

# Public Document Pack

## Notice of Meeting

### Health and Wellbeing Board

Councillor Catherine Del Campo (Cabinet Member with responsibility for Adult Services and Health) (Chair)

Huw Thomas (Clinical Lead RBWM NHS Frimley ICB) (Vice-Chair)

Kevin McDaniel (Executive Director of Adult Services and Health)

Lin Ferguson (Executive Director of Children's Services and Education)

Tessa Lindfield (Director of Public Health for Berkshire East)

Jonas Thompson-McCormick (Deputy Director of Public Health)

Caroline Farrar (NHS Frimley ICB)

Joanna Dixon (Healthwatch East Berkshire)

Councillor Joshua Reynolds

Councillor Simon Werner

Councillor Helen Taylor

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Royal Borough  
of Windsor &  
Maidenhead

**Thursday 25 January 2024 3.00 pm**

**Virtual Meeting - Online access & on [RBWM YouTube](#)**

### Agenda

Item	Description	Page
1	<b>Apologies for Absence</b> To receive any apologies for absence.	-
2	<b>Declarations of Interest</b> To receive any declarations of interest.	5 - 6
3	<b>Minutes</b> To consider the minutes and actions from the meeting held on 10 <sup>th</sup> October 2023.	7 - 14
4	<b>Children and Young People's Partnership Action Plan</b>  The Plan was initially considered by the Board in July 2023, this item will provide an understanding of the accompanying action plan and how the priorities of the plan are monitored.  Reporting officer: Pauline Peters - Senior Transformation Lead – Children and Young People at NHS Frimley	Verbal Report
5	<b>Schools and Colleges Suicide Postvention Protocol</b>  To consider the protocol.  Reporting officer: Sue Foley – Consultant in Public Health (Children, Young People and Families and Suicide Prevention)	Verbal Report

6	<p><b>Whole System Approach to Healthy Weight: Children and Families</b></p> <p>To receive a presentation on the whole system approach to healthy weight.</p> <p>Reporting officer: Sue Foley – Consultant in Public Health (Children, Young People and Families and Suicide Prevention)</p>	Verbal Report
7	<p><b>Frimley Hospital Update</b></p> <p>To receive an update on the progress of the Frimley Hospital development.</p> <p>Reporting officers: Carol Deans and Nigel Foster – NHS Frimley</p>	Verbal Report
8	<p><b>Better Care Fund Update</b></p> <p>To receive an update on the Better Care Fund.</p> <p>Reporting officer: Prince Obike – Integrated Care Transformation Senior Manager</p>	Verbal Report
9	<p><b>Housing</b></p> <p>To receive an update on the Housing team.</p> <p>Reporting officer: Amanda Gregory – Assistant Director for Housing and Public Protection</p>	Verbal Report
10	<p><b>Update on work with the LGA</b></p> <p>To be updated on the work being undertaken with the Local Government Association.</p> <p>Reporting officers: Claire Lowman – Service Lead for Public Health Georgia Careless – Public Health Programme Officer</p>	Verbal Report
11	<p><b>JSNA Update</b></p> <p>To receive an update on the Joint Strategic Needs Assessment.</p> <p>Reporting officer: Charlotte Littlemore – Service Lead – Public Health Programmes</p>	Verbal Report
12	<p><b>Future Meeting Dates</b></p> <ul style="list-style-type: none"> <li>• Tuesday 23rd April 2024</li> <li>• Tuesday 16th July 2024</li> <li>• Tuesday 8th October 2024</li> </ul>	-

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By attending this meeting, participants are consenting to the audio & visual recording being permitted and acknowledge that this shall remain accessible in the public domain permanently.

Please contact Mark Beeley, 01628 796345 / [mark.beeley@rbwm.gov.uk](mailto:mark.beeley@rbwm.gov.uk), with any special requests that you may have when attending this meeting.

Published: 17<sup>th</sup> January 2023



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## MEMBERS' GUIDE TO DECLARING INTERESTS AT MEETINGS

### Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a Disclosable Pecuniary Interest (DPI) or Other Registerable Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

### Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

*DPIs (relating to the Member or their partner) include:*

- *Any employment, office, trade, profession or vocation carried on for profit or gain.*
- *Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses*
- *Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.*
- *Any beneficial interest in land within the area of the council.*
- *Any licence to occupy land in the area of the council for a month or longer.*
- *Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.*
- *Any beneficial interest in securities of a body where:*
  - a) *that body has a place of business or land in the area of the council, and*
  - b) *either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.*

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

### Disclosure of Other Registerable Interests

Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.** If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

### Other Registerable Interests:

- a) any unpaid directorships
  - b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
  - c) any body
    - (i) exercising functions of a public nature
    - (ii) directed to charitable purposes or
    - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)
- of which you are a member or in a position of general control or management

### Disclosure of Non- Registerable Interests

Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, or a body included under Other Registerable Interests in Table 2 you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a friend, relative, close associate; or
- c. a financial interest or well-being of a body included under Other Registerable Interests as set out in Table 2 (as set out above and in the Members' code of Conduct)

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter (referred to in the paragraph above) **affects** the financial interest or well-being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

**You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

### Other declarations

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

# Agenda Item 3

## HEALTH AND WELLBEING BOARD

Tuesday 10 October 2023

Present virtually: Councillor Catherine Del Campo (Chair), Huw Thomas (Vice-Chair), Kevin McDaniel, Lin Ferguson, Jonas Thompson-McCormick, Amanda Gregory, Stephen Dunn, Joanna Dixon, Councillor Simon Werner and Councillor Helen Taylor

Also in attendance virtually: Councillor Helen Price

Officers in attendance virtually: Mark Beeley, Claire Lowman and Georgia Careless

### Apologies for Absence

Apologies for absence were received from Councillor Reynolds, Tessa Lindfield and Prince Obike.

Kevin McDaniel and Lin Ferguson would be late joining the meeting due to a clash of meetings, they hoped to join at around 4pm.

### Declarations of Interest

There were no declarations of interest received.

### Minutes

**AGREED UNANIMOUSLY: That the minutes from the meeting held on 11<sup>th</sup> July 2023 were approved as a true and accurate record.**

Mark Beeley, Principal Democratic Services Officer – Overview and Scrutiny, took the Board through the actions from the last meeting.

The action “Alex Szantai to share contact details of the Berkshire coordinator with Stephen Dunn” was unconfirmed, Amanda Gregory said that she would check this with Alex after the meeting. All other actions had been completed.

**ACTION – Amanda Gregory to confirm if the above action from the previous meeting had been completed.**

### Long Covid

Dr Karen Redman, GP Specialist, and Jolene Eddowes, Specialist Occupational Therapist, gave some context on Long Covid to the Board. Long Covid could affect anyone and was defined as the continuous development of new symptoms after an initial Covid infection, which lasted for at least two months with no other plausible explanation. There were a number of symptoms from Long Covid, with over 200 different ones being reported nationally. Fatigue and shortness of breath were the most common symptoms.

Around 1.9 million people were currently living with Long Covid, while 1.5 million were living with adversely affected daily activities. There were 90 specialist adult clinics in England which had been set up to look into Long Covid and its long term affects. The mean age for those

suffering with Long Covid was 48 years, almost 70% were female, with a similar number being of working age. Symptoms could have an impact on employment and this included changing roles, reduced hours or even being on sick leave as a result. The highest number of those affected were people who had worked in the healthcare system or adult social care.

The Long Covid service had been set up to meet the needs of the unique patient group, with multiple pathways to provide a holistic person-centred journey. Data on symptoms and cases were registered in system insights and could be used to identify how many cases of Long Covid had been recorded, but this was reliant on GPs identifying symptoms as Long Covid. The guidelines were currently under review and the NHS were currently awaiting next year's funding. A significant amount of data on Long Covid had been gathered over the past couple of years to inform practise.

Councillor Werner mentioned Myalgic encephalomyelitis, also called chronic fatigue syndrome, and the link which had been found between various viruses. He asked if Long Covid was a form of post viral rehabilitation and whether considering this comparison was useful when using what was already known about ME.

Karen Redman explained that experts felt that they should be kept separate. However, there had been a school of thought that research was still in the early stages so it could not be ruled out. There were around 3,000 studies each quarter but there was no good evidence for Long Covid and what treatments there were that could help it going forward. Chronic fatigue had a negatively about it as it was longstanding. Long Covid patients were recovering over time and being provided with support on how to cope with the symptoms.

Councillor Price commented on the impact on the individual, on society and on the council. It was noted that Long Covid affected approximately 2.5% of national population and this would therefore affect a good number of local residents. Councillor Price felt that there was not much information about Long Covid available, for example telling people what help was in place. The council wanted to improve the local economy but employers are unable to find staff due to issues with Long Covid symptoms. Many individuals had not sought help as they had just dealt with the symptoms, more publicity was needed to ensure that residents knew there was support available.

The Chair suggested that the communications around Long Covid could be reviewed, this would need to be clear on the support available particularly after the government funding for the service finished.

Huw Thomas, Place based Clinical Lead for Royal Borough of Windsor and Maidenhead, said that the symptoms reported from Long Covid were non-specific. He noted that those in the healthcare profession and other public sector workers were overrepresented in the figures, he questioned whether this was because they were on the 'Covid frontline' at the height of the pandemic. Huw Thomas asked if the data had been gathered pre-vaccine and whether there had been less cases of Long Covid reported since the vaccine programme had been rolled out across the country. Huw Thomas considered the outcomes after clinics discharged patients and whether a discharge was made once there were no symptoms or whether patients were taught to live with symptoms.

Karen Redman responded by saying that the Long Covid recovery website had a lot of information about Long Covid. It was hard to know whether the vaccine had made a difference to the number of cases of Long Covid, as referrals were still being received. The advice was to get vaccinated to prevent Covid and the symptoms of Long Covid.

Huw Thomas added that the public should be encouraged to get both their flu and Covid booster vaccines as winter approached.



Karen Redman reported that there had been some cases where patients felt their symptoms of Long Covid had got worse after vaccination but it should be noted that there was no evidence to support this.

Councillor Taylor mentioned that there was a higher percentage of Long Covid patients that were overweight and living in deprivation, she asked that when they had been discharged were they being signposted to other sources of information or help.

It was confirmed that signposting was provided if this was something that the patient was interested in.

The Chair said that some of the symptoms could be caused by other things, for example the menopause. She asked if clinics were screening to check for other causes of symptoms.

Karen Redman confirmed that screening was done to try and confirm what was causing the symptoms and whether a Long Covid diagnosis could be made.

The Chair believed that there was a good service being offered and it would be a shame to see that stopped. On behalf of the Board, she requested that this service continued to be funded. The Chair suggested that resources on Long Covid could be collated and communicated out to residents effectively.

**ACTION – Karen Redman and Jolene Eddowes to collate Long Covid resources and support and submit this to the RBWM Communications team to be shared out to residents.**

### Healthwatch Annual Report

Joanna Dixon, Healthwatch East Berkshire Manager, presented to the Board the Healthwatch Annual Report for 2022/23. Almost 4,000 people had shared their experiences with Healthwatch, which helped to raise awareness of the issues in healthcare. The report highlighted:

- Work done with primary care commissioners to develop information for residents regarding access to local minor injury and walk in services.
- Audited GP websites and called telephone lines in all practices, following this a website template was produced which was offered to all surgeries.
- Report shared with Frimley ICS about patients waiting for hospital treatment.
- Called for an urgent response to hospital waiting lists and better communication, the NHS set out a recovery plan in response to address the backlog.
- Engaged with South Asian unpaid carers about their experience of accessing services, RBWM employed a carers social care practitioner to offer support.
- Healthwatch England continued to lobby for change at a national level.
- The engagement officer spoke with people with various health inequalities including adults with learning disabilities, homeless people, various community support groups, the elderly and children.

Four top priorities had been identified for 2023/24, on primary care, exploring concerns around urgent treatment, the home first project, and the enter and view programme.

The Chair felt that Healthwatch had done a lot of good work and had helped ensure that the community had access to local healthcare. She asked if Healthwatch was a lobbying organisation or was more designed to gather information.

Joanna Dixon explained that lobbying took place more at national level, Healthwatch East Berkshire had a role to flag issues in the local area.

The Chair noted when reading the full annual report, there was a patient who had been off rolled by their GP surgery. The advice that had been given by Healthwatch to the individual was signposting towards how to register with a GP. The Chair considered whether Healthwatch could offer further support and go beyond signposting to information.

Joanna Dixon said that Healthwatch would normally contact the GP practice to understand the context but additional support could be given.

The Chair said that too many people were going straight to A&E for help but it was a struggle to get GP appointments. She wondered whether Healthwatch could campaign on these kind of issues. This could be discussed as part of a future item, considering how to keep people away from A&E and so that usage was only when needed.

Joanna Dixon responded by saying that same day services were a different model of delivering healthcare, Healthwatch would need to receive feedback from local people who had issues with the current service for this to be investigated.

Councillor Werner raised the issue that residents were not contacting Healthwatch because their response could often be dismissive and were passing on information rather than taking action. Councillor Werner suggested that Healthwatch could review how it responded to resident healthcare issues in future to try and gain better outcomes.

Stephen Dunn, Director of System Delivery & Flow and Royal Borough of Windsor and Maidenhead at NHS Frimley, added that NHS Frimley had been listening to local residents by ensuring that access to primary care and A&E was in place in a challenging financial environment.

### NHS Frimley Update

Stephen Dunn said that work had been done by NHS Frimley on the urgent and emergency care service plan, against high financial pressures. Demand had continued to increase, particularly with recent disruption from strike action and financial challenges. There had been an additional 50 patients per day at Frimley Park compared to this time last year. The strategy was moving forward and considering winter priorities.

The urgent emergency care transformation plan had been developed in spring, at the start of the financial year. A letter from NHS England set out the requirements for this forthcoming winter and what was needed to prepare. The letter contained lots of guidance and responsibilities and was publicly available. There were four main areas of focus:

- Continue to deliver UEC recovery plan by ensuring high impact intervention were in place.
- Completing operational and surge planning to prepare for winter scenarios.
- ICBs should ensure effective system working across all parts of the system.
- Supporting our workforce to deliver over winter.

Stephen Dunn outlined in detail some of the targets of NHS Frimley with regards to the Intermediate Care Response, primary care, community services, children and young people, and communications and engagement.

Kevin McDaniel, Executive Director of Adult Services and Health at RBWM, and Lin Ferguson, Executive Director of Children's Services and Education at RBWM, joined the meeting.

Stephen Dunn updated the Board on the Sunningdale Health Hub. NHS Frimley continued to be committed to the project and the building was planned to meet both current and future

needs. There had been one technicality which had been worked through with the landowners and full planning permission had been received in September, NHS Frimley had three years to build the health hub. Commercial negotiations were ongoing and the team were waiting for funding to be unlocked. The Sunningdale Health Hub was planned to be open in either 2025 or 2026.

Councillor Werner commented that it was good news that the project was still going ahead. He asked if there were any barriers or hold ups from the council, and if so what he could do to remove them.

Stephen Dunn confirmed that there were no barriers from the local authority which he was aware of, he said that there had been great support from colleagues at RBWM. The team were doing everything they could to keep moving the project forward.

Stephen Dunn moved on to discussing walk in services across the borough. NHS Frimley was working through winter plans and looking at models to target inequalities and the anticipated high usage of A&E. St Marks was important to the local community, the urgent primary care service had capacity for minor injury and minor illness appointments. NHS Frimley would be continuously evaluating the impact on the service and that it met the needs of local people. The team had done a leaflet drop earlier in the year to show how primary care was changing. The new service offered longer opening times than before and a wide range of staff were available. There were around 600 appointments available each week, this was double what the walk in model had. Usage of the walk in model was only around 50%. St Marks was at 85% capacity for minor illness service and minor injuries was at 97% usage. The appointment system meant that people were treated quickly. An improved telephony system had been installed at all Maidenhead practices which had improved patient access.

Huw Thomas added that St Marks access needed to be taken in context across the whole system. Same day appointments were the highest level in the region and there was therefore huge demand on primary and secondary care.

The Chair asked what the typical waiting time was after a resident had contacted St Marks by phone.

Stephen Dunn said that the phone wait time was around three or four minutes. Approximately 60% of residents gained an appointment on the same day that they called and this was reflected across Frimley. Stephen Dunn explained that access and transformations had improved primary care which many people did not realise.

Councillor Taylor asked if the GP hub at St Marks would be continuing to provide 'out of hours' appointments.

Huw Thomas confirmed that the GP hub had never been closed and was continuing on the same hours as it was before.

Councillor Taylor said that she had recently been using her GP more often and felt that communication had improved and making changes to appointments was now very easy. She expressed concern that the walk in unit was not being implemented at St Marks. Councillor Taylor said that if she had a medical issue, she phoned 111 first and if she needed to be seen in person it was usually either Wexham Park or Reading. Many residents were not aware of the 111 system or other ways to get help. Councillor Taylor asked if this would be changed and if there were any financial or staffing limitations.

Stephen Dunn responded by saying that the appointment model had doubled capacity and improved utilisation. The walk in facility had not been used to its full capacity which is why the model of delivery had been changed. Clear communication about the changes at St Marks had been given to residents.

**ACTION – Stephen Dunn to explore how communication on the model of delivery at St Marks could be further implemented and whether there were any opportunities to do this through RBWM channels.**

Councillor Werner felt that the new system was positive and had been pleased to see issues around telephony had improved. He said that the walk in model was still an important method of delivery as NHS Frimley had been introducing them in other areas, for example Slough. Councillor Werner therefore asked why it was believed this system was not right for Maidenhead.

Stephen Dunn said that the team were working through options for this winter and they would communicate on the models of delivery as soon as they had been confirmed. The Slough population were heavy users of Wexham Park Hospital and the walk in services would make a big difference to the local population.

Councillor Werner suggested that he would discuss this point further with Stephen Dunn outside of the meeting. He commented that Maidenhead had serious pockets of deprivation but the NHS did not target these areas with the same level of resource as it did with Slough.

Joanna Dixon noted that a couple of communication campaigns had been mentioned, around primary care delivery and the transformation of primary care. She asked if they would come out from Frimley ICB or if they were still in development.

Stephen Dunn confirmed that these campaigns were still in development but would be shared extensively once they were ready.

### Better Care Fund

Prince Obike had submitted his apologies for being unable to attend the meeting, this agenda item was therefore deferred to the next meeting.

### Update on work with the LGA

Georgia Careless, Public Health Programme Officer, said that a 'Prevention Matters' workshop had been delivered on 25<sup>th</sup> September in partnership with the LGA. Around 10 Councillors had taken part, including a number on the Health and Wellbeing Board, and the workshop had considered the local context, why prevention mattered and the role of Councillors in prevention in their local communities. The training offer also supported the next round of the RBWM innovation funding.

Claire Lowman, Service Lead – Public Health, updated the Board on the LGA support offer. A desktop exercise had been completed in early October to inform the strategic direction and priorities of the Board going forward, this had been completed by an LGA peer associate. Over the coming couple of months, 1 to 1 conversations would take place with Board members and ICS colleagues and a three hour workshop was planned for January 2024.

The Chair had attended the Prevention Matters workshop and felt that it had been a really productive session. Health and wellbeing was an issue which every Councillor should take an interest in. She suggested that an update on the work with the LGA could be delivered at the April meeting as a lot of work on this would be taking place throughout January.

**ACTION – Update on the support offered to the Board by the LGA to be given at the April 2024 meeting of the Health and Wellbeing Board.**

## Housing Update

Amanda Gregory, Assistant Director of Housing, Environmental Health and Trading Standards, updated the Board with the latest data from the Housing team. There were currently 424 homelessness cases, 627 cases on housing register waiting for social housing offer and 230 in temporary accommodation. Social housing was in short supply and there was no average waiting time but waits were quite lengthy. Considering temporary accommodation, there was a shortage in the borough. Demand was high and the council did not have its own housing stock. There were a large number of cases to deal with and pressures across the team. On Asylum hotels, decisions on asylum cases were coming through but not all of these would be provided housing by the council.

## Children and Young People Suicide Protocol

Sue Foley, Consultant in Public Health - Children, Young People and Families and Suicide Prevention, said that RBWM was similar to national and south east suicide rates although in 2022 there had been a slight spike. A deep dive analysis by the team had been undertaken but no themes were discovered which explained the spike. Children and young people were a vulnerable group, the Pan Berkshire Prevention Group and East Berkshire Suicide Prevention Group regularly met to discuss actions and what could be done to prevent suicides in young people. The Pan Berkshire Strategy had been halted and reviewed but it was now ready to be implemented. This strategy and the new National Strategy would be incorporated into East Berkshire and RBWM action plans which were currently being developed. A position statement would be presented at the next Health and Wellbeing Board. A postvention protocol was the organised response in the aftermath for a suicide to mitigate the negative effects to those that had exposure of the suicide. An RBWM Schools and Colleges Postvention Protocol was being developed. A task and finish group had been held with a number of different agencies, to make sure that the protocol worked for all. The protocol followed a number of key steps.

The Chair asked if the team worked in partnership with No22, who were a youth counselling service.

Sue Foley confirmed that the team did some work with No22, they worked with a number of partners in the voluntary sector so that as much support could be given to young people as possible.

The Chair asked what the timescale was planned to be for the protocol to be published and adopted.

She was informed that the protocol would be likely be completed in the next couple of months along with the action plan.

The Chair suggested that the protocol and accompanying action plan could be considered by the Board at the next meeting in January.

**ACTION – The Health and Wellbeing Board to consider the children and young people suicide protocol action plan in January.**

Future Meeting Dates

The dates for 2024 were confirmed to be:

- Thursday 25<sup>th</sup> January 2024
- Tuesday 23<sup>rd</sup> April 2024
- Tuesday 16<sup>th</sup> July 2024
- Tuesday 8<sup>th</sup> October 2024

The meeting, which began at 3.00 pm, finished at 5.15 pm

Chair.....

Date.....