

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

02 November 2021

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

Also in attendance: Councillor John Baldwin, Councillor Gurpreet Bhangra, Councillor Catherine Del Campo, Councillor Maureen Hunt, Councillor Andrew Johnson, Councillor Samantha Rayner, Councillor Shamsul Shelim, Councillor Gurch Singh, Councillor Mandy Brar, Councillor Simon Werner, Susannah Jordan, Louise Noble, Nigel Foster and Emma Leatherbarrow

Officers: Mark Beeley, Holli Dalgliesh and Anna Richards

PART I

269/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Stimson and Neil Bolton-Heaton.

270/15 DECLARATIONS OF INTEREST

The Chairman declared a personal interest as he was an independent healthcare consultant, infectious disease specialist and vaccines expert and he had formerly worked for Sanofi Pasteur. He was currently working as an adviser for the Vaccines Taskforce and Antiviral and Therapeutics Taskforce. Councillor Carroll declared this in the interests of full transparency and to highlight that should for any reason during the meeting, or indeed during future meetings, the Health and Wellbeing Board discussed anything directly related to Sanofi Pasteur's business he would abstain from the discussion and leave the room as required.

271/15 MINUTES

RESOLVED UNANIMOUSLY: That the minutes from the meeting held on 13th July 2021 were agreed as a true and accurate record.

272/15 INVESTING IN THE BOROUGH AS A PLACE TO LIVE IN ORDER TO REDUCE INEQUALITIES - AN OVERVIEW

Anna Richard, Consultant in Public Health, explained that the Board had considered the Health and Wellbeing Strategy at the April 2021 meeting. Within that strategy, four priority areas were identified, with one of these being 'investing in the borough as a place to live in order to reduce inequalities'. It was planned that at each of the Health and Wellbeing Board's four meetings a year, one priority would be considered at every meeting.

The four priorities were:

- Coordinating integrated services around those residents who needed it most.

- Championing mental wellbeing and reducing social isolation.
- Targeting prevention and early intervention to improve wellbeing.
- Investing in the borough as a place to live in order to reduce inequalities.

The Public Health team, in partnership with CCG, had pulled together some data to provide a deep dive into the health inequalities that existed within the borough. Discussions had taken place at the Place Committee around this data, the team was currently in the process of using this information to understand the work that would be needed to underpin the strategy. One area of work that had taken place was around the Covid-19 vaccination roll out and making sure that everybody in the borough was able to access and receive a vaccine. Another area of work that had taken place was around system insights, data and how it was used to address inequalities.

Caroline Farrar, Executive Place Managing Director CCG, explained that a lot of work had taken place around vaccine inequalities. One key area of work was around the communications and engagement campaign, where the CCG and RBWM Communications teams had worked collaboratively together. 287 articles had been shared and nearly 55,000 residents had been reached via e-newsletters. There were also a number of radio interviews with radio stations which had a significant minority ethnic audience. 150 community champions had been recruited, who shared key Covid messages to the community on their channels.

Anna Richards continued by explaining that one group that was a concern was the younger generation, particularly as during the course of the pandemic there had been significant infection rates in this age group. Focus groups had been held to understand some of the barriers which could have prevented some young people from taking the vaccine and how these barriers could be overcome. A 'summer unlocked' campaign was launched, which focused on the vaccine being a way to encourage young people and show them what they could do again. This campaign was really positively received, along with the mobile vaccination bus which helped to reach some communities and helped as many people as possible take the vaccine. The community champions scheme had also been particularly successful and could be used when thinking about other health and wellbeing issues around the borough.

The Public Health team had worked closely with community groups, for example Maidenhead Mosque, and a myth debunking session had taken place to ensure that the correct information was being given out. As Caroline Farrar had mentioned, there were also monthly slots on Asian radio, where conversations took place with the local community. The Berkshire Public Health website had also been improved and there was lots of additional information available along with various other materials and resources. This information was also available in different languages too. Another campaign that Anna Richards highlighted was undertaken during Ramadan, which was working on advice given by the British Islamic Medical Association. Any Muslim who was vaccinated during the period would not invalidate the fast and it was important that this message was getting through.

Huw Thomas, Clinical Chair NHS Frimley CCG, explained that various reasonable adjustments could be made to allow those with learning disabilities to receive their vaccine. This could include quieter times, being in a quiet room or even having the vaccine administered from the person's car. Around 97% of those with learning disabilities in the borough had been vaccinated. Considering those that were homeless in the borough, steps had been taken with the housing team and the rough sleeper team to support those that needed their vaccinations. Reasonable adjustments were also made for this group, to ensure that the service was accessible and convenient. Huw Thomas passed on his thanks to Tracy Hendren and her team for all their work with this.

Another group of people that had been focused on was those working in social care. The borough had managed to get to around the 80% vaccinated mark but had then hit a brick wall. Staff sessions had been run where accurate information was shared, while also

respecting everyone's right to an opinion and to make their own informed decision.

Anna Richards explained that there were some challenges that still remained. Men were less likely to take the vaccine and some age groups had a much lower uptake rate than others. RBWM had established a small grant scheme to support voluntary and community groups who had good ideas that would help increase the uptake of the vaccine. Applications could be made through the website, with the scheme closing on Sunday 21st November 2021.

The Chairman asked how many vaccine doses had been administered by the mobile bus.

Caroline Farrar said that she did not have an exact figure but the bus was currently aimed at first and second doses, rather than the booster jabs.

Councillor Singh joined the meeting.

Huw Thomas said that he had recently had some residents come in for their first doses, it was important that people knew it was never too late. The volunteers who had helped to run the vaccine programme were fantastic and he thanked those that had been part of the process.

273/15 COVID-19 VACCINES - ADDRESSING INEQUALITIES

This was discussed as part of the item above.

274/15 SYSTEMS INSIGHTS - HOW WE USE THE DATA TO ADDRESS INEQUALITIES

Nigel Foster, Director of Finance at Frimley, explained that he had led a programme which had been focused on improving the way that data was used and the insights that could be gained from data to improve the care that was provided and address some of the inequalities in the borough. The programme was called 'Connected Care' and it helped to improve the information that clinicians had at the point of delivering care. There were a number of different data sets across the NHS and this allowed, for example, a clinician in the emergency department to access records from a patient's GP. Another positive was that it had helped to develop infrastructure which enabled residents to share information about their care and would allow monitoring of things like blood pressure or oxygen level. The data could be brought into an intelligence platform which would then allow the information to be easily analysed. This was effectively a big database but Nigel Foster provided assurance that this was safe and individual patient data was made anonymous, unless the user was a GP or a doctor looking for a specific patient's data.

This database allowed insights about the borough's communities to be drawn. It was clear that RBWM had a mostly affluent population but there were certain areas of deprivation. Using this data, it was clear that the highest prevalence on registers held by GPs was around obesity, followed by hypertension and depression. The age in the deprived areas was slightly younger than the overall average, while there were also more minority ethnic groups in deprived areas. There was a higher prevalence of long-term conditions in these areas too. This information would allow clinical colleagues to start thinking about how these health needs could be addressed in a slightly different way. The average number of contacts at a GP surgery was higher in deprived areas, an average of nine attendances a year compared to 7.8 across the rest of the borough. Work had been done on those residents who had diabetes, with campaigns focused on making sure that these groups were attending their GP surgery for check-ups.

The Chairman said that the power of data was very important and as had been shown during the presentation, there was a need to use insights to divert resources and understand the

challenges at a local level.

Councillor Del Campo asked how the borough could help to use this data and give extra support to residents.

Nigel Foster said that there were strong links with the Joint Strategic Needs Assessment, which would be considered later in the meeting. A number of conversations had taken place at the Place Committee around this, there was a desire to use this data and to learn from it.

Councillor Del Campo asked if the work Nigel Foster was doing could link in with the RBWM Communications team.

The Chairman said that the ward profiles were particularly important and had been used in the past when seeing where communications and engagement needed to be focused.

Hilary Hall, Executive Director of Adults, Health and Housing, said that there was an action plan being produced on health inequalities data but was unsure of the timescales for this piece of work. Ward profiles were important and it needed to be linked with the ward councillors too as part of the work going forward.

Councillor Bhangra asked what RBWM was doing in schools to help promote health and wellbeing.

Kevin McDaniel, Executive Director of Children's Services, said that every young person got the support they needed whilst at school. There were specific mental health support teams available, these were trained qualified professionals who were hired by the NHS who were working alongside 14 schools in the borough. Training was given to school leaders and networks had been created for SENCOs, an area SENCO had been recruited to help promote best practise and share resources. A three-year pilot, which had been supported by the Schools Forum, was around a support service for children with social and emotional health needs. Kevin McDaniel said that all the services were part of a summary document which he was happy to circulate to the Panel for reference.

ACTION – Kevin McDaniel to circulate summary document containing information on wellbeing services which are provided to schools.

The Chairman said that the health and wellbeing of young people was very important. The Corporate Parenting Forum and the Youth Council were utilised to ensure that their opinions were heard by the council.

Anna Richards thanked Nigel Foster for a comprehensive presentation. She said that the insights which had been mentioned linked in with the development of the council's Corporate Plan, which had a focus on reducing inequalities and she was keen to discuss this work with Nigel Foster.

275/15 CAMHS - WHAT IS THE CURRENT PICTURE IN THE BOROUGH

Susannah Jordan, Head of Children, Young People and Families CCG, explained that the CAMHS Local Transformation Plan was designed to look at a whole spectrum of emotional health and wellbeing needs. The plan had recently been finished and contained nine local priorities:

- Strengthening Crisis Support
- Supporting children with complex needs
- Transition Arrangements
- Addressing Eating Disorders and Disordered Eating
- Embedding MHST principles across all schools

- Enhanced Parenting Support
- Addressing gaps in provision
- Development of formal partnership arrangements as a new model of working
- Responding to the impact of COVID

Susannah Jordan said that the Local Transformation Plan had received increased levels of funding over the past five years. It was important that there was a whole system approach to young people's mental health. The Thrive Model would help make this happen and allow NHS services to identify who was doing what. The plan had been completed at the start of October 2021, there was an executive summary available as the document was over 130 pages long. There were also plans to create a video with young people which would show how the plan was applicable to them.

Louise Noble, Head of CAMHS, explained that Berkshire Healthcare mainly provided services on a Berkshire-wide basis. There was a single point of access for referrals, which was collaborative with all other children's services. The anxiety and depression service worked with young people who had more complex needs, there was an all age eating disorder service and there was a rapid response service which was the crisis service. CAMHS was the fastest growing service in the NHS but it was also very diverse, therefore it was difficult to compare services from different areas. However, data showed that the number of referrals to CAMHS services over the past eight years had more than doubled. In Berkshire, there had been a 40% increase in referrals between 2014/15 and 2019/20. This was common amongst most over CAMHS services. When the country first went into lockdown in March 2020, there was a significant drop in referrals which could be related to young people coming out of school. However, there had been a sharp increase in referrals since, this year had seen the highest number of referrals ever.

The number of referrals had an impact on waiting times. Waiting times could vary across different teams in the healthcare service but most young people started an intervention within six weeks. It was important to note that appointments had to be prioritised on the basis of the clinical risk. A number of referrals had come in where they were not identified as crisis referrals, but the referrals themselves had shown that they should be classed as urgent. However, a lot of this was to do with an anxiety around the emotional health and wellbeing needs of children and young people. A number of quality improvement projects had taken place to look at the changes which could take place to make care more effective.

Some pieces of work were underway to keep pace with the demand. New investment was coming in which was valuable to the service, with one project being the CAMHS clinical care pathways project. This looked at the young people coming into the service and investigated whether the right care was being given to suit their needs. The project had been paused during the pandemic but was now up and running again. Workforce challenges had been an issue and so the healthcare service was having to think about which elements of work could be delivered by partners or different skilled staff. As Nigel Foster had made reference to in the previous agenda item, it was important that the data was being used to inform the service development. The next piece of work was the crisis team, there had been an increase in demand for this service. The NHS long term plan had set out a commitment to achieve 24/7 crisis provision coverage for children and young people by 2022/23. The healthcare service was well placed to be able to achieve that target. Young people in Berkshire could access crisis support from NHS 111. There were plans to mobilise an intensive community and home treatment service which would allow the NHS to support young people and carers in crisis in settings other than their homes. The goal was to provide crisis support to all young people as it was not defined by mental illness or a disorder, it was often largely influenced by events happening in their lives. There was a need to work collaboratively with partner organisations as well as social care.

In terms of the workforce challenge, Louise Noble explained that the service was looking to bring in dedicated resources to help improve recruitment and host new recruitment campaigns. Staff had quickly had to switch to digital media to provide care and there had

been some really positive outcomes as a result. There were currently plans with a digital provider which would look to bring in some additional capacity. Investment had been made in transformational leadership to support the CAMHS leadership team. CAMHS tier 4 had a new model, around 50 young people from across Berkshire needed support from this area each year. A new care model programme had been introduced to help better support those young people who were at risk of self-harm or suicide. The out of hospital service was designed to show that young people could still be supported through a new model. The service still operated seven days a week throughout the year but its core hours had changed slightly, this allowed up to 16 young people to be supported compared to 9 previously.

Louise Noble summarised by giving an update on neurodiversity services, which included autism and ADHD. Waiting times were currently higher than was wanted, nationally some young people were waiting up to three years for an assessment in these types of services. Pilots had taken place looking at how waiting times could be reduced and with the investment coming in, a new target had been set which was a maximum of a 12 month wait by March 2022. While this was still too long, it was a stepped approach and the healthcare service would be looking to employ around 20 additional staff as a result. The service was very much needs-led provision rather diagnosis dependent and so the focus was on making sure that support was available before the assessment.

In summary, the local transformation plan was based on the needs of young people and particularly on the information that had been given by themselves and their families. The healthcare service was working collaboratively with other colleagues and partner organisations, including RBWM, to provide a good service.

The Chairman explained that the services that had been discussed in the presentation were a high priority. He said that it was important that there was progress on the waiting times for some services being reduced.

Councillor Johnson, Leader of the Council, said the area was a high priority for him as leader and it formed a part of the Corporate Plan, which had recently been approved by Cabinet and would be considered by Full Council towards the end of the month. Councillor Johnson was working with central government to ensure that there would be future investment, he thanked Susannah Jordan and Louise Noble for the presentation.

Councillor Del Campo said that 'easing the bottleneck' could just move the problem to another place in the healthcare service. She asked if additional investment would be taking place at all stages of the journey.

Louise Noble said that the local transformation plan was a needs-based approach to make sure that the services were in place. Susannah Jordan added that the presentation had primarily focused on the high level CAMHS but there were many more services which were part of the plan which had not been mentioned.

The Chairman suggested that it would be useful for the presentation and the local transformation plan to be distributed to members of the Board.

ACTION – Mark Beeley to distribute information from the presentation to Members of the Health and Wellbeing Board.

276/15 UPDATE FROM FRIMLEY CCG CLINICAL CHAIR

Huw Thomas gave an update on primary care at CCG. Lots of changes had taken place over the past 18 months and the way patients accessed health services had changed too. Most areas of the NHS had been reporting increased levels of demand, at the GP level there had been an increase in the number of consultations, both face to face and virtually. Demand levels during September and October had been as high as they usually were during the

winter. There were more than 161,000 appointments in the CCG area alone. Huw Thomas clarified the difference between a general practice and general practitioner, as both were classed as GP. In a general practice there were a variety of people who were able to help, there was a broad range of skills available. GPs were working closely with primary care networks to ensure that patients could be directed to the most appropriate people. Additional capacity had been added with additional funding going to over 20 practices in RBWM.

Huw Thomas gave an update on St Mark's hospital, which was a critical part of the CCGs real estate for the delivery of a number of key services. At the start of the pandemic the nurse-led urgent care centre was suspended in order to reduce the infection risk and to help ensure resources were focused on the areas where they were needed. The CCG and GP practices had since developed a new GP led urgent care service that should address the difficulties some patients had been facing when accessing appointments. Once these services were fully up and running, they would provide more than 800 face to face appointments each week, which was four times greater than the capacity of the urgent care centre. A consultation would be undertaken shortly on the services which the hospital provided.

Councillor Werner joined the meeting.

Councillor Johnson thanked Huw Thomas for the update and for the confirmation that the urgent care centre at St Marks was not being closed. This would be a big relief to many residents and Councillor Johnson believed that some rumours had been circulating that the urgent care centre would be closed could now be dismissed.

Councillor Del Campo asked about the potential consultation and asked if it would cover all aspects of St Marks and what questions it would ask.

Caroline Farrar explained that it would be an engagement exercise to understand what residents thought of the existing services.

Councillor Del Campo said that residents really valued the ability to walk in, she asked if one option was to stick with the appointment service.

Caroline Farrar said that part of the challenge was the level of demand and that the service was working to improve access.

Councillor Del Campo asked if there were any plans to return to the pre-pandemic walk in centre.

Caroline Farrar explained that operations at the centre were currently suspended, there had been no decision made on its future yet.

Emma Leatherbarrow, Healthwatch, said that they had been working closely with the primary care network. A survey would be going out towards the end of November 2021 which would hopefully give some insight into people's experiences of accessing primary care.

Councillor Bhangra welcomed Huw Thomas's statement on St Mark's hospital. He passed on his thanks to all NHS staff for their work throughout the pandemic.

277/15 THE JOINT STRATEGIC NEEDS ASSESSMENT

Anna Richards explained that it was a statutory responsibility of the Health and Wellbeing Board to develop and publish a Joint Strategic Needs Assessment (JSNA).

Holli Dalglish, Service Lead – Public Health Programmes, said that the JSNA was to assess the current and future health and wellbeing needs within the borough and using this to inform

decision making. It had recently been decided that the Public Health team would work collaboratively with other colleagues in East Berkshire, including Slough and Bracknell, to create a collaborative JSNA but whilst still maintaining separate outputs. A steering group had been created and one of the main goals was to create a Berkshire East JSNA website by the end of 2021/22. Holli Dalglish explained the governance structure of the JSNA and that the Health and Wellbeing Board sat at the top of the structure as it provided roles in assurance and the signing off of the JSNA. Holli Dalglish sat on the steering group while Anna Richards and Stuart Lines were part of the East Berkshire systems management group.

The overall aim of the steering group was to launch the JSNA by January 2022. A lot of work was due to take place between now and early next year, in preparation for the launch.

278/15 LOCAL OUTBREAK ENGAGEMENT BOARD

Hilary Hall gave an update on the work on the Outbreak Engagement Board, which continued to meet monthly in public. There were a number of standard items on each agenda, for example considering communications activity, the latest case data and an update on the vaccination programme. The Board welcomed questions from members of the public, these would be answered at the meeting. At the next meeting on Monday 15th November 2021, the Board would be having a presentation looking at the Covid impact on hospital activity.

The Chairman commented that it was good to see a number of residents submitting questions to the Board.

Councillor Del Campo said that with cases rising, it was important that Covid safety at in person council meetings was adequate. She felt that this was not evidenced at the last meeting she attended.

The Chairman said that an email had been sent out to all Members to ask that masks were worn at all times during meetings where possible. While this was not a legal requirement, the council was urging people to be cautious.

279/15 BETTER CARE FUND

Hilary Hall said that the Better Care Fund (BCF) was a government requirement for a pooled budget between health and adult social care to further the work on integration. The main aims were:

- Protection of adult social care
- Prevention of hospital admissions
- Supporting people to live longer at home independently
- Reducing delayed discharges

A regular update was given at the Health and Wellbeing Board, which was responsible for monitoring the BCF. On 30th September 2021, RBWM had received the planning requirements for the BCF for 2021-22. The recommendation in the report was that authority was delegated to the Executive Director of Adults, Health and Housing to agree the narrative by 16th November 2021. The second part of the recommendation was to delegate authority to the Chairman and Vice Chairman of the Health and Wellbeing Board to formally sign off the plan by 10th December 2021.

The Chairman said that he was happy with the recommendations.

RESOLVED UNANIMOUSLY: That the Health and Wellbeing Board noted the report and:

- i) **Delegated authority to the Executive Director of Adults, Health and Housing, to approve and submit the completed Better Care Fund Planning and Narrative templates to NHS E/I by 16 November 2021.**
- ii) **Delegated authority to the Chair and Vice Chair of the Health and Wellbeing Board to formally sign the submitted Better Care Fund Planning and Narrative templates, on behalf of the Health and Wellbeing Board by 10 December 2021.**

280/15 FUTURE MEETING DATES

The next meeting of the Board was due to be held on Tuesday 18th January 2022.

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

CHAIRMAN.....

DATE.....