berkshire Suicide Prevention Group, that had representation of partners across the system, and was founded upon local data, intelligence and knowledge.

The vision for the strategy was 'To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm' and it had the following seven principles:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

The report explained that local intelligence had demonstrated a need to focus on the five following strategic priority areas across Berkshire and further details were set out in the strategy, which also set out overarching recommendations and a Berkshire-wide action plan:

- Children and Young People
- Self-harm
- Females
- Economic stresses
- People bereaved by suicide

The report noted that, whilst these were the agreed strategic priorities across Berkshire, there would remain a need to monitor trends and risk factors, particularly from the impacts of COVID-19, and to respond to the latest changes.

The report stated that there had not been any formal public consultation on the strategy and Sushma Acquilla said that this had been queried at another meeting, so she would be asking the Berkshire Suicide Prevention Group at its next meeting whether there should be any public consultation, either in each local authority area, or for the whole of Berkshire. It was noted at the meeting that local action/implementation plans would also be needed and consultation on and co-production of those would be important.

**Resolved** - That the Berkshire Suicide Prevention Strategy 2021-26 be endorsed.

### 26. ICP UNIFIED EXECUTIVE - SEPTEMBER CHAIR'S REPORT

Andy Ciecierski presented a report giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the most recent meeting of the Unified Executive, held on 9 September 2021.

The report addressed the following key points:

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- Place-based Delegation
- Review of Urgent and Emergency Care Strategy
- Rapid Community Discharge
- Joint Commissioning

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

### 27. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets for the financial year so far. The Reading Integration Board (RIB) Programme Plan Quarter 1 progress update was appended for information.

The report gave details of the four national BCF targets, stating that the 2020/21 targets were still being used whilst awaiting the release of the BCF Planning Guidance for 2021/22 and it was reported at the meeting that the guidance had been released on 30 September 2021. The report explained that performance against the targets had declined, with only one of the four, Residential Nursing, being met, based on data reported in the RIB Dashboard for August 2021. Further details were set out in the report.

The Health Inequalities-focused projects, identified in the RIB Programme Plan, were being aligned with the Health and Wellbeing Board Strategy Action Plans, where appropriate, as well as working with system partners at Integrated Care Partnership and Integrated Care System levels to support the wider priorities.

Voluntary Care Sector Forums had continued, in collaboration with Reading Voluntary Action (RVA), to enable the voluntary care sector to engage with the ongoing development and delivery of the Reading Integration Programme and the Health Inequalities focussed projects, and future meetings were scheduled for 24 November 2021 and 26 January 2022.

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

### 28. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2021

Becky Pollard submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report therefore 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 Action Plan 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.

The report explained that the Health and Wellbeing Dashboard would shortly be replaced with a new one to reflect the new priorities in the 2021-2030 Health and Wellbeing Strategy and its new implementation plans, which were still being developed (see Minute 21 above).

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

**29. DATE OF NEXT MEETING**

**Resolved** - That the next meeting be held at 2.00pm on Friday 21 January 2022.

(The meeting started at 2.00pm and closed at 5.15pm)