

READING HEALTH & WELLBEING BOARD MINUTES – 14 MARCH 2025

Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Nadeem Ahmed	Clinical Director of New Reading PCN
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Abid Irfan	Director of Primary Care and Deputy Chief Medical Officer, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Councillor Alice Mpofu-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Gail Muirhead	Prevention Manager, RBFRS
Matt Pearce	Director of Public Health for Reading and West Berkshire
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Liz Terry	Leader of the Council, RBC
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC

Also in attendance:

Alison Foster	Programme Director, Building Berkshire Together, RBFT
Lara Fromings	Assistant Director for Transformation, Commissioning and Performance, RBC
Mary Maimo	Public Health & Wellbeing Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC

Apologies:

Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Councillor Wendy Griffith	Lead Councillor for Children, RBC
Colin Hudson	Reading LPA Commander, Thames Valley Police (TVP)
Steve Leonard	West Hub Group Manager, RBFRS
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Ben Riley	Chief Medical Officer, BOB ICB

44. MINUTES

The Minutes of the meeting held on 17 January 2025 were confirmed as a correct record and signed by the Chair.

45. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) Outputs from Boards Related to Integration

I understand that there is a joint scrutiny board for the BOB ICS. How are its proceedings and outputs made available to the residents of Reading?

Similarly, I understand that there is a Joint Integration Board or similar coordination across the boroughs of Berkshire West. How are its proceedings and outputs made available to the residents of Reading?

REPLY by the Chair of the Health & Wellbeing Board (Councillor McEwan):

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Thank you for your question. The proceedings for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Joint Health Overview and Scrutiny Committee are published online and can be found on the [Buckinghamshire Council website](https://buckinghamshire.moderngov.co.uk/mgCommitteeDetails.aspx?ID=1139)

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Each Local Authority in the Berkshire West area have separate Local Integration Boards (LIB) who manage the Better Care Fund Planning and performance reporting against the BCF Metrics, as well as broader integration work across each area. The Integration Board in Reading is known as the Reading Integration Board (RIB). Whilst these are not public meetings, the Integration board does provide regular updates to the health and wellbeing board.

b) Parking at Royal Berkshire Hospital

We now hear that the Royal Berkshire Hospital replacement is unlikely to be open before 2040.

It is well attested that the parking difficulties at the Craven Road site cause a great deal of anxiety to patients. I have often seen patients in nightwear waiting on the pavement of Addington Road to be picked up. There is good public transport at the site but it is not suitable or convenient for patients in some conditions coming from some parts of the RBH catchment area.

Could the Health and Wellbeing Board, working with the RBH trust and the Reading planning directorate, elicit a practical plan for relieving the parking difficulties at the Craven Road site - which cause so much anxiety to hospital patients?

REPLY by the Chair of the Health & Wellbeing Board (Councillor McEwan):

I thank Mr Lake for his question.

The provision of parking spaces within the Royal Berkshire Hospital estate for patients and staff is principally a matter for the Hospital Trust, however the Council is committed to working with the Trust to improve access to the Hospital in its current location. In addition, the Council does manage the on-street parking spaces in roads in close proximity to the Hospital, which provide valuable parking capacity in addition to the provision at the Hospital itself. Parking restrictions and charges for these on-street spaces are carefully considered to balance the needs of patients and local residents at different times of the day, whilst also encouraging the turnover of spaces to maximise availability.

Historically, the Hospital has explored proposals to increase parking provision on the site and if the Trust wishes to revisit any such proposals they could be discussed with the Council through the usual pre-application planning process.

The location of the Hospital, within a built-up residential area with limited highway space, does pose challenges regarding access and severely limits the Council's ability to provide additional parking capacity. The Council has therefore worked with the Hospital Trust, alongside Reading Buses and Wokingham Borough

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Council, to enhance sustainable access for patients and staff through the provision of the Hospital 300 park and ride service. This runs from both Thames Valley Park and Mereoak park and ride sites, providing an alternative option to access the Hospital and the University of Reading from the east and south of Reading.

I have also received the following response from the Royal Berkshire NHS Foundation Trust:

Due to high demand for services and a challenging location, demand for parking outpaces capacity at Royal Berkshire Hospital. Over the past few years, the Trust, in conjunction with Reading Borough Council, has taken several steps to reduce parking demand including free off-site parking for staff at nearby car parks, a Park and Ride service for patients and visitors, as well as delivering more services closer to patients at its other hospital sites across Berkshire and South Oxfordshire. Despite these improvements, parking continues to be a challenge at Royal Berkshire Hospital due to difficulties increasing the number of spaces available on site. The Trust is keen to work closely with Reading Borough Council to explore how we both support patients, visitors and staff to access the hospital as well as encourage use of alternative modes of transport.

In relation to a plan, this is a matter primarily for the Hospital Trust, but there is willingness to engage on all sides. I would highlight, however, that this is a parking and transport matter so should Mr Lake wish to make further enquiries these should be raised in the first instance to the Traffic Management Sub-Committee. It should be noted that neither this Board nor the Council can compel the Hospital Trust to build a plan to manage their parking in a different way.

c) Marmot City Framework

Oxfordshire and Wokingham Borough are working together on improving health and wellbeing using the Marmot City framework. Will Reading also take up this approach and ensure that all of its departments contribute to the health of the population?

REPLY by the Chair of the Health & Wellbeing Board (Councillor McEwan):

The Board recognises that most of the factors that influence our health lie outside of the health care system, including housing, education, employment and much more.

One of the five priorities from our joint health and wellbeing strategy is to reduce the differences in health between different groups of people. To support this, there is an ambition within the strategy to develop a health in all policies approach that will deliver cross-sector action on the wider determinants of health: the social, environmental, economic and commercial conditions in which people live.

Work to develop a health in all policies approach is currently under way and the board may consider becoming a Marmot Borough as part of this programme of work, if there is evidence that it can deliver better outcomes for our population.

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46. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT

Mary Maimo presented a report and gave a presentation which gave an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and provided detailed information on performance and progress towards achieving the local goals and actions set out in both the overarching strategy and in the locally agreed implementation plans.

The Health and Wellbeing Implementation Plans and Dashboard Update was attached at Appendix A and contained detailed narrative updates on the actions agreed for each of the implementation plans and included the most recent update of key information in each of the following five priority areas:

- Priority 1 - Reduce the differences in health between different groups of people;
- Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives;
- Priority 3 - Help families and children in early years;
- Priority 4 - Promote good mental health and wellbeing for all children and young people;
- Priority 5 - Promote good mental health and wellbeing for all adults.

Full data for key indicators for each priority was provided in the dashboard report at Appendix B.

It was reported at the meeting that a group was being put together to lead on developing an oral health strategy for Reading and that unexpected funding of almost £27k for the supervised tooth brushing project for Reading had been announced on 14 March 2025.

Resolved – That the report and position be noted.

47. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets to December 2024 (Quarter 3) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2024/25.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of December 2024 (Quarter 3), were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Met)
- The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence (Met) (this was met for the Quarter but was not on track for the year)
- The number of older adults whose long-term care needs were met by admission to residential or nursing care per 100,000 population (Not Met)

Further details against each of the targets were set out in the report which demonstrated the effectiveness of the collaborative work with system partners.

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The report also covered the Better Care Fund Quarter 3 return for 2024/25, attached at Appendix 1. The Quarter 3 return had been signed off through the delegated authority process in advance of submission by the due date of 14 February 2025.

Resolved – That the report be noted.

48. BOB ICB UPDATE BRIEFING

Abid Irfan submitted a report presenting a briefing from the BOB Integrated Care Board, as at March 2025.

The report covered the following areas:

- BOB ICB Board meetings
- Community Wellness Outreach Programme
- BOB ICB Operating Model – next steps
- Working with local people and communities
- 10-Year Health plan for the NHS
- New provider for BOB non-emergency patient transport services
- BOB ICB financial position within 2024/25
- NHS Operational Planning for 2025/26 and associated national priorities
 - Priorities and operational planning guidance 2024/25
 - Development of a medium-term plan for transformation and improvement
- Joint Forward Plan refresh – timescales and engagement

The Board noted that there had been an announcement about the abolition of NHS England since the report had been written and Abid Irfan also reported that, in the last 24 hours, all ICBs had been told that they would have to cut their running costs by 50% by December 2025, so the BOB ICB operating model would probably need further review.

Resolved - That the report and position be noted.

49. BUILDING BERKSHIRE TOGETHER - UPDATE

Further to Minute 35 of the meeting held on 17 January 2025, Alison Foster gave a presentation updating the Board on the Royal Berkshire NHS Foundation Trust's (RBFT) Building Berkshire Together (BBT) project for the redevelopment of the Royal Berkshire Hospital (RBH) as part of the national New Hospital Programme (NHP). A copy of the presentation slides had been circulated with the agenda papers.

The presentation explained that the outcome of a further government review of the NHP had been announced on 20 January 2025. Following the review, the RBFT programme had been delayed further, and construction would now start between 2037-39. Funding of £2 billion or more had been allocated, indicating support for a whole new hospital on a new site. Funding for the BBT programme would cease at the end of March 2025 and would resume after 2030, so the Trust was standing the programme team down.

This change would mean the following challenges for the Trust:

- Maintaining the current estate
- Meeting increasing population demands
- Land availability for the future new hospital
- Meeting NHS Net Zero targets

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The next steps were identified as:

- Securing funding for the business case for land purchase
- Master planning for the next 15 years
- Accelerating system transformation

Resolved: That the presentation be noted.

50. HEALTH WEIGHT NEEDS ASSESSMENT

Nina Crispin submitted a report presenting a Reading Healthy Weight Needs Assessment for the development of a whole systems approach to healthy weight and proposing the formation of a task and finish group to oversee the development of a Healthy Weight Strategy and implementation plan. The report had appended the Healthy Weight Needs Assessment Executive Summary Report (March 2025) at Appendix 1 and the full report at Appendix 2.

The report explained that overweight and obesity were defined by the World Health Organisation (WHO) as abnormal or excessive fat accumulation that may impair health. Obesity was one side of the double burden of malnutrition. Health risks related to obesity were many and well known with the WHO highlighting that overweight and obesity (and poor diet) were major risk factors for many chronic diseases, including type 2 diabetes, cardiovascular disease (the main cause of premature death in the UK) and some cancers, in addition to joint and mobility issues, depression, low mood and fertility issues.

Evidence suggested that a Whole Systems Approach to Healthy Weight was needed to influence changes at systems levels and policies in the areas that had an impact on the population's health. These areas of influence included social and economic conditions, food production, agriculture, environment and planning, tax and levies, education and schools, industry practice and innovation, media and advertising.

A Healthy Weight Needs Assessment had been undertaken in 2023 to better understand the needs of Reading's population regarding effective provision that promoted healthy weight. The needs assessment had interrogated the evidence-base around nutrition, physical activity and weight to better understand the health inequalities around excess weight, including wider and commercial determinants that impacted people's weight. The focus of the needs assessment had been on excess weight and reaching and maintaining a healthy weight, and the ability of the Local Authority and partners to drive and influence change. The needs assessment had identified recommendations (as set out in Appendix 1) to support systems-wide change in Reading for addressing healthy weight issues and it was proposed that the recommendations informed the development of a Whole Systems Approach to Healthy Weight in Reading, covering the life course of an individual.

The report stated that it needed to be acknowledged that working on the recommendations from the needs assessment would require prioritisation as they could not all be addressed at once. The prioritisation work would need to be driven by local needs and Council priorities.

The report proposed that a Whole Systems Approach Task and Finish Group was set up to oversee the development of a Whole Systems Approach to Healthy Weight Strategy for Reading, with all partners and professional disciplines in the system playing their part and committing to systems changes. The task and finish group membership would include representatives from the Integrated Care Board, the NHS, Transport and Planning

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Department, Voluntary Sector partners, Active Reading colleagues, Advertising Team, and colleagues from Children and Young People's services. The intention was to carry out the development work from May to October 2025, to produce an initial draft strategy in November 2025.

Due to the very low response received from the needs assessment survey targeted at educational settings (children and young people), a separate needs assessment would need to be conducted to gather insights on the pathways available to children and young people in Reading who were obese or overweight and identify recommendations to address the issue.

Resolved –

- (1) That the publication of the Healthy Weight Needs Assessment for Adults in Reading be noted;
- (2) That a whole systems approach to healthy weight for Reading and the formation of a task and finish group to oversee the development of a strategy with an implementation plan be endorsed;
- (3) That members of the Board commit to the development of the whole systems approach to healthy weight strategy by nominating representative(s) to join the task and finish group.

51. DATES OF FUTURE MEETINGS

Resolved – That the meetings of the Health and Wellbeing Board for the Municipal Year 2025/26 be held at 2.00pm on the following dates:

- 11 July 2025
- 10 October 2025
- 16 January 2026
- 13 March 2026

52. ROYAL BERKSHIRE NHS FOUNDATION TRUST INTEGRATED PERFORMANCE REPORT – INFORMATION ITEM

A web link was provided to the Royal Berkshire NHS Foundation Trust's Integrated Performance Report from December 2024.

Resolved – That the report be noted.

(The meeting started at 2.00 pm and closed at 3.30 pm)