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NOTICE OF MEETING

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HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 19TH JANUARY, 2021

at

3.00 pm

by

VIRTUAL MEETING - ONLINE ACCESS ON [RBWM YOUTUBE](#)

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR STUART CARROLL (DEPUTY CHAIRMAN OF CABINET, ADULT SOCIAL CARE, CHILDREN'S SERVICES, HEALTH AND MENTAL HEALTH) (CHAIRMAN), HUW THOMAS (NHS) (VICE-CHAIRMAN), COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR PLANNING, ENVIRONMENTAL SERVICES AND MAIDENHEAD), COUNCILLOR DONNA STIMSON (LEAD MEMBER - CLIMATE CHANGE, SUSTAINABILITY, PARKS AND COUNTRYSIDE), 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), 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: 11th January 2021

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		7 - 8
3.	<u>MINUTES</u> To confirm the minutes of the meeting held on 8 th December 2020.	Chairman		9 - 14
4.	<u>UPDATE ON HOMELESSNESS AND ROUGH SLEEPERS</u> To receive an update on homelessness in RBWM.	Tracy Hendren		Verbal Report
5.	<u>CITIZENS ADVICE BUREAU</u> To hear an update from CAB on their experiences of Covid-19 demand and how residents are being supported.	Bill Feeney		Verbal Report
6.	<u>COVID-19 UPDATE</u> To receive an update on the current situation from the Strategic Director of Public Health for Berkshire.	Tessa Lindfield		Verbal Report
7.	<u>UPDATE FROM CARE HOMES AROUND COVID-19 AND WINTER PRESSURES</u> To hear from the Berkshire Care Association.	Fidelma Tinneny		Verbal Report
8.	<u>VACCINE UPDATE</u> To receive an update.	Huw Thomas		Verbal Report
9.	<u>DEVELOPMENT OF THE HEALTH AND WELLBEING STRATEGY</u> To hear about the strategy.	Hilary Hall		Verbal Report
10.	<u>BETTER CARE FUND UPDATE</u>	Lynne Lidster		Verbal

11.	<p>To receive an update on the Better Care Fund.</p> <p><u>FUTURE MEETING DATES</u></p> <ul style="list-style-type: none"> • April 2021 • July 2021 • October 2021 	Chairman	<p>Report</p> <p>-</p>
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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

08 December 2020

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

Also in attendance: Councillors Simon Bond, Carole Da Costa, Shamsul Shelim, Maureen Hunt and Samantha Rayner

Officers: Anna Richards, Shilpa Manek and Mark Beeley

PART I

231/15 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

232/15 **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.

Councillor Baldwin declared a personal interest as he had an association with Food Share Maidenhead.

Councillor C Da Costa declared a personal interest as she was a volunteer and chair of the West Windsor Hub.

233/15 **MINUTES**

RESOLVED UNANIMOUSLY; That the minutes from the meeting held on 13th October 2020 were agreed as a true and accurate record.

234/15 **WINTER RESPONSE TO COVID**

The Chairman explained that he wanted to hold this additional Health and Wellbeing Board meeting to allow discussion on the winter response to the Covid-19 pandemic and also the national flu campaign.

Tessa Lindfield, Director of Public Health, gave some background to the current situation in RBWM. So far, there had been 2,549 cases overall which was 106 cases per 100,000 of the population (for the week of 26 November – 2 December). The second lockdown had come at

the good time for the borough as cases had been rising rapidly, and while there was a data lag cases had started to decrease since the lockdown was introduced. The number of cases for those in the 60+ category had increased by over 76% since the week before, which was largely due to outbreaks in care homes. 13 RBWM residents were currently in hospital, with an average age of 68. Looking at deaths in the borough, a total of 151 residents had died with coronavirus since March. The all-cause mortality rate was around 6% higher than would be expected in a normal year, with the current all-cause mortality rate being in line with what would be expected. Cases across the borough could also be broken down into individual wards, but overall across the whole pandemic figures across the borough were fairly even.

Looking at the current restrictions, RBWM was now in Tier 2 along with the rest of Berkshire other than Slough, which was in Tier 3. The tiers were designed to stop household mixing and reduce the rate of transmission. There would be a slight change of the rules at Christmas, with families able to form a three household Christmas bubble. This would be allowed from 23rd – 27th December and would enable families to be together for Christmas, although the rules should still be followed. Between 2,000-2,500 students would be returning to RBWM over the Christmas period, with students advised to travel home between 3rd and 9th December and testing had taken place on many campuses around the UK to ensure that the virus could be contained. Tessa Lindfield said that if the eight main behaviours/rules were followed, the transmission rate would remain low. It was important that people were careful over the Christmas period and ensured that they saw as few people as possible.

Councillor Rayner joined the meeting.

The Chairman said that it was important that everyone tried to limit the requirement for contact with others so that the virus did not spread further.

Caroline Farrar updated the Board from the perspective of Frimley Health and Care.

- Locally the NHS continued to focus on responding to the pandemic, winter and restoring services which were paused during the initial wave and the associated backlog of those waiting to be seen.
- The priority remained on addressing the needs of the most vulnerable in the community and addressing the direct and indirect impact of Covid-19.
- Significant progress had been made in recovering backlog activity.
- Planning for the delivery of the Covid vaccination programme which was due to commence in the coming weeks.
- The use of technology as way of accessing the NHS had increased exponentially over the last 6 months.
- GP practices were working together to set up Covid-19 Local Vaccination Services in Maidenhead, Windsor and Bracknell (covering the Ascot population), as well as high priority backlog activity including learning disability and mental health physical health checks, long-term conditions checks, and childhood immunisations and cervical smear tests.

Caroline Farrar discussed some of the figures, with outpatient level recovering to the level it was last year in August. However, since then it had remained below that level. A&E levels remained lower in November than the same period last year. Wexham Park Hospital had high numbers of people requiring critical care related to high numbers of community infections in the Slough area.

- The Covid-19 pandemic had a significant impact on the delivery of NHS services and on the behaviours of many members of the public in terms of how they accessed healthcare services.
- It was important to ensure that Emergency Department crowding did not return to pre-Covid levels. This was about protecting patients from the risk of infection, making sure EDs were able to cope with additional winter/potential Covid demand, and to improve patient experience by providing more efficient and effective service delivery and

outcomes.

- This meant that how people access parts of urgent care was changing, with '111 First' helping them to get the right care, in the right place, more quickly.
- Throughout the pandemic, general practice had remained open and should be the first point of contact for patients seeking same day care when their surgery was open.
- It should be encouraged that all patients continued to use their registered practice for advice and care.
- When a GP practice was not available (such as evenings or weekends) it was encouraged to ring 111 or use <https://111.nhs.uk>.
- People who needed urgent, but not life-threatening, care were being asked to contact NHS 111 before going to A&E. This would reduce waiting times and support social distancing in waiting rooms.
- The new arrangements would keep patients safe and allow them to maintain social distancing.
- From 24th November residents were able to have an appointment booked for them at a local primary or community service or a nearby A&E if it was needed following contact with 111.
- Arrangements would not change for people with life-threatening illnesses or injuries who should continue to dial 999 and anyone who arrived at A&E without calling NHS 111 would still receive medical care, with those needing emergency treatment prioritised.
- General practice remained open as usual for telephone, online, video and face-to-face appointments.

Some considerations needed to be taken forward from the first wave of Covid in March:

- When infection rates rise, pressure on hot services would increase.
- Learning from Wave 1 about the significant hidden harms from suspending services, particularly for at risk populations and higher risk conditions.
- RBWM practices vary in size from 3,000 to 19,000 list size. Numbers of staff at higher Covid risk also vary by practice and this would all impact on resilience.
- Ongoing impact of infection prevention and control measures on primary care capacity.
- Understanding of backlogs of care continued to improve.
- Increased emphasis on targeting health inequalities and prevention required changes in culture and operating models.
- Face to face consultations had dropped considerably during the first lockdown but then climbed before dipping again during the second lockdown. On 10 November general practices were asked to urgently prepare to contribute to the Covid-19 vaccination programme by vaccinating their usual cohorts of patients. This was supported by a General Practice Covid Capacity Expansion Fund with £1.8m funding available across the ICS until the end of March 2021 – to support practices to continue to deliver their usual levels of activity, including reducing backlogs of care with a focus on the most at risk populations.

Councillor Baldwin commented on the usage of A&E and asked if the trends seen in the past could be tracked and then modelled going forward, particularly on things like licensing and public policy.

Caroline Farrar said that it would be interesting to look at the data in this way. She said that there had been a greater reluctance from the older population to be admitted to hospital during the pandemic.

Kevin McDaniel, Director of Children's Services, gave an update to the Board on the situation in schools and with young people in care. Schools had reopened to all students in September and since then all state funded schools in the borough had stayed open throughout the term. The experience for each school would be different, with primary schools remaining relatively unaffected. However, in secondary schools there had been many confirmed cases which

could take out whole classes and year groups through the need for self-isolation. Remote learning had been implemented well by schools and this was especially important for year 11 and 13 who had exams next summer. Schools had shared good practice and worked well in conjunction with public health services when needed. The biggest challenge had been adapting to changes in the guidance on cases and outbreaks. Attendance had been around 90%, it would usually be around the 96% mark.

Looking at social care, there had been an increase in referrals in September, with the number of children on protection plans rising by 30%. This number was now decreasing, with the initial increase probably due to a lack of early intervention work which had been impacted by lockdown. Kevin McDaniel passed on his thanks to foster carers, with not a single placement being broken. Work was also being done with the judicial system and any children that needed court intervention would be able to receive it. The Winter Response Scheme was important for families that were struggling financially, with £30 a week available.

The Chairman reiterated the point on foster carers and said that they had been amazing throughout the pandemic. He said that Clive Haines had gone above and beyond to ensure that everything in schools ran smoothly.

Councillor Stimson asked what information was available so far on the vaccine roll out, for example what venues might be used.

The Chairman said it was too early to confirm any specific details. The vaccine needed unique storage requirements which would prove to be a challenge. It was hoped that other vaccine candidates would also eventually be approved and deployed and they would be easier to store.

Caroline Farrar left the meeting.

Huw Thomas, Clinical Lead for RBWM, said that the vaccine was something to get excited about. Over 80s would be offered it first, while it was likely that there would be one main location in each of the main towns of Maidenhead and Windsor. Ascot would probably use the vaccine centre located in Bracknell. There was a chance roll out could start before Christmas but it was more likely to be in the new year. The main logistical issue at the moment was transporting the vaccine into care homes.

Councillor Stimson asked if there was any way to help in her role as a councillor. She asked for an explanation on what the 'bubbles' were.

Tessa Lindfield said that there was a Berkshire Communication Group that tried to ensure there was a consistent message being sent out to residents. The Chairman said that it was important to empathise that the guidance needed to be followed.

Councillor Baldwin commented on the vouchers available to families to spend in supermarkets and asked if they were anonymous vouchers. Kevin McDaniel explained that families received a code which could be redeemed on the Eden Red website. This would give them a shopping voucher for use at their chosen supermarket, with the voucher being no different to a standard shopping gift card.

Hilary Hall, Director of Adults, Health and Commissioning, gave a presentation on the Outbreak Engagement Board. The Board was currently meeting weekly and one of its key purposes was to ensure that there was good communication and engagement with residents. Key strands of the communications activity included:

- Focus on the "hands, face, space" message.
- Targeted communications in areas of highest cases.
- Focus on importance of testing and self-isolation.
- Promotion of self-care messages.
- Promotion of flu vaccinations, in liaison with health.

- Promotion of data on the Berkshire public health website – www.berkshirepublichealth.co.uk

In terms of engagement, the Outbreak Engagement Board had seen:

- Recruitment of community champions – 70 in total – to ensure messages were disseminated as widely as possible and also to get feedback on issues that needed more clarity.
- Berkshire-wide insights survey undertaken to understand how residents wanted to receive messages in order to strengthen the work going forward.
- Six interviews with Asian Star FM with community leaders and radio adverts also running. Families Magazine – advert running in latest edition and COVID-19 info in ATRB alongside broadcast communications.
- Additional resource recruited to the Communications Team as of 7 December to support better engagement with communities and residents.

Hilary Hall also provided an update on adult social care over the winter period.

- Steady increase in referrals following the end of the first lockdown.
- Likely to increase as a result of hospital discharges over Christmas and New period.
- Workforce was resilient.
- Expansion of reablement service in order to support more people remaining in their own homes.
- More integrated work with health through the Primary Care Networks and Locality Access Point.

Provider market:

- Strong market in the borough.
- A number of void beds, predominantly in older people's care homes, but most voids pre date Covid.
- Infection Control Grant had been paid to care homes and community providers.
- Requirements around PPE, cohorting of staff and employing same agency workers, if they were continuing, would have significant financial implications for providers.
- Emerging issues around insurance.
- New requirements around vaccination.
- Routine testing was being rolled out to domiciliary care providers
- Care home visitor guidance over the festive season.
- Continuing to build on strong relationship with Berkshire Care Association.

Community Engagement and Technology:

- New opportunities had emerged to engage with community groups and communities generally – particularly around providing support for residents.
- Opportunities to use emerging technologies to support residents to stay in their own homes.

East Berkshire:

- Strong alliances across the three East Berkshire authorities – across adult social care, children's services and health.
- A number of joint commissioning projects had been completed and more are planned.
- Consistency around guidance and approach, particularly to the care market, had been very beneficial through Covid and winter.

Councillor Coppinger said that a number of day centres had been closed due to lockdown. He asked if there were any programmes available at the moment to people who used them.

Hilary Hall said that a number of day centres had now reopened. They had tried to run a full range of activities, especially utilising online tools and resources.

Councillor Baldwin asked if the issues around insurance was a short term spike or if it would have a long term impact.

Hilary Hall said that it was difficult to say but it was something that was being seen nationally. She hoped that it was a short term spike but there was concern that it could be a long term implication.

The Chairman thanked all officers, NHS staff and those in the education system that were doing all they could in difficult circumstances. Teams had shown dedication and professionalism throughout the pandemic which ensured that residents were getting the best possible services. The Chairman also thanked Huw Thomas for all his hard work.

235/15 FUTURE MEETING DATES

The Chairman said that he would take stock of the situation in the new year and hold additional meetings of the Health and Wellbeing Board if it was required, depending on circumstances.

Hilary Hall said that Tracy Hendren would be able to provide an update on Homelessness and rough sleepers in the borough at the next meeting.

Members of the Board noted that the date of the next scheduled meeting was on Tuesday 19th January 2021 at 3pm.

The meeting, which began at 3.00 pm, ended at 4.30 pm

CHAIRMAN.....

DATE.....