

NOTICE  
OF  
MEETING

**HEALTH AND WELLBEING BOARD**

will meet on

**TUESDAY, 18TH JANUARY, 2022**

at

**3.00 pm**

by

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

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR STUART CARROLL (CHAIRMAN)

HUW THOMAS (NHS) (VICE-CHAIRMAN)

COUNCILLOR DAVID COPPINGER

COUNCILLOR DONNA STIMSON

HILARY HALL (EXECUTIVE DIRECTOR OF ADULTS, HEALTH AND HOUSING  
RBWM)

KEVIN MCDANIEL (EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES  
RBWM)

TRACY HENDREN (HEAD OF HOUSING & ENVIRONMENTAL HEALTH)

CAROLINE FARRAR (EXECUTIVE MANAGING DIRECTOR FOR RBWM, CCG)

JANE HOGG (FRIMLEY INTEGRATED CARE SYSTEM)

Karen Shepherd  
Head of Governance  
Issued: 10<sup>th</sup> January 2022

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](http://www.rbwm.gov.uk) or contact the Panel Administrator **Mark Beeley** 01628 796345 / [mark.beeley@rbwm.gov.uk](mailto: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 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 2 <sup>nd</sup> November 2021.	Chairman		7 - 16
4.	<u>PHARMACEUTICAL NEEDS ASSESSMENT</u> To consider the report.	Becky Campbell		17 - 18
5.	<u>HEALTH AND WELLBEING STRATEGY FOCUS</u> To receive the presentation.	Kevin McDaniel and Prash Patel		Verbal Report
6.	<u>SUICIDE PREVENTION STRATEGY</u> To consider and sign off the strategy.	Anna Richards		19 - 22
7.	<u>LOEB AND COVID-19 UPDATE</u> To receive an update on the work of the Outbreak Engagement Board.  <a href="#">Link to the minutes and Q/As of the LOEB - COVID19 : Outbreak control plan   Royal Borough of Windsor and Maidenhead (rbwm.gov.uk)</a> <a href="#">Browse meetings - Outbreak Engagement Board (moderngov.co.uk)</a>	Hilary Hall and Anna Richards		Verbal Report
8.	<u>COP26 UPDATE</u> To hear from Councillor Stimson.	Councillor Donna Stimson		Verbal Report
9.	<u>HOUSING AND HOMELESSNESS</u> To consider the report.	Tracy Hendren		To Follow

**\*Update 11/01/21 – this item will be considered at**

***the next meeting due to pressures on the service area.\****

10.

**FORWARD PLAN**

Chairman

-

Board Members to consider items for future meetings:

- Library transformation strategy update - Angela Huisman
- LEDER report
- Implications of COP26 for health and wellbeing at Place
- Flu report
- CAMHS - pre and post diagnosis
- JSNA following soft launch at the end of Jan 2022

11.

**FUTURE MEETING DATES**

Chairman

-

- Tuesday 29<sup>th</sup> March 2022 – 3pm
- Tuesday 12<sup>th</sup> July 2022 – 3pm
- Tuesday 18<sup>th</sup> October 2022 – 3pm

## 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 (relating to the Member or their partner):*

*You have an interest in any business of your authority where it relates to or is likely to affect:*

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority*
- b) any body*
  - (i) exercising functions of a public nature*
  - (ii) directed to charitable purposes or*

*one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)*

### **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, 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 body included in those you need to disclose under DPIs as set out in Table 1 of 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 **affects** your 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 - 02.11.21

## **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 13<sup>th</sup> 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 21<sup>st</sup> 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 Dalgliesh, 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 Dalgliesh 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 Dalgliesh 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 15<sup>th</sup> 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 30<sup>th</sup> 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 16<sup>th</sup> 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 10<sup>th</sup> 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 18<sup>th</sup> January 2022.

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

CHAIRMAN.....

DATE.....

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## **PHARMACEUTICAL NEEDS ASSESSMENTS FOR BERKSHIRE LOCAL AUTHORITIES**

### **Introduction and Background**

From 1<sup>st</sup> April 2013 every Health and Wellbeing Board has been given a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area. This is called the Pharmaceutical Needs Assessment (PNA).

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) requires each Health and Wellbeing Board to make a revised assessment as soon as is reasonably practicable after identifying significant changes to the need for pharmaceutical services locally or within 3 years of its previous publication. This timescale was extended by the Department of Health and Social Care in March 2021, due to ongoing Covid-19 pressures across all sectors, and the requirement to publish renewed PNAs was suspended until 1<sup>st</sup> October 2022.

Berkshire's six Health and Wellbeing Boards all published their latest PNAs on 1<sup>st</sup> April 2018. All of these PNAs will need to be refreshed by 1<sup>st</sup> October 2022 in accordance with the national regulations.

### **Plans and timescales for Berkshire's 2022 PNAs**

The Directors of Public Health for Berkshire East and Berkshire West agreed that the production of the 6 Berkshire PNAs should be commissioned out to an external provider; this was largely due to capacity in the teams being impacted by the COVID-19 pandemic. Three companies were asked to provide quotes for this work and these were each scored on a 40% cost: 60% quality matrix. Healthy Dialogues was the successful bidder for this work and has been appointed to complete the 6 PNAs for Berkshire.

Healthy Dialogues has provided a robust project plan for how the PNAs will be carried out over the next year and has identified clear workstreams that meet the national requirements. An overarching Steering Group has now been established that includes representatives from the Local Pharmaceutical Committee (LPC), NHS England Area Team, voluntary sector groups such as Healthwatch, communications leads and other stakeholders identified locally. This group is chaired by the Berkshire East Public Health Hub who will oversee the PNA development on behalf of the six Berkshire local authorities. The Hub will also have regular project assurance meetings with Healthy Dialogues.

Healthy Dialogues aim to present the first draft of the PNA reports to the Steering Group in April 2022. These reports will then be disseminated for public consultation in May 2022 to fulfil the statutory 60-day consultation period. Once this consultation period has elapsed, the responses will be summarised and fed into the final drafts of each of the PNAs to be presented to the Steering Group in July 2022. The final draft of the PNA will be presented to the Health and Wellbeing Boards by September 2022. The PNA steering group will include appropriate representation from HWBB members to ensure input throughout the process. Should any issues arise in the production of the PNA, these will be raised with the appropriate HWBB / boards in a timely manner.

The Berkshire East Hub will provide two progress reports to each of the Health and Wellbeing Boards to update on the delivery.

For more information about the process for Berkshire's 6 PNAs please contact the Berkshire East Public Health Hub at [ph.information@bracknell-forest.gov.uk](mailto:ph.information@bracknell-forest.gov.uk).

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Report Title:	<b>BERKSHIRE SUICIDE PREVENTION STRATEGY 2021-26</b>
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Councillor Carroll, Cabinet Member Adult Social Care, Health, Mental Health and Children's Services
Meeting and Date:	Health and Wellbeing Board – 18 <sup>th</sup> January 2022
Responsible Officer(s):	Anna Richards – Consultant in Public Health
Wards affected:	All

www.rbwm.gov.uk



## **REPORT SUMMARY**

- 1.1 This report presents the Berkshire Suicide Prevention Strategy 2021-26 (annexed as Appendix A) for approval by the Health and Wellbeing Board.
- 1.2 Following publication of the Government's national suicide prevention strategy - Preventing Suicide in England, a cross governmental strategy to save lives (HM Government, 2012), councils were given the responsibility of developing local suicide prevention strategies and action plans through their work with Health and Wellbeing Boards, Clinical Commissioning Groups and wider partners.
- 1.3 This strategy has been developed through the work of the Berkshire Suicide Prevention Group, that has representation of partners across the system, and is founded upon local data, intelligence and knowledge.

## **2. DETAILS OF RECOMMENDATION(S)**

**RECOMMENDATION: That the Health and Wellbeing Board approves the Berkshire Suicide Prevention Strategy (2021-26) as set out in Appendix A.**

### **THE PROPOSAL**

- 2.1 This strategy builds on the previous Berkshire Suicide Prevention Strategy (2017-2020) and serves as a refresh of that strategy, where we take forward the key underlying principles and identify new priorities.
- 2.2 The vision for this strategy is 'To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm'.
- 2.3 The strategy has been developed by the Berkshire Suicide Prevention Group, who have worked together to identify key priority areas, derived from local data, intelligence, trends and action. A small subgroup of the Berkshire Suicide Prevention Steering Group was responsible for further defining the content

for each of the priorities and providing regular updates to, and receiving feedback from, the main steering group.

2.4 The priorities of the national suicide prevention strategy (2012), and subsequent progress reports are the guiding principles to how we work to prevent suicide across Berkshire.

The 7 principles for this strategy:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

2.5 The five core priority areas principally address the national priority to tailor approaches to improve mental health in specific groups, but the commitment remains to all of the national principles and reducing suicide rates across all population groups. Our local intelligence has demonstrated a need to have some specific focus on the following key areas:

1. Children and Young People
2. Self-harm
3. Females
4. Economic stresses
5. People bereaved by suicide

2.6 Whilst these are the agreed strategic priorities across Berkshire, there will remain a need to monitor trends and risk factors, particularly from the impacts of COVID-19 and to respond to latest changes.

### **3. KEY IMPLICATIONS**

3.1 The strategy positively complements, and directly contributes towards, one of the Health and Wellbeing strategic goals which aims to “Champion mental wellbeing and reduce social isolation”.

### **4. FINANCIAL DETAILS / VALUE FOR MONEY**

4.1 There are no direct financial implications arising from this strategy.

### **5. LEGAL IMPLICATIONS**

5.1 Not applicable

## **6. POTENTIAL IMPACTS**

### 6.1 Equalities.

6.1.1 The Berkshire Suicide Prevention Strategy has a specific focus on five priority areas (including children & young people and women) that have been chosen due to local data, intelligence and evidence, but the commitment remains to reduce suicide for all residents across Berkshire. Equality and diversity has been consistently considered throughout the development of this strategy. The Equality Impact Assessment is annexed as Appendix B.

### 6.2 Climate change/sustainability.

6.2.1 The Berkshire Suicide Prevention Plan does not address climate impact directly or indirectly, as it is focussed upon reducing suicide and self-harm across the life course. It is not foreseen that the strategy will have an impact on carbon emissions or resilience to the effects of climate change. The climate assessment is annexed as Climate Assessment Appendix C.

### 6.3 Data Protection/GDPR.

6.3.1 The strategy does not require a Data Protection Impact Assessment as the real time suicide surveillance data is held and controlled by the Thames Valley Police, and within the strategy the data are not identifiable to any individuals.

## **7. CONSULTATION**

7.1 Whilst there has been no formal public consultation, as was done previously, this strategy has a local focus and contains the perspectives from professionals working in the statutory, private and third sector organisations and colleagues who support people who have been directly affected by suicide have also been involved.

7.2 The strategy reflects the commitment of the Berkshire Suicide Prevention Strategy Group who worked together on identifying the key priorities, which have been derived from reviewing local data, intelligence, and information.

7.3 A small subgroup of the Berkshire Suicide Prevention Steering Group was responsible for further defining the content for each of the priorities and providing regular updates to, and receiving feedback from, the main steering group.

7.4 The Berkshire Suicide Prevention Strategy has previously been delivered to the RBWM Place Committee on the 26<sup>th</sup> October 2021 and to the Corporate Leadership Team on the 27<sup>th</sup> October for comments to be taken back to the Berkshire Suicide Prevention Group for consideration.




## **8. TIMETABLE FOR IMPLEMENTATION**

8.1 Following approval from all six Health & Wellbeing Boards across Berkshire, the strategy will be published for all residents to access, the intended date for this is January 2022 (subject to approval).

8.2 Following on from the official publication of the strategy, the Berkshire Suicide Prevention Group - membership of the group includes representation from all six local authorities, NHS/CCG colleagues, VCSE organisations, the Thames Valley Police, the Real Time Suicide Surveillance (RTSS) Team and residents - who meet bi-monthly, will identify suitable action plans across all five priority areas to outwork the recommendations included within the strategy.

**9. APPENDICES**

9.1 This report is supported by the following Appendices:

- Appendix A –  Berkshire Suicide Prevention Strategy 2
- Appendix B –  Equality Impact Assessment - Suicide
- Appendix C -  Climate Change Assessment .pdf

**10. BACKGROUND DOCUMENTS**

10.1 This report is supported by this background documents:

- The [Five Year Forward View for Mental Health \(NHS England, 2016\)](#).
- [National strategy for England, Preventing Suicide in England](#), a cross governmental strategy to save lives (HM Government, 2012)

Report Author: Charlotte Littlemore – Public Health Programme Officer
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