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HEALTH AND WELLBEING BOARD  
MINUTES OF THE MEETING HELD ON 2 MARCH 2022

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Present: Councillor White, Rob Kurn, Debbie Chase, and Dr Sarah Young

Apologies: Councillors Streets

18. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

The apologies of Councillor Streets were noted.

19. **STATEMENT FROM THE CHAIR**

The Chair noted that in light of the current Covid Omicron variant surge the meeting would be held as a hybrid meeting. To be lawfully constituted it would still be held in the Civic Centre and open to the public but only core members of the Board along with key supporting officers would be in the room in order to keep everyone as safe as possible. Other officers, elected members and the public had been encouraged to join the meeting via Microsoft Teams and contribute that way.

The Board noted that the Board members: Councillor P Baillie; Councillor Fielker; Guy Van Dichele, Executive Director for Wellbeing for Adults and Health; and Robert Henderson, Executive Director for Wellbeing for Children and Learning had joined the meeting via Microsoft Teams and with the consent of the chair contributed to the meeting.

20. **HEALTH AND WELLBEING BOARD MEMBERSHIP AND WORKING PRINCIPLES**

The Board considered the report of the Cabinet Member for Health and Adult Social Care proposing updates to membership and new working principles for the Health and Wellbeing Board.

Mirembe Woodrow, Public Health Senior Practitioner, was present and with the consent of the chair addressed the meeting.

The Board noted that increased involvement of the voluntary, community and social enterprise groups would be valuable and that as partnership forum representatives of these groups should be invited to contribute to the Board through a process that would also be relevant to their service delivery and resources.

**RESOLVED:**

- (i) That recommendations would be submitted to Council which proposed that the terms of reference and membership of the board be amended as outlined in paragraphs 9 and 10
- (ii) That the working practices set out in the report would be adopted by the Board to enhance effectiveness, efficiency and influence across the local health and wellbeing landscape.

- (iii) That representatives of relevant voluntary, community and social enterprise groups would be invited to participate in thematic discussions at Board meetings
- (iv) That the membership of the board would be reviewed after 12 months.

21. **PHARMACEUTICAL NEEDS ASSESSMENT DRAFT REPORT**

The Board considered the report of the Cabinet Member for Health and Adult Social Care which requested that the Board approved the Pharmaceutical Needs Assessment (PNA) Draft Report to be distributed for consultation.

Becky Wilkinson, Public Health Consultant was present and with the consent of the Chair addressed the meeting.

The Board noted that in addition to the needs highlighted by the assessment, there were some areas of the city where residents had reported difficulties accessing pharmaceutical services by public transport or outside of normal hours and that digital pharmacies had also impacted on how residents access pharmaceutical services.

**RESOLVED:**

- (i) that the PNA Draft Report for consultation be approved
- (ii) that representation would be made to NHS England which highlighted that Southampton had identified that public transport access and the impact of digital pharmacies should also be taken into consideration in the PNA.

22. **PROPOSAL TO ADOPT A NEW PHYSICAL ACTIVITY STRATEGY FOR SOUTHAMPTON**

The Board considered the report of the Cabinet Member for Health and Adult Social Care which outlined a proposal to adopt the HIOW 'We Can Be Active' Strategy as the new Physical Activity Strategy for Southampton.

Becky Wilkinson, Public Health Consultant was present and with the consent of the Chair addressed the meeting.

The Board noted that:

- The new strategy would provide strong links with other key strategy's such as the Green City and Child Friendly City strategies.
- The new strategy should take into account those provisions in the previous strategy that had been effective.
- The new strategy should provide a clear understanding of what is considered 'activity' and should make sure that provision would be accessible by residents in their locality.

**RESOLVED:**

- (i) That the 'We Can Be Active' strategy would be adopted as the new physical activity strategy for Southampton.
- (ii) That a local Southampton Action Plan would be co-produced by the internal Southampton City Council Physical Steering Group and the external Southampton Physical Activity Alliance

- (iii) That analysis would be carried out on the effectiveness of the previous Physical Activity Strategy

23. **THE LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT**

The Board considered the report of the Cabinet Member for Health and Adult Social Care which detailed the actions taken for Southampton City Council (SCC) to sign-up to the Local Authority Declaration on Healthy Weight.

Ravita Taheem, Senior Public Health Practitioner, was present and with the consent of the Chair, addressed the meeting.

The Board noted that the declaration provided the opportunity to celebrate what had already been achieved and to focus on what needed to be improved

**RESOLVED:**

- (i) That the SCC Healthy Weight Declaration action plan be approved.
- (ii) That the Board recommended that the Council signed the Local Authority Declaration on Healthy Weight and embedded the Healthy Weight Declaration as a key strategic priority across the whole council.

24. **CHILDREN AND YOUNG PEOPLE STRATEGY**

The Board received and noted the report of the Executive Director for Children and Learning which outlined the key developments undertaken over the last two years to improve outcomes for Children and Young People in Southampton and priorities for improving outcomes moving forward.

Donna Chapman, Associate Director, Integrated Commissioning Unit, was present and with the consent of the Chair addressed the meeting.

The Board noted that the strategy would be launched in April and included four key areas where a collaborative approach was required for key outcomes to be achieved.