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NOTICE OF MEETING

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HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 8TH DECEMBER, 2020

at

3.00 pm

by

ONLINE ACCESS, [RBWM YOUTUBE](#)

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

HUW THOMAS (NHS) (VICE-CHAIRMAN), COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR PLANNING, ENVIRONMENTAL SERVICES AND MAIDENHEAD), COUNCILLOR STUART CARROLL (DEPUTY CHAIRMAN OF CABINET, ADULT SOCIAL CARE, CHILDREN'S SERVICES, HEALTH AND MENTAL HEALTH) (CHAIRMAN), TESSA LINDFIELD (STANDING DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), HILARY HALL (DEPUTY DIRECTOR STRATEGY AND COMMISSIONING) (STRATEGY AND COMMISSIONING (RBWM)), KEVIN MCDANIEL (DIRECTOR OF CHILDREN'S SERVICES) (CHILDRENS SERVICES (RBWM)), MARK SANDERS (HEALTHWATCH WAM GET INVOLVED), COUNCILLOR DONNA STIMSON (LEAD MEMBER - CLIMATE CHANGE, SUSTAINABILITY, PARKS AND COUNTRYSIDE), TRACY HENDREN (HEAD OF HOUSING & ENVIRONMENTAL HEALTH SERVICE), CAROLINE FARRAR (EXECUTIVE MANAGING DIRECTOR FOR RBWM, CCG) AND JANE HOGG (FRIMLEY INTEGRATED CARE SYSTEM)

Karen Shepherd
Head of Governance
Issued: 30th November 2020

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Mark Beeley** 01628 796345 / mark.beeley@rbwm.gov.uk

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence.	Chairman		-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	Chairman		5 - 6
3.	<u>MINUTES</u> To confirm the minutes of the meeting held on 13 th October 2020.	Chairman		7 - 14
4.	<u>WINTER RESPONSE TO COVID</u> To hear an update on the winter response to Covid.	Hilary Hall		Verbal Report
5.	<u>FUTURE MEETING DATES</u> <ul style="list-style-type: none">• Tuesday 19th January 2021, at 3pm• April 2021• July 2021• October 2021	Chairman		-

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MEMBERS' GUIDE TO DECLARING INTERESTS IN 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 DPI or Prejudicial 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.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (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 made in respect of any expenses occurred in carrying out member duties or 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 relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, 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.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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HEALTH AND WELLBEING BOARD
VIRTUAL MEETING - ONLINE ACCESS AT 3.00 PM

13 October 2020

PRESENT: Huw Thomas (Vice-Chairman), Councillor David Coppinger, Councillor Stuart Carroll (Chairman), Tessa Lindfield, Hilary Hall, Councillor Donna Stimson, Tracy Hendren, Caroline Farrar, Jane Hogg and Anna Richards

Also in attendance: Councillors Simon Bond, Carole Da Costa, Gerry Clark, Maureen Hunt, Samantha Rayner and Gurch Singh

Officers: Mark Beeley, Fatima Rehman and Duncan Sharkey

PART I

218/15 **APOLOGIES FOR ABSENCE**

Apologies were received from Kevin McDaniel.

219/15 **DECLARATIONS OF INTEREST**

The Chairman declared a personal interest as he worked for a pharmaceutical company, Sanofi Pasteur. Councillor Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pasteur's business he would abstain from the discussion and leave the room as required. The Chairman also declared another personal interest as he was currently working as a policy advisor on the governments vaccine task force.

220/15 **MINUTES**

RESOLVED UNANIMOUSLY; That the Part I minutes from the meeting held on 21st July 2020 were agreed as a true and accurate record.

221/15 **FEEDBACK FROM LOCAL OUTBREAK ENGAGEMENT BOARD**

Hilary Hall, Director of Adults, Health and Commissioning, gave the Board an update. She explained that the Local Outbreak Engagement Board was leading the communications and collaboration if there was a local outbreak with businesses, stakeholders and residents across the borough. The board reported on its progress to the Health and Wellbeing Board at each meeting going forward. The membership consisted of:

- Three elected members (one from each group)
- Director of Adults, Health and Commissioning
- Head of Housing and Environmental Health
- Consultant in Public Health
- Communications and Marketing Manager

Standing invites were given to other senior members of the council, like the Managing Director. The board was originally designed to meet monthly, with an escalation in the

number of meetings if required. Due to the current situation, the board was now meeting weekly.

An active communications campaign had been developed which included:

- The Council website being updated with the latest information and guidance; Berkshire wide public health website launched with data/lookup facility.
- Use of key influencers as “interlocutors” to disseminate messages
- Use of social media – key messages.
- Working with services, businesses and organisations to make sure that information was clear and accurate.
- Information was available in accessible formats and languages other than English.

Engagement with residents involved two key areas; identifying and engaging with people and groups that were deemed to be ‘high risk’, and defining the role of councillors and other important community figures to utilise messages through their channels.

RBWM was currently in the bottom tier, but the current position was worrying as cases had been continuing to rise and the borough was in danger of being moved into ‘Tier 2’ which was regarded as ‘High Risk’. This would mean more restrictions on residents and businesses designed to curb the spread of the virus. Targeted actions were being taken now, particularly around households mixing indoors, along with more police enforcement to help stop the spread of the virus.

The Chairman commented that this board had been very successfully set up and that meetings were becoming more regular. Household mixing was an important area of transmission that needed to be targeted and going forward the Board would be working closely with the Police and Crime Commissioner to ensure that the police were able to deal with non-compliance.

Councillor Stimson asked if there was a breakdown of the data at ward level as this could help to identify any ‘problem wards’ that needed extra targeting and resources.

The Chairman said that there was data available that was by ward which was useful for seeing any hot spots. He had asked that all ward councillors ensure that messages were being delivered to their wards and that they were also reaching out to leaders across the community. Anna Richards, Consultant in Public Health, said that the ward data was useful for examining cases that were unlinked and could not initially be traced. The Communications team at RBWM could do targeted engagement with specific wards if needed.

Councillor Coppinger said that two people in his immediate family had recently contracted the virus and it was important that action was taken now to stop the spread. The Chairman said that the danger really hit home when it was your family that was involved, it was important to get the message across and Public Health protocols would go a long way to managing the spread of Covid.

Councillor C Da Costa explained that she had started a Covid response hub at the start of the pandemic. She asked a number of questions:

- How effective had test and trace been in the local area?
- She had not seen any enforcement taking place and wondering if police were taking action against non-compliance?
- Was there any correlation between inequality/deprivation and testing positive?
- What was the local R rate?
- What was the council advising for those residents that were on the shielding list?

The Chairman said that better enforcement was something that he wanted to see and said that he would be meeting with the Police and Crime Commissioner. The Managing Director was also due to meet with the Chief Constable, so conversations were taking place between RBWM and Thames Valley Police.

Anna Richards explained that 68% of cases and 71% of contacts were successfully completed. Slough had already got their own local test and trace programme and it was hoped that RBWM would be able to do something similar so that people could be contacted quicker.

Tessa Lindfield, Strategic Director of Public Health for Berkshire, said that they were keeping a close eye on the uptake in testing. More cases had been recorded in affluent areas which could have been an impact from families returning from holidays abroad. Deprivation and old age increased the chance of transmission. There was nothing new confirmed around shielding, but some work was going on currently which would look at the options with guidance from the government expected soon. The local R rate was not known but information like the average number of contacts each case had was and this was regarded as being more useful.

Hilary Hall said that RBWM was still calling those on the shielding list and that if arrangements needed to be escalated again then they could be done so.

Councillor Bond asked if Councillors had been contacted if test and trace was unable to get hold of potential contacts. He asked if officers were looking ahead to December and the pressure that this would bring on the health service.

The Chairman believed that would be a challenge to feed into the test and trace system, with Councillors being able to raise any specific issues with the Public Health Team. It was very difficult to plan for the festive period and national government guidance would need to be considered. The Chairman said that it would be good for people not to plan significant travel over the period but it was difficult parameters to plan on.

Anna Richards said that once the local contact tracing was up and running it would hopefully give RBWM better localised information. She agreed with the Chairman's comments and said that immediate thinking was for October half term and ensuring that appropriate messages were sent out.

222/15 WINTER PLANNING PAPER

Caroline Farrar, Executive Place Managing Director, said that there had been greater than normal pressures on the healthcare system. The flu campaign had been extended and the community response would be stepped up. The intermediate care response would include:

- Patients being able to be discharged for care assessments in the community coming out of hospital
- Nursing and social care services reaching into residents in hospital to secure a supported discharge
- End of Life advice line with support available to care homes and families
- Access to social prescribing support for signposting to available community based voluntary sector and commissioned service

Key considerations for primary care included:

- Primary care provision during Winter 2020/21 – enhanced capacity
- Flexible arrangements for Hot and Cold Sites at Place for all pressures resulting from Winter and future wave CV19
- Operating days and hours – including any Winter arrangements and extended hours appointments
- Triage and booking arrangements embedded
- Capacity planning – including staff absence, CV19 testing and surge in demand for children
- Arrangements for blood tests and clinical investigations

- Patient “visiting” arrangements – in core hours
- Workforce capacity – annual leave backlog and readiness for the workforce pressures

The Primary Care Winter Plan consisted of three tiers of demand along with hot and cold services. In the low demand, home visiting services could take place along with additional mobile capacity for general practises. During high demand, this could be increased with an additional second site created for face to face appointments.

The primary care response was to:

- Maintain safe service offers securing additional capacity; separating hot from cold to protect staff and patients
- Enhanced models to deliver the additional capacity for the flu campaign
- Ensure flexible models for services to respond to demand including impact of COVID-19 in unprecedented times
- Access to general practice services continued to be available evenings and weekends
- Deliver enhanced clinical support to Care Homes through Primary Care Networks
- Support staff and patients to positively engage with the changes require to deliver safe care; Total Triage

The RBWM Community Deal that had been created being based on access, information, digital first and protecting key workers. The resident side of the deal was to look after yourselves, know your neighbours, stay connected and know where to go to get support.

The Chairman asked how mental health support services were preparing for any increase in demand over the winter period. Caroline Farrar said that this was something that could be covered in the mental health agenda item later in the meeting.

Councillor Stimson asked where RBWM was in terms of its backlog for screening cancer patients. Caroline Farrar said that the borough had done well as there was not a massive backlog. Councillor Stimson commented that she had friends who were GPs and they felt very well supported.

The Chairman invited Huw Thomas to make any comments on the situation of the primary care network from his perspective. Huw Thomas said that the focus was originally on the initial response and was now moving towards the recovery phase. They were trying to prepare for the next phase along with the dealing with the backlog and chronic disease management. There was an excellent primary care network in place to cope with this.

223/15 SOCIAL CARE WINTER PLAN

RESOLVED UNANIMOUSLY; That the order of agenda items be changed, so that this item was considered after the Winter Planning Paper, then followed by the Annual Public Health Report.

Hilary Hall explained that this year, for the first time, there was a requirement for all councils to confirm to the Department for Health and Social Care that it had a winter plan in place. There were four key themes to the plan:

- Preventing and controlling the spread of Covid in care settings
- Collaboration across health and care
- Supporting the workforce and carers
- Supporting the system

Hilary Hall explained that they were working closely with the Care Quality Commission and were currently in a strong place in putting the plan together. Once it had been finalised, the plan would be sent out to all Health and Wellbeing Board members before it is submitted.

Nadia Barakat joined the meeting.

The Chairman asked about capacity resilient planning and if contingencies were in place should a number of staff fall ill. Hilary Hall explained that there was a workforce bureau run through the Integrated Care System which would be used in a similar way to the first wave in the spring. There were strong contingencies in place and Hilary Hall was confident that they were well placed to deal with any issues.

224/15 ANNUAL PUBLIC HEALTH REPORT

Tessa Lindfield explained that it was a statutory duty to create the annual report and for the local authority to publish the report on their website. It was an opportunity to put topics on the table to start a conversation. A key focus of the report was how to plan for recovery, with Covid being a long term challenge.

Considering the impact of Covid was deeper than just the first initial wave. There were other impacts that the virus had, for example the impact of care for chronic conditions, economic hardships and mental health issues. Covid had an impact across the life course of everyone and general health in the long term.

Looking at the impact on employment, women and young people were more likely to be furloughed. The sectors of employment that were shut down over lockdown were most likely to affect the poorest in society.

Mental health inequalities were likely to widen with employers being a key group that can help. Environmentally cycling increased by over 200% over lockdown and into recovery as the government encouraged greener alternatives and discouraged the use of public transport. This was something that could be built on going forward.

There was a correlation between deprivation and electoral turnout/engagement with different constituencies in Berkshire largely following this trend.

By reshaping society, a number of things would change and needed to be considered:

- School closures and the impact that this would have on disadvantaged or vulnerable children
- Reduced road traffic and the benefits this brings environmentally
- Community cohesion with people and groups helping those that needed it
- Working from home, the change of lifestyle and the benefits/drawbacks that this has
- Changes to alcohol and food consumption

To measure progress, comparative measures were needed between groups, for example age or ethnicity. The comparison and social benefits were things that could be measured.

Duncan Sharkey and Jane Hogg left the meeting.

Anna Richards asked if there was any reflection on where future discussions should take place. Tessa Lindfield said that there was a Pan Berkshire recovery group where there was an opportunity to use partnerships. Recent NHS work on inequalities had been good and it was important to show that work was being done for the population and not organisations.

225/15 FLU PLAN UPDATE

Anna Richards gave the Board an update on the Flu Plan. The National Flu Plan aimed to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination was commissioned by NHS England for groups at increased risk of severe

disease or death should they contract flu.

Key aims of the 2019/20 immunisation programme was to:

- Actively offer flu vaccine to 100% of people in eligible groups
- Immunise 75% of eligible children, with a 75% uptake in each school
- Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and offer the flu vaccine to 100% of health and social care workers

The National Flu Plan stated the local authorities had responsibility for:

- Providing appropriate advocacy with key stakeholders and challenging local arrangements to ensure and improve access to flu vaccinations
- Providing leadership, together with local resilience partners, to respond to local incidents and outbreaks of flu

In England the rate of GP consultations for flu like activity during 2019-20 was similar to that of the previous season with the peak of activity occurring slightly earlier in the season with overall rates considered to be low. There were 6 outbreaks of influenza-like illness reported in Berkshire between 1st of September 2019 and 30th of April 2020.

This flu season would be different to others because:

- Co-infection with COVID-19 would lead to more severe disease and the impact on the health system of a con-current second wave of COVID-19 and heavy flu season could be extremely challenging
- The primary changes included expansion of eligibility criteria, delivery of the vaccination programme and ambition to significantly increase uptake
- The reasons for expanding the eligibility criteria were to protect vulnerable people, reduce pressure on NHS services and aid accurate contact tracing and COVID-19 surveillance

Expansion of the eligibility criteria had been expanded, to include:

- Year 7 children in secondary schools (aged 11 on 31st August 2020)
- Household contacts of those on the shielded list
- Health and social care workers employed through direct payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
- Adults aged between 50-64 years

The Chairman said that having two diseases was dangerous and that the vaccination was very important and had been well received by residents so far.

Councillor Rayner joined the meeting and Councillor Hunt left the meeting.

Councillor Coppinger said that in previous years getting the vaccination had been chaotic in his experience, but this year it had been very smooth and easy. He asked if every practise in Maidenhead was using the new drive through method.

Huw Thomas said that the drive through method allowed a greater number of people to be vaccinated, with demand for service increasing. The majority of practises in Maidenhead were offering it, with a site available at the Magenet Leisure Centre and also at the Racecourse in Windsor.

Councillor C Da Costa said that she had not received a great service when getting the vaccination. She had not realised that there was site available at the Racecourse in Windsor and said that it was important to encourage as many people as possible to go.

Huw Thomas said that he would follow up Councillor C Da Costa's concerns offline.

Councillor Rayner said that she was impressed with the innovation and asked how best

Members could promote this. The Chairman said that there was a significant support campaign from the RBWM Communications Team. Anna Richards said that if Members could link in with the work that the Communications Team were doing that would be appreciated.

The Chairman commented that he had heard rumours about the flu jab and confirmed that it was impossible to get flu from having the jab.

226/15 TACKLING MENTAL HEALTH ACROSS RBWM

Nadia Barakat, NHS, gave the Board an update on tackling mental health across the borough. Mental health formed a key part of the NHS Long Term Plan, which was about making sure that there was enough service provision and that the NHS was more connected and coordinated in its approach. There was a focus on all types of mental health across all age groups and there was a commitment to increase baseline funding for mental health services.

Covid-19 had a number of impacts on the service. Initially, there had been a drop in demand but this was now starting to rise to pre-Covid levels again, with the team seeing a 28% rise in contacts. Safeguarding referrals had increased due to a rise in domestic violence and patients with autism had increased in number for impatient services. The requirement for PPE and cleaning had impacted on face to face capacity and delivery of services, with an increasing reliance on virtual appointments. This could be digital or telephone, with other methods like instant messaging and webinars also being utilised. Proactive support was available for health and care staff.

The plan had a focus on children and young people, particularly as they started to return to school, for example a coping guide had been created. The digital offer had also been extended using programmes like Microsoft Teams, One Consultation and Attend Anywhere. Targeted work had taken place to stop health inequalities, with BAME groups being worked with.

Nadia Barakat updated Board members on the Long Term Plan Deliverables and what progress had been made on each individual target. She said that the rise in demand was starting to be felt and models had predicted that there could be a 30% increase in demand. However, the biggest challenge would be predicting when this surge in demand would commence.

Councillor C Da Costa commented that Talking Therapies was a really good service. She asked if the service was still able to perform its functions well over the telephone and using online video services. Nadia Barakat said that it was performing well and that she had heard nothing to the contrary, wait times were currently low so if the service could be promoted that would be appreciated.

Anna Richards, Councillor Stimson and Tessa Lindfield left the meeting.

227/15 BETTER CARE FUND UPDATE

Hilary Hall explained that this was a standing item for the Health and Wellbeing Board as it had oversight for the Better Care Fund. The BCF was a joint budget between the CCG and the local authority of around £13.7 million which would be used to fund projects around the integration of better health and social care. The Better Care Fund Plan for 2019/20 was approved, with the planning guidance for 2020/21 not yet published. The Integration Manager post had been successfully recruited and the new post-holder would be starting in the new year.

The BCF had four key metrics, which Hilary Hall provided a brief update on:

- Non-elective admissions – the authority was significantly below target on admissions, with around 1,000 admissions in Q2.
- Delayed transfers of care – suspended at the start of the pandemic and has not yet been reinstated.
- Effectiveness of reablement – target was 87.5% and current performance was at 86%.
- Admissions to residential care homes – target of 185 and Hilary Hall said that she was confident the authority was on target with this.

228/15 FUTURE MEETING DATES

Members noted the dates of future meetings.

The Chairman said that an additional meeting could be scheduled in December if it was needed, so that the Board was kept up to date with the work of the Local Outbreak Engagement Board.

229/15 LOCAL GOVERNMENT ACT 1972 - EXCLUSION OF THE PUBLIC

RESOLVED UNANIMOUSLY; That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1-7 of part I of Schedule 12A of the Act.

The meeting, which began at 3.00 pm, ended at 5.25 pm

CHAIRMAN.....

DATE.....