

**HEALTH AND WELLBEING BOARD  
4 JUNE 2024  
2.00 - 3.45 PM**



**Present:**

Councillors Wright (Chair)  
Nicola Airey, NHS Frimley ICB (Vice-Chair)  
Philip Bell, Involve  
Nicholas Durman, Healthwatch Bracknell Forest  
Alex Gild, Berkshire Healthcare NHS Foundation Trust  
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)  
Dave Phillips, Bracknell Forest Safeguarding Board  
Grainne Siggins, Bracknell Forest Council (People)  
Heema Shukla, Bracknell Forest Council (Public Health)

**Also Present:**

Jane Batty, Frimley ICB  
Emma Priestley, Bracknell Forest Council (Public Health)  
Katya Mileva, London South Bank University  
Emma Dooan, London South Bank University  
Susie Sykes, London South Bank University

**Apologies for absence were received from:**

Councillors Karim  
Susan Halliwell, Bracknell Forest Council (Chief Executive)  
Sonia Johnson, Bracknell Forest Council (Children's Social Care)

**1. Election of Chair**

**RESOLVED** that Councillor Megan Wright be appointed Chair of the Health and Wellbeing Board for the municipal year 2024/25

**2. Appointment of Vice-Chair**

**RESOLVED** that Nicola Airey be appointed Vice-Chair of the Health and Wellbeing Board for the municipal year 2024/25

**3. Declarations of Interest**

Andrew Hunter declared an interest in Item 9, New Skimped Hill Development, as he sat on the planning authority considering the live planning application.

**4. Urgent Items of Business**

There were no Urgent Items of Business.

**5. Minutes from Previous Meeting**

**RESOLVED** that the minutes of the meeting held on 14 March 2024 were approved as a correct record, subject to a typo under Minute 40 being corrected.

**6. Matters Arising**

There were no matters arising.

**7. Public Participation**

There had been no applications for any public participation.

**8. New Skimped Hill development**

Jane Batty, Frimley ICB presented on the plans for the new Bracknell Forest Centre for Health at the Skimped Hill site.

The plans for the centre had been developed in response to population growth in Bracknell Forest, and the need to greater integrate health care services to deliver services for patients' in a shared space.

The proposed Skimped Hill development site combined the existing Skimped Hill site and the neighbouring brownfield site to create a new build. The new site would house predominantly clinical services which were already delivered from the Skimped Hill site, but would also bring in Berkshire Healthcare services to create a centralised point of NHS services. The build would also allow administrative staff to sit alongside the clinical services they supported.

The funding was being finalised by the Department for Health and Social Care and NHS England and was progressing swiftly, although final sign off would be subject to planning approval being granted and a contract being agreed with a building contractor.

Jane shared the architects' drawings and proposed floor plans for the site. It was noted that access and parking was a challenge at the existing Skimped Hill site due to lack of parking management and people using the car park for non-NHS visits. Parking management was being established at the site now to address this problem.

It was hoped that subject to planning permission being granted, the site would be completed in March 2025 for a Spring 2025 opening.

In response to questions, the following points were noted:

- It was commented that access to the site needed to be improved via public transport.
- The consultation rooms had been designed to meet the recommended size, and accessibility had been key in the development of the site. The parking space arrangement would be changed to move disabled parking spaces closer to the site entrance.
- While this particular building had not been built with disaster / pandemic preparedness in mind as it was not intended to be used as a Nightingale hospital, the pandemic had had an impact in the building's design to ensure that the spaces could continue to be used during a pandemic, for example including separate entrance and exit points.
- Board members welcomed the opportunity for more preventative and primary care services to be co-located, for example opportunities to deliver more sexual health services in Bracknell Forest so that residents did not have to travel to sites further afield.

Board members thanked Jane for her update.

## 9. **Health and Wellbeing Strategy update - Priority 3 Social Isolation**

Heema Shukla led a deep-dive on the Health and Wellbeing Strategy, Priority 3: Social Isolation.

This priority had highlighted a group of residents who were theoretically happy to connect and were not housebound, but who had not joined with any social activities. One action under this priority was Red, around the suicide prevention and self-harm toolkit. Heema reassured partners that the suicide prevention strategy had progressed, and the next step would be to develop a related toolkit which had been delayed to next year.

Phil Bell, Involve had been leading on this Priority and spoke about the work undertaken to target those most vulnerable to social isolation and loneliness. There had been an increase in the number of services and groups available to isolated people, and the Community Map had grown by 10 assets in the last quarter alone. Partnerships had been built between organisations and groups working together to address social isolation, including a Friendship Ambassador role and the Friendship Tables model to build social spaces in communities.

The Green and Active scheme had been running for 18 months and had surpassed expectation on growth with 650 hours logged per quarter. The programme had positively targeted people who are associated with social isolation and loneliness. Surveys had shown significant improvements to participants' physical and mental health.

The Community Map continued to be developed, including engaging with People Power to address the barriers faced by people with disabilities when using the map. Emma Priestly, Behavioural Insight officer in the Public Health team and Social Prescriber gave an insight into social prescribing work in Bracknell Forest. There had been a trend of people who were happy to talk on the phone and with home visits, but who were reluctant to go out to socialise despite practical support with travel arrangements. Following a survey with clients, it became clear that the biggest barrier to engagement was motivation, particularly amongst older adults for whom travel and sitting down for a long time could be painful. There was also a strong theme of social anxiety, with some clients who had experienced an unwelcoming environment at a community group before which had put them off trying again.

In response to questions, the following points were noted:

- Social prescribers worked with clients for 3 months typically, with the option to extend the programme to 6 months if necessary. It was noted that social prescribers also worked support clients with issues around finance and housing as well as social isolation and loneliness.
- It was commented more could be done to ensure that social prescribers from each partner organisation were seen to be working as one team, and to build on the strengths of each team.
- It was queried how people using the Friendship Tables could progress into accessing an asset on the community map, and how relationships started on Friendship Tables could develop into an ongoing community activity.
- Clients accessing the social prescribing service tended to be white British residents. Work was ongoing with faith communities and other wider communities to assess whether greater support could be provided to those from ethnic minorities.
- Some work had been undertaken with the Hong Kong community and Nepali community greater understand their needs and any barriers in accessing community services.

Board members were pleased to note the increased use of the Community Map.

10. **Review of the Bracknell Forest Health and Wellbeing Physical Activity Service**

Heema Shukla introduced Professor Katya Mileva, from London South Bank University who presented the findings from the review of the Health and Wellbeing Exercise Referral programme which had been delivered in collaboration with Everyone Active.

Evaluators had begun with a desk-based exercise to map the physical activity network in Bracknell Forest and to understand whether or not the network was functioning well. The exercise had demonstrated a well-developed and wide system of people involved in the physical activity network, but a complex system with few links between poorly marketed physical activity services. Of those who were referred, 80% engaged with the service but did not remain engaged sufficient to see significant health benefits.

Of the total services users, 69% had been signposted from primary care networks and 11% had been signposted from acute hospital trusts. Very few of the patients referred had complex health needs, and had mostly been referred because of a singular health condition or their mental health. This demonstrated a lack of confidence in referring complex individuals into the service.

It was noted that while the offer of free or subsidised leisure services did remove a barrier for clients, it also meant that the service was restricted to services provided within the leisure centre and opportunities outside of this had not been available as intended.

In conclusion, evaluators saw the value in continuing the service but in order to be successful, the service should continue as part of a much wider offer. Better marketing of leisure services would help engagement. The referral and communication process could also be improved, with a feedback loop between prescribers and deliverer. The scheme also needed to employ more diverse skills and competencies in order to raise confidence in adjusting the scheme to address specific health conditions.

In response to questions, the following points were noted:

- It was recognised that public health resources and green space work could be more closely aligned.
- The clients referred into the service were often addressing complex life situations with real barriers in accessing the service which needed to be acknowledged. The extended duration of the programme was a key factor in maintaining clients' attendance, as participants did not have to leave the programme if they had a period of absence from it.
- A health coach role had been funded for a three year programme, and this period would give a better indication of how the service could be best taken forward. The evaluation outcomes would assist in decision making for an ongoing service.
- It was noted that while only 15 people had completed the full recommended number of attendances on the programme, more than 60% had still engaged with the programme through its duration.

11. **Briefing on new ICB structure**

Nicola Airey, Frimley ICB advised on the ICB restructure which was ongoing.

Nicola had been appointed to the Director post which held oversight for all five Places. Associate Directors had been appointed for East Berkshire and Hampshire, Surrey Heath and Farnham.

A governance workshop between senior directors across the ICB and the Council was scheduled to start the co-design process of governance going forward.

The Board congratulated Nicola on her new appointment and agreed to invite the Associate Director responsible for East Berkshire to their next meeting.

12. **Any Other Business / Agency Updates**

There were no items of business.

**CHAIRMAN**