

NOTE: These minutes are approved subject to amendments. See the minutes from 20th May 2021.

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 28 JANUARY 2021

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Adult Social Care), Nick Carter (WBC - Chief Executive), Shairoz Claridge (Berkshire West CCG), Councillor Lynne Doherty (WBC Leader of Council), Lindsey Finch (Thames Valley Police), Matthew Hensby (Sovereign Housing Association), Councillor Rick Jones, Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (RBFRS), Sean Murphy (Public Protection Manager), Meradin Peachey (Director of Public Health Berkshire West), Matthew Pearce (Service Director - Communities & Wellbeing, Public Health and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Martha Vickers (Shadow Spokesperson for Health and Wellbeing) and Councillor Howard Woollaston (Executive Portfolio: Public Health and Community Wellbeing)

Also Present: Kielan Arblaster (Alzheimer's Society), Niki Cartwright (Berkshire West CCG), Nicky Lloyd (Royal Berkshire Hospital Foundation Trust), Gordon Oliver (Principal Policy Officer), Joanne Rice (Alzheimer's Society), Andrew Stratham (Royal Berkshire Hospital Foundation Trust), James Townsend (Policy Officer - Executive Support), John Underwood (Royal Berkshire Hospital Foundation Trust), Laura Vicinanza (Alzheimer's Society)

Apologies for inability to attend the meeting: Zahid Aziz, Dr Bal Bahia, Councillor Dominic Boeck, Charlotte Hall and Dom Hardy

PART I

121 Minutes

The Minutes of the meeting held on 24 September 2020 were approved as a true and correct record and signed by the Chairman.

122 Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

123 Actions arising from previous meeting(s)

The actions arising from previous meetings were noted and updated as appropriate:

- 152 – it was noted that this was on-going
- 153 – it was agreed that this would be dealt with post-Covid

124 Declarations of Interest

Dr Bal Bahia, Councillor Graham Bridgman, Councillor Steve Masters, Andrew Sharp and Councillor Martha Vickers declared interests, but since their interests were personal or an other registrable interest, but not a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on these matters.

125 Public Questions

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A full transcription of the public and Member question and answer sessions are available from the following link: [Transcription of Q&As](#)

(a) Questions submitted by Ms Paula Saunderson:

1. The question on the subject of how many patients over 65 have a diagnosis of dementia (or memory and cognition) was answered by the representative of the Berkshire West Clinical Commissioning Group.
2. The question on the subject of how many of these patients are deemed to now have long term care needs was answered by the representative of the Berkshire West Clinical Commissioning Group.
3. The question on the subject of how many of these patient are receiving funding for Long-Term Care from the NHS in the form of CHC (both types) and FNC was answered by the representative of the Berkshire West Clinical Commissioning Group.
4. The question on the subject of how many patients over 65 with a diagnosis of dementia (or memory and cognition) are still resident in their own accommodation was answered by the representative of the Berkshire West Clinical Commissioning Group.”
5. The question on the subject of how many family carers are looking after a dementia patient without the use of ASC or NHS funding was answered by the representative of the Berkshire West Clinical Commissioning Group.
6. The question on the subject of why is long term dementia care is not considered as a medical condition like other terminal regressive diseases and badged as a social care need which is self-funded was answered by the representative of the Berkshire West Clinical Commissioning Group.”
7. The question on the subject of the number of dementia patients Berks West CCG assists with end of life funding (outside of hospital) and the proportion this represented of end of life care in total was answered by the representative of the Berkshire West Clinical Commissioning Group.
8. The question on the subject of who within the NHS Governing bodies has a Duty of Care towards Family Dementia Carers was answered by the representative of the Berkshire West Clinical Commissioning Group. A written response was to be provided for the supplementary question.

126 Petitions

There were no petitions presented to the Board.

127 Royal Berkshire Hospital Redevelopment

John Underwood, Nicky Lloyd and Andrew Stratham from the Royal Berkshire NHS Foundation Trust provided an update to the Board on the development of their proposals for a major modernisation of their services and buildings.

Nicky Lloyd outlined that the Trust sought an ongoing and engaged relationship with the Health and Wellbeing Board, and to keep members updated throughout the process.

John Underwood, from Royal Berkshire NHS Foundation Trust, provided a presentation on the developments. He noted that the Trust was beginning a major modernisation of its services and its buildings. It had been developing the programme for some time and it could now progress work because the Department of Health & Social Care had allocated seed funding to the Trust to develop a Strategic Outline Case for improved hospital facilities. He noted that their dual objective was to develop and deliver outstanding NHS

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services that are fit for the future, and to play a greater part in the growth and development of the local economy.

The presentation highlighted a number of points:

Background:

- The Government's Health Infrastructure Plan (HIP) will provide funding for new hospital projects over the next ten years
- RBFT was one of 21 trusts selected for seed funding to develop ideas for new hospital facilities
- RBFT had developed a strategic outline case for HM Treasury
- All redevelopment opportunities were being considered
- This was a major opportunity for the NHS and local community to improve its services, improve patient experience and patient environment

The case for change:

- Condition - the condition of the hospital buildings were sub-optimal which affected both staff and patient experience
- Capacity - the hospital was also already operating beyond its planned capacity
- Climate - the buildings contributed to the climate emergency rather than reducing emissions
- Capability - the existing buildings were designed to support a 19th/ 20th century level of care
- Catalyst - a catalyst to contribute to the local economy

Possible scenarios:

- 1) Do nothing - only addressing the most high-risk backlog of maintenance issues
- 2) Do minimum - addressing more backlog maintenance
- 3) New Emergency Care Block - expanded A&E, new ICU, new theatres - this option would not meet the expected future demand
- 4) New Emergency Care Block plus new Elective Care Block and new women's and children's facility – this option would allow for growth of clinical services and would better address developing local needs
- 5) Substantially new hospital on the current site – this option would support growing demand and improve integration of care services
- 6) Completely new hospital on greenfield site

Councillor Woollaston asked about the timeframes and possible disruptions.

Nicky Lloyd noted that services would have to ensure continuity before any development could take place and inevitably there would be some disruption, but that service continuity would never be compromised.

Andrew Stratham noted that timing depended on central Government and how quickly the Treasury would respond.

Councillor Vickers asked what the feedback was from the public consultation on the proposed development. She also asked if public transport to the hospital would be considered with the proposals.

Nicky Lloyd noted that transport and travel to the hospital were being looked into in detail. She also stated that consultants were being used to improve access for the elderly and disabled once they were at the hospital.

Gary Poulson asked what the Trust's preferred development options were.

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Nicky Lloyd noted that options 4, 5 and 6 were their preferred options as they were a substantial improvement from what was currently on offer. She noted that a site for option 6 would still need to be decided.

Councillor Doherty asked how the Health and Wellbeing Board could help with the proposals.

John Underwood indicated that engagement with local stakeholders was crucial. The development of the Outline Business Case would allow for continued online engagement through focus groups. He stated that there was also an Engagement Advisory Group that would help with the engagement with the voluntary and business sector. He explained that the purpose of sharing with the Board was to provide a continuing engagement throughout the consultation process and to ensure further development with local residents.

Councillor Bridgman noted that the Council was playing a vital role in sharing the messaging of the proposals with residents of West Berkshire.

Nicky Lloyd indicated that a key pillar of the new development was to promote the importance of health and wellbeing throughout communities and the work of local networks was crucial to achieving this.

RESOLVED that the progress update be noted.

128 **Alzheimer's Society Report - From Diagnosis to End of Life**

The Board received a presentation from representatives of the Alzheimer's Society, Laura Vicinanza and Kielan Arblaster. The report, aimed to shine a light on the inconsistent provision of high-quality, integrated care and support for people affected by dementia across England, from diagnosis to end of life. It also sought to provide a roadmap for action to improve dementia care from pre-diagnosis to end of life, offering insight from people affected by dementia about what makes a good pathway and how meaningful change can be implemented by local decision-makers.

Laura Vicinanza outlined a number of key points in the presentation:

Report structure:

- Diagnosing Well - how to improve the services offered in terms of diagnosing dementia
- Supporting Well - focusing on providing a high level of support for those suffering with dementia within 1 year of their diagnosis
- Living Well – ensuring that those with dementia are supported to live as full a life as possible
- Dying Well

Evidence:

- Used national guidance and legislation as a benchmark
- Literature review of existing pathways, standards and datasets
- Included focus groups and interviews with people affected by dementia
- Interviewed and surveyed professionals, such as GPs and nurses
- A key theme was a sense of disjointed and fragmented care.

Diagnosing Well:

Findings:

- People were being misdiagnosed or opportunities were being missed (some GPs reported feeling under-trained in diagnosis)

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- The referral processes could be confusing
- Service improvements could be challenging due to variation between memory services and limited performance data
- Delivery of a diagnosis, including a subtype and tailored information, is variable

Recommendations:

- CCGs to have a dedicated dementia lead to train GPs on referral criteria and diagnosis
- New ways of working within primary care
- Multi-disciplinary team meetings between memory service clinicians, neurology and neuroradiology
- Clear referral pathways to enable access to Allied Health Professionals
- Memory services to include dementia adviser services, with people automatically referred to the service unless they opt out
- Access to follow-up opportunities to discuss diagnosis

Supporting Well:

Findings:

- Information provided at the point of diagnosis was not being delivered in the right way, if at all
- People were struggling to access a care coordinator
- Care planning, including advance care planning, if undertaken, could be insufficient and dementia-specific needs were not considered
- The provision of post diagnostic support interventions could be variable and inappropriate

Recommendations:

- All people should have a named care coordinator
- Roll out training on personalised care and support planning
- Appropriate and tailored post-diagnostic support interventions for people with dementia and their carers
- Integration of dementia adviser services within primary care
- Clarity on responsibility for initiation of medicines and follow up appointments
- Clear local responsibility for advance care planning

Living Well:

Findings:

- Limited access to coordinated, proactive, ongoing care and support
- Follow-up care is not the same for everyone
- Carers are struggling to access support services
- Hospital and care homes need to identify and accommodate dementia specific needs

Recommendations:

- Straightforward methods of booking overnight care in advance
- Accessible lists of recommended local respite care services
- People to have increased follow-up and step-up care post-diagnosis
- Ongoing opportunities to access support interventions
- Care homes to have enhanced access to professionals through local multidisciplinary teams

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- All professionals to be trained to at least Tier 2 of the Dementia Training Standards Framework

Dying Well:

Findings:

- People often struggle to access palliative care, including end of life care
- Advance decisions are sometimes ignored, meaning the interests of people and their wishes at end of life are not being fulfilled

Recommendations:

- To manage hospitalisations through integrating services, upskilling care home staff and increasing access to out of hours specialist support
- Local multidisciplinary teams should be formed to assist local care homes, and include palliative care teams
- Local services should be set up to ensure that professionals involved in end of life care can easily and quickly access advance care plans

Conclusion:

- From diagnosis to end of life, people with dementia face challenges in accessing effective care and support
- A recurring theme at each stage of the pathway is the sense of disjointed, fragmented care
- Government and national bodies must make further progress on dementia care quality and outcomes
- But local decision makers, services and professionals are best placed to take ownership of developing dementia pathways, to promote streamlined and consistent support.

Councillor Doherty pointed to the mixed picture throughout the UK and asked if Laura Vicinanza had any further details on the work needed for dementia care in West Berkshire. She noted that a large amount of work was done in West Berkshire to address issues with dementia care, but welcomed any further insight.

Laura Vicinanza noted that she did not have specific recommendations for West Berkshire, but she was happy to work with local leaders to further assess what needed further development in the district.

Councillor Vickers noted that dementia care was a growing issue and understanding its challenges were crucial. She stated that she believed that dementia care should be a priority in the Joint Health and Wellbeing Strategy. She also pointed to issues with the fact that dementia came under social care, meaning individuals had to pay for care.

Laura Vicinanza noted that the number of people with dementia was high and was only going to increase. She further noted that those with dementia tended to suffer with other health issues as a result of their diagnosis. She stated that their recommendations proposed for dementia care to be included in the national service so that they would not have to pay for their own care.

Gary Poulson suggested that it was important for there to be modes of transport available for those with dementia to access support groups.

Joanna Rice noted that in West Berkshire, the contract did not cover travel support, but that there were a number of voluntary sector organisations that enabled this to happen.

Shairoz Claridge stated that it was the right time to look into the recommendations further, given the gaps in dementia care. She pointed to a number of initiatives being

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conducted in West Berkshire, such as 'Connected Care', where dementia plans were shared across local partners. She also noted that the Locality Integration Board was working on MDTs, looking at patients who had specific diagnoses. She invited Laura Vicinanza to attend the Locality Integration Board to present her findings.

Councillor Bridgman indicated that it was important to clarify what West Berkshire was already doing in order to know which recommendations would be necessary and to understand what costs would be involved. He suggested that the Health and Wellbeing Board was the right arena for a discussion on dementia care improvements given the wide range of expertise that was on the board.

Joanna Rice indicated that she would be able to help in regards to what recommendations could be integrated locally, as she had also worked in neighbouring authorities. She also stated that she would be able to assist in implementing changes that were cost-free. She noted that she would be happy to remain engaged with the on-going conversation.

Andrew Sharp noted that an enormous amount of pressure had been put on family carers for those with dementia and that there were huge lessons to be learnt from Covid-19 about the gaps in the system. He noted that some fantastic work had been done in West Berkshire, but that Covid-19 had shown where there were still gaps.

RESOLVED that the report be noted and Laura Vicinanza be invited to present to the Locality Integration Board.

129 Cultural Heritage Strategy

Paul James introduced a report on the Cultural Heritage Strategy 2020-30. He noted that the Council's Executive approved the report with the following recommendations:

- To set up the Cultural Heritage Strategy Delivery Group with key stakeholders
- To develop the Delivery/Action Plan with specific actions, outcomes, measures and resources to deliver the vision and strategic themes – and seek the approval of the Executive for the Plan within 6 months of the Group's inception.
- To report on progress to the Health & Wellbeing Board and the Culture & Leisure Programme Board as required.
- Review / refresh the strategy every 2 years to reflect progress and any changes required to deliver on the vision and objectives.
- To present the strategy which has a strategic theme to contribute to the improvement in the health and wellbeing of all our residents.

He further noted that a Delivery Group would be set up with key stakeholders and this Delivery Group would report to the Culture & Leisure Programme Board and the Health & Wellbeing Board. He noted that there had been a strong push by the Arts Council and Historic England to move cultural heritage into the health and wellbeing agenda.

Councillor Bridgman asked a number of questions relating to the wording of the strategy. He pointed to section 1.1 and noted that it contradicted with section 3.1. He also noted that section 5.6 talked of the way the Delivery Group would be set up, but that it clashed with what the Executive had already approved. He further stated that section 7.3 highlighted tensions between what is in the Cultural Heritage Strategy and what the Executive had already approved.

Councillor Vickers noted that the consultation outlined that access and sustainability were noted as crucial in the culture sector. She noted that as the sector was reliant on charitable donations, it therefore was not sustainable and needed adequate funding.

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Andrew Sharp, in relation to Councillor Bridgman's points on the contradictory nature of the report, asked whether it would be wise to change the wording so that it reflected the supportive nature of decisions made by the Health and Wellbeing Board from the Executive, rather than its approval. Furthermore, he also stressed the importance of the Cultural Heritage Strategy in relation to the pandemic and long-Covid issues, with non-medical interventions that could be utilised to assist with people's health.

Gary Poulson, in relation to Councillor Vickers' point on investment, noted that it was crucial to work with the voluntary sector and make money available for it when needed.

Councillor Bridgman asked how certain representatives on the Delivery Group would be decided.

Paul James indicated that the arts community were best placed to look at the purpose of the board and that the sector would decide who was best to represent them.

RESOLVED that the strategy be noted, a Delivery Group be set up, and that an interim report be presented to the Health and Wellbeing Board in July to update on progress.

130 Joint Health and Wellbeing Strategy

Sarah Rayfield outlined a report that sought to provide the Board with an update on the development of a Joint Health and Wellbeing Strategy for Berkshire West. She highlighted the recommendation for the Health and Wellbeing Board to extend the period allowed for public engagement until the end of February 2021, as it would allow for the completion of sufficient public engagement, in view of the impact of the current national lockdown. She stated that the strategy was currently in the 'public engagement and further engagement with stakeholders' stage.

Sarah Rayfield also outlined that public engagement would be used to help refine the short-list of 11 priorities into the final 3 priorities of the strategy. The following had been identified as themes running throughout the strategy: Empowerment and self-care; Digital Enablement; Prevention; and Recovery from COVID-19.

She highlighted the 11 potential priorities as follows:

- (1) Reduce the differences in health between different groups of people
- (2) Support vulnerable people to live healthy lives
- (3) Help families and young children in the early years
- (4) Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- (5) Good health and wellbeing at work
- (6) Physically active communities
- (7) Help households with significant health needs
- (8) Extra support for anyone who has been affected by mental or physical trauma in childhood
- (9) Build strong, resilient and socially connected communities
- (10) Good mental health and wellbeing for all children and young people
- (11) Good mental health and wellbeing for all adults

She noted that the consultation with the public had outlined a number of early findings (correct as of 27 January 2021):

- There had been 1,597 responses so far, with the majority from West Berkshire
- The vast majority of respondents were female
- The majority of respondents were aged 50-64
- The majority of respondents were of white or white British origin

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She stated that the next steps for the Strategy were: to extend public engagement until the end of February; to write the first draft of the strategy in early April; and a subsequent consultation on the final draft strategy.

Councillor Bridgman asked if the end of February was sufficient.

Sarah Rayfield indicated that a lot had been done, but it was about finding a balance of providing enough time for consultation without dragging it out.

Councillor Vickers expressed her concern with the lack of time for consultation given the strategy was supposed to last 10 years and the fact that the majority of respondents were aged over 50.

Meradin Peachey noted that it was a very important strategy and the Integrated Care Partnership was very keen to make it an important part of their delivery.

Matt Pearce noted that many of the challenges mentioned in the report were known and had been exacerbated because of Covid-19, which should be considered when extending the consultation period.

RESOLVED that the progress update be noted and the consultation period be extended to the end of February 2021.

131 Local Outbreak Control Plan (Verbal Report)

Matt Pearce provided an update on the latest situation regarding the Covid-19 pandemic in West Berkshire, and the local response and vaccination programme.

He noted that West Berkshire was continuing to see a downward trend in cases, but there were still a number of outbreaks in workplace settings. However, he stated that hospital admissions and death numbers were gradually increasing.

He also stated that a mass testing scheme was being set up in West Berkshire, which aimed to test key workers.

Lastly, he noted that the vaccination programme was continuing to go very well.

RESOLVED that the progress update be noted.

132 Tackling Health Inequalities

RESOLVED that the item be deferred and the report be discussed at the Health and Wellbeing Board meeting in May 2021.

133 Integrated Care Partnership Update (Verbal Report)

Andy Sharp noted that the ICP service had 6 pieces of work on-going and he would provide a more detailed update at the meeting in May 2021.

RESOLVED that a more detailed report would be brought to the board in May 2021.

134 Members' Question(s)

A full transcription of the public and Member question and answer sessions is available from the following link: [Transcription of Q&As](#)

- (a) The question submitted by Councillor Martha Vickers on the subject of the creation of a Covid dashboard tracker to monitor the broader effects of the pandemic on the community was answered by the Service Director – Communities and Wellbeing.

135 Future meeting dates

It was noted that from 2021/22, the Health and Wellbeing Board will move to five public meetings per year with dates as shown below:

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- 20 May 2021
- 22 July 2021
- 30 September 2021
- 09 December 2021
- 17 February 2021

All meetings will start at 09:30.

(The meeting commenced at 9.30 am and closed at 11.54 am)

CHAIRMAN

Date of Signature