

## HEALTH AND WELLBEING BOARD

Thursday 25 January 2024

Present virtually: Councillor Catherine Del Campo (Chair), Huw Thomas (Vice-Chair), Kevin McDaniel, Lin Ferguson, Jonas Thompson-McCormick, Joanna Dixon, David Mphanza and Councillor Simon Werner

Also in attendance virtually: Councillor Helen Price, Councillor Amy Tisi, Emma Boswell, Carol Deans and Nigel Foster

Officers in attendance virtually: Mark Beeley, Pauline Peters, Georgia Careless, Claire Lowman, Prince Obike, Sue Foley, Charlotte Littlemore and Trevor Pask

### Apologies for Absence

Apologies for absence were received from Councillor Reynolds, Tessa Lindfield, Councillor Taylor, Amanda Gregory and Caroline Farrar.

### Declarations of Interest

There were no declarations of interest received.

### Minutes

Mark Beeley, Principal Democratic Services Officer – Overview and Scrutiny, took the Board through the actions from the last meeting.

David Mphanza, NHS Frimley, gave an update on the action which had been assigned to Stephen Dunn at the last meeting. The Frimley ICB messaging regarding St Marks Hospital had been focused on 'making the right choice'. The preference was for patients to contact their local GP or NHS 111 where they could be signposted depending on the need.

Trevor Pask, Housing Strategy Enabling and Projects Manager, commented on the action around the rough sleeper Berkshire coordinator. He understood that the Assistant Director of Housing and Public Protection had met with Directors from across Berkshire and there was agreement that the post would go ahead.

**AGREED UNANIMOUSLY: That the minutes from the meeting held on 10<sup>th</sup> October 2023 were approved as a true and accurate record.**

### Children and Young People's Partnership Action Plan

Pauline Peters, Senior Transformation Lead – Children and Young People at Frimley ICB, provided a presentation on the children and young people's partnership action plan. She highlighted the exception reports in each priority area. For 'be healthy', there was one medical centre which was not achieving the target for immunisation take up. Support from Frimley ICB had been offered and there had been some increase and the centre was now at 85%. Access needed to be improved for mental health services for children in care and vulnerable care leavers. An application had been made for funding from the Better Care Fund which had been

successful. For 'be safe', there were three streams currently rated green. 'Be skilled' had a couple of areas of exception reports which were around improving childhood development at two years old and providing high quality support mainstream provision for most children with SEND. On 'financially secure', exception reporting was based around improving outcomes for children leaving care. The final priority was 'be heard', all workstreams in this area were progressing well and there was no exception reporting.

The Chair thanked Pauline Peters for the presentation and the depth of the report.

Lin Ferguson, Executive Director of Children's Services and Education, said that she chaired the children and young people's strategic partnership and thanked Pauline Peters for her work on the children's plan. The exception reporting helped to identify areas where improvements were needed but the dashboard also showed areas of good progress. The SEND strategy was a partnership strategy and not just delivered by Achieving for Children.

Huw Thomas, Place based Clinical Lead for Royal Borough of Windsor and Maidenhead, said that there could be further opportunities to feed into the 'be heard' workstream as the ICB children and young people's board were interested in speaking to young people. On the immunisation target, he asked if there was any learning from the case of the GP which had been off target on immunisation rates.

Pauline Peters responded that learning and good practise could be provided and shared with the Board. There was a system wide youth board in place for the 'be heard' workstream but work had been prohibited due to internal restructuring in the ICB.

**ACTION – Pauline Peters to share best practise and learning from the exception reporting on the immunisation rates target.**

The Chair asked if this best practise was shared with other GP surgeries.

Pauline Peters confirmed that there was a monthly meeting where this could be shared.

Kevin McDaniel, Executive Director of Adult Services, Health and Communities, asked if there was shared learning which was also applicable to adult services, in regards to mental health.

Pauline Peters felt that shared learning would be useful around transition from children's services to adult services. A transition pack had been produced which could be shared.

**ACTION – Pauline Peters to share the Berkshire Healthcare Foundation Trust transition pack with the Board.**

The Chair noted the reference to funding being received from the Better Care Fund but there had been a number of references across different workstreams.

Pauline Peters clarified that it was around access to services for children who had complex needs, the funding would allow the wellbeing team to increase in size and resource.

The Chair commented on the recognition of children who were neurodiverse but had not been diagnosed and it was good to see that this need had been considered. She asked what support the Health and Wellbeing Board could give.

Pauline Peters said that questions, suggestions and challenges from members of the Board were really useful.

Lin Ferguson added that the Board could help ensure there were seamless and integrated services.

## Schools and Colleges Suicide Postvention Protocol

Sue Foley, Consultant in Public Health - Children, Young People and Families and Suicide Prevention, explained that she was requesting that the Board approved the RBWM postvention protocol for suspected suicides across all schools and further education colleges. The main purpose of the protocol was to ensure that school leaders who were affected by a suspected suicide were prepared. The protocol contained programmes which helped to lower the risk of those affected by the suicide and consisted of a number of key steps which were to be followed.

The Chair said that the scripts were a useful resource but considered whether in some of the scripts the word 'suicide' was removed, in case this was not appropriate.

Sue Foley said that it had been decided that suicide should be referred to if this was factually correct, she would take it back to the task and finish group to confirm the decision.

**ACTION – Sue Foley to raise the word 'suicide' being used in the scripts with the task and finish group and make the amendment if the Group agreed.**

Councillor Price mentioned an organisation which had been set up called Notice Productions.

Sue Foley explained that they put together videos for schools, for example around vaping, which were a useful way to circulate key messages.

Councillor A Tisi said that the protocol would be invaluable to teachers across the borough and help to keep young people safe.

**AGREED UNANIMOUSLY: That the Health and Wellbeing Board approved the RBWM postvention protocol for suspected suicides.**

## Whole System Approach to Healthy Weight: Children and Families

Sue Foley provided some background to the system approach to healthy weight, specifically on children and families. Childhood obesity was a major public health priority and children who were overweight were more at risk of high blood pressure, high cholesterol, diabetes and other long term conditions. This area was targeted in the 'be healthy' part of the children and young people's plan and aimed to reduce the proportion of overweight children in the borough. RBWM was different to the national trend in that some of the wards which had high areas of obesity were not deprived areas. Research showed that there were over 108 causes and 300 interconnections which caused children to be overweight and obesity. Sue Foley suggested that the Board provided secondary oversight of the whole system approach to healthy weight and that regular updates were delivered.

Councillor Price suggested some links could be made with Abri and Councillor Grove, who was working on a walled garden for fresh fruit and vegetables in her ward.

The Chair asked how the team approached speaking to families and young people about their weight, particularly as it could be a sensitive topic.

Sue Foley said that the correct signposting needed to be shared and improvements could be made to this process.

Kevin McDaniel queried what needed to be done in the short and medium term to ensure that the 2030 target was back on track and could realistically be achieved.

Sue Foley felt that the phases and set up of the whole system approach would help to show progression.

David Mphanza commented that in Datchet, Horton and Wraysbury there were low levels of immunisation rates and that working smarter together to look at more holistic intervention could be beneficial.

Councillor A Tisi asked if the public health project called street tag was used in RBWM.

Sue Foley confirmed that the programme had been funded and was being started in some Windsor schools.

Jonas Thompson-McCormick, Head of Public Health at RBWM, added that the project ran over a school term and encouraged families to get involved and explore cultural parts of the borough. Public Health were working closely with the Place directorate and this could be explored as an item for a future Board meeting.

**AGREED UNANIMOUSLY: That the Health and Wellbeing Board agreed to provide secondary oversight to the whole system approach to healthy weight for children, young people and families.**

### Frimley Hospital Update

Nigel Foster, Senior Project Officer for the new hospital project at Frimley, Emma Boswell, Director for Partnerships and Engagement at Frimley, and Carol Deans, Director of Communications and Engagement at Frimley, provided some context to the Frimley Health NHS Foundation Trust.

Frimley Park Hospital had been built in the 1970s and was the biggest hospital in NHS Frimley in terms of the number of operating theatres. However, the current capacity of the hospital was not meeting current requirements and demands. There was also the issue of RAAC concrete which was present in the building and was a major issue. The hospital had been carefully operating to ensure that it remained open, with around £6 million a year being spent on safety inspections and completed remedial work. Nationally, there was a scheme to replace around 19 hospitals and Frimley Park was one of the largest hospitals being replaced. The new hospital was planned to be open by 2030 and was estimated to be 130,000 metres squared, which would be twice the size of the current Frimley Park facility.

Public and staff engagement events had been held between 24<sup>th</sup> November 2023 and 7<sup>th</sup> January 2024 which were designed to allow the team to hear what residents and staff wanted taken into account as potential sites were considered. Over 3,400 people responded online and the location of responders broadly matched the location of Frimley Park hospital. Initial scoping had been undertaken on potential sites and considering which of these were viable from the engagement criteria.

The Chair considered the relevance of the new proposed hospital to people in RBWM and what input Frimley wanted.

Carol Deans said that while RBWM only had 3% of patients attend Frimley Park, this was still a significant number and it was important to keep RBWM residents up to date on the project as it progressed.

### Better Care Fund Update

Prince Obike, Integrated Care Transformation Senior Manager, provided the regular update on the Better Care Fund (BCF) and suggested that the Board could shape what was shared as part of his regular update on the BCF.

The Chair suggested that it would be interesting to hear progress on projects which had received money from the Innovation Fund.

Kevin McDaniel said that the priorities of the BCF could be discussed by Board members at an upcoming workshop which would take place with the Local Government Association. The BCF was significant in getting patients out of hospital and back into their own homes, ensuring that they did not need to be readmitted into hospital.

Huw Thomas asked if projects in receipt of the Innovation Fund received further funding at each stage or if it was one pot of funding before the project was designed to be self-sustaining.

Prince Obike confirmed that it was a one-off grant.

## Housing

Trevor Pask updated the Board on the housing situation, with the team under significant pressure. Currently there were 267 households in temporary accommodation with 66% of these in placements outside of the borough. There were 722 households on the social housing waiting list, of which 653 were wanting mainstream social housing. On homelessness, there were 657 current cases of which 146 were in temporary accommodation, while there were 55 Ukrainian refugee households receiving support.

## Update on work with the LGA

Georgia Careless, Public Health Programme Officer, explained that since the last meeting, a desktop exercise on local strategies and 1 to 1 interviews with members of the Board had taken place. The themes identified would be used in a collaborative workshop to consider the key functions of the Board.

Claire Lowman, Service Lead for Public Health Strategies, added that the workshop would consider a shared view of the distinctive role of the Board in relation to RBWM and ICS systems. The work would also prepare for a refresh of the Health and Wellbeing Strategy which needed to take place by the end of 2025.

The Chair considered whether it was worth holding meetings of the Board in person, with the option to also join virtually.

**ACTION – Mark Beeley to consult with Board members to understand the preference for either in person or fully virtual meetings.**

## JSNA Update

Charlotte Littlemore, Service Lead for Public Health Programmes, provided an update on the Joint Strategic Needs Assessment. The JSNA was delivered through a joint website with Bracknell Forest and Slough, which brought together a library of resources to help assess the health, care and wellbeing needs of communities and inform local decision making. Topic packs included the latest national and local data and considered opportunities and challenges that had been identified. The 2024 JSNA People and Place summaries would be published shortly and there were also a number of topic packs which would also be available.

Kevin McDaniel felt that it was important for colleagues in other service areas to be aware of the JSNA data and used it to inform decisions that were made.

The Chair suggested that a JSNA prompt could be included in the EQIA templates for council reports.

**ACTION – Mark Beeley to explore whether reference to the JSNA could be included as part of the EQIA section on report templates.**

Future Meeting Dates

The next meeting would take place on Tuesday 23<sup>rd</sup> April 2024.

The meeting, which began at 3.00 pm, finished at 5.15 pm

Chair.....

Date.....