

# HEALTH AND WELLBEING BOARD

## MINUTES OF THE MEETING HELD ON THURSDAY, 30 SEPTEMBER 2021

**Present:** Zahid Aziz (Thames Valley Police), Raghuv Bhasin (Royal Berkshire NHS Foundation Trust), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Chairman) (Executive Portfolio: Deputy Leader and Health & Wellbeing), Councillor Lynne Doherty (Leader of Council), Matthew Hensby (Sovereign Housing Association), Councillor Owen Jeffery (Shadow Portfolio Holder: Health and Adult Social Care), Jessica Jhundoo Evans (Corn Exchange), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director - Communities and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Joanne Stewart (Executive Portfolio: Adult Social Care) and Katie Summers (Berkshire West CCG)

**Also Present:** Christine Elsasser (Democratic Services Officer), Susan Halliwell (Executive Director - Place), Dom Hardy (Royal Berkshire NHS Foundation Trust), Councillor Rick Jones, Gordon Oliver (Corporate Policy Support), Carolyn Richardson (Civil Contingencies Manager), Michelle Sancho (Principal EP & Service Manager) and Janet Weekes (Housing)

**Apologies for inability to attend the meeting:** Paul Illman, Dr Abid Irfan (Vice Chairman), Gail Muirhead, Meradin Peachey, Andy Sharp and Councillor Martha Vickers

**Councillor(s) Absent:**

### PART I

The Chairman noted that Meradin Peachey was due to leave her post in November. He thanked her for her work with the Health and Wellbeing Board and on behalf of Public Health in West Berkshire.

The Chairman also noted that Kamal Bahia was due to leave her post at the end of September. He thanked her for her contribution as Chairman of the Health and Wellbeing Engagement Group (including organisation of the annual conference) and her contribution to the Health and Wellbeing Board Steering Group.

#### 40 Minutes

The Minutes of the meeting held on 22 July 2021 were approved as a true and correct record and signed by the Chairman.

#### 41 Actions arising from previous meeting(s)

Progress was noted as follows:

151 - The employer representative remained vacant. The Local Enterprise Partnership had been approached, but had declined due to uncertainty about their future. Councillor Owen Jeffery proposed approaching British Gas and SSE as major employers. The Chairman noted that AWE had also been proposed and encouraged Board Members with links to these organisations to make approaches.

153 – The peer review would be undertaken in 2022.

160 – Phase 1 of the Covid Recovery Dashboard was complete and Phase 2 would be completed using local data.

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164 – Review of Continuing Healthcare would report back in December.

165 – The transition between CYP and adult mental health services would be addressed as part of the Health and Wellbeing Strategy.

168 – Discussions regarding local data had not happened due to leave and illness.

169 – Discussions on joint working between PPP and HWEG had not happened.

171 – Iain Wolloff had agreed to provide an update on the work of the Skills and Enterprise Partnership at the December meeting.

### 42 **Declarations of Interest**

There were no declarations over and above the standing declarations of interest .

### 43 **Public Questions**

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 Paula Saunderson on the subject of the breakdown by age bands and care types of long-term care clients reported in Key Influencer measure 35.
- b) The question submitted by Paula Saunderson on the subject of the main sources of ailments giving rise to the increase in the number of long-term care clients supported by West Berkshire Council Adult Social Care.
- c) The question submitted by Paula Saunderson on the subject of capacity in West Berkshire managed care homes for those in the later stages of Dementia who are self-funding their care.
- d) The question submitted by Paula Saunderson on the subject of the supply of adapted housing for older adults available for private rental or private purchase, including advice on any sources available for those not on Housing or Adult Social Care registers.

### 44 **Availability of GP Appointments for Residents**

*[The Chairman agreed to bring this item forward in the agenda.]*

Richard Wood (CEO of Berkshire, Buckinghamshire and Oxfordshire Local Medical Council) gave a presentation on the Availability of GP Appointments (Agenda Item 11). Key points included:

- GP numbers were falling, with 1 in 15 permanent salaried partners leaving or retiring since 2016.
- In Berkshire, GP patient lists sizes had increased by 186% since 2014.
- The list sizes were 150% above the threshold where it had been shown there was a decline in patient health outcomes.
- At the same time as GP numbers were declining, patient demand was increasing.
- Safe workloads were agreed to be 25 consultations per day for simple matters, or 15 per day for complex cases - within Berkshire, GPs were averaging 32 consultations per day.
- Some GPs had had to deal with 76 consultations per day, which was neither sustainable nor safe.
- Clinical encounters only comprised 20% of medical record entries in patient notes – the remainder included workflow around patient care (e.g. reading letters, processing lab reports, documenting discussions with colleagues, etc).

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- NHS England data only captured data in relation to booked appointments – it did not count the other 80%.
- November 2020 was busier than the preceding year, but since November 2020, there had been a further 23% increase in activity. This had mostly been related to workflow around patient care. This may be attributable to transfer of work from hospitals and patients remaining on waiting lists for longer. Also, there was more administration (e.g. letters from patients).
- Demand was outstripping supply across the whole health system, including A&E and Outpatients Departments.
- Remote consultations were universal across the healthcare system and it was inappropriate to single out GPs for doing this.
- General practice operated under an independent contractor model and partners had unlimited liability for their business.
- GPs chose how they delivered their services to align best with their patient populations and the sustainability of their businesses.
- Clinical triage was critical when demand outstripped supply in order to identify those most vulnerable and in need.
- Telephone consultations were invaluable to identify who should be contacted first or seen face-to-face. They were also more convenient for patients, allowing them to get on with their day and minimising transport.
- Messages about returning to face-to-face consultation undermined safety.
- Practices were also using 'bottom-slicing' to allocate minor medical tasks to others such as paramedics, minor ailment practitioners, or pharmacists.
- Patients were able to submit queries online rather than booking an appointment. Some practices got up to 700 letters / online messages on a Monday morning.
- Telephone consulting was very efficient – 8 minutes vs 14 minutes for a face-to-face consultation for the same ailment. This freed up more time for dealing with the workflow around patient care.
- More than 90% of diagnoses were made on the basis of history alone, including what the patient described – it was unusual that a face-to-face consultation changed the formulation or management plan.
- It was accepted that a doctor's touch may be considered part of the therapy.
- Remote consultations were heavily pushed as part of GP contracts pre-pandemic, with the expectation that it would be increased over time.
- If individual practices had particular issues with access, this was usually because there was a particular issue at the practice that needed support from the LMC and commissioners.
- NHS England changed data capture in relation to consultations in Summer 2020, so pre- and post-pandemic data could not be compared.
- GPs and receptionists were getting a lot of abuse from the media and a minority of patients and this must be challenged at every level.
- GP practices must be supported to make their own decisions about how they managed access, which was their contractual right.
- The public needed to be educated about hybrid models and new ways of working.
- Hospital colleagues needed to stick to interface protocols so GPs did not end up doing their work as well as their own.
- The long-term solution was to reallocate resource to core GP work of seeing patients.

Councillor Rick Jones asked what was being done in terms of GP recruitment. He also asked how Social Prescribers could help to manage demand.

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Richard Wood noted that GP recruitment had been an issue for years and there was insufficient funding for retainer schemes. He stressed that it was important for junior doctors to have more exposure to general practice as part of their training. He explained that the work demand had increase and the contract value had been squeezed to such an extent that it was no longer an attractive proposition – Dr Wood worked 12-14 hours per day, but was only paid for 8 hours. An audit of a busy city practice had shown that for every 4 hours of contracted time, GPs were logged onto medical notes for 6 hours 40 minutes.

Richard Wood indicated that he had found social prescribers useful for patients where he was unable to do anything. However, they did not help to address medical issues.

Councillor Lynne Doherty was sorry to hear about the abuse that GPs were facing. She suggested that residents were only hearing one side of the story from the media and asked what GP practices were doing on communications to aid public understanding about the issues GPs were facing. She also asked if there were any figures specifically for West Berkshire.

Richard Wood indicated that there were not enough practices contributing data to provide meaningful data for West Berkshire, and he did not want to expose individual practices to performance management.

Regarding communications, he had written to MPs to promote discussion, learning and understanding. He explained that each GP practice had its own access arrangement, but GPs struggled to find time to engage in communications. He was looking at how to support practices in educating people about their access policies. Elsewhere, there were media campaigns by the BMA and GP practices were putting up posters. He noted that press releases were not always picked up by the media.

Sean Murphy suggested that changes to triage and remote consultation coincided with the pandemic and the public were wrongly expecting things to return to pre-Covid conditions. He stressed the need for the public to understand that this was the 'new normal' and why new ways of working had been introduced.

Richard Wood agreed and while there was a need to protect against Covid, it was more about managing demand. He noted that the population was grieving for what had been lost and it was normal to lash out. Therefore it was a natural phase of recovery, but there was a need to limit the damage to the profession.

Councillor Jo Stewart indicated that she was an advocate of the hybrid model of working and recognised the benefits for her as a patient. She asked what the Board could do to help with the media issue.

Richard Wood indicated that this was a new area for him and he would be grateful for the views of Board Members on how best to tackle the issue.

Councillor Owen Jefferey noted that his daughter's GP surgery in Burnham had used WhatsApp to disseminate information throughout the pandemic, which had been useful. He suggested that this could be template for others to use.

Richard Wood felt the most successful campaigns would be led by the practices. He noted that local media were more supportive than national outlets.

The Chairman indicated that his GP practice used Facebook to communicate with patients, which was good, but their online booking system allocated appointments two weeks out and failed to mention that urgent appointments were still available.

Andrew Sharp noted that there was perfect storm of conditions. He suggested that the board had levers to help and the health service should not be left on its own to cope. He

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indicated that the communications deficit was systemic across the NHS and it was not seen as a priority area for funding. Also, he highlighted that NHS campaigns repeatedly told people to visit their GP rather than their local health provider. He noted that the public had gone from clapping the NHS to giving them abuse. This needed comms professionals to address the issue and he advocated using Healthwatch services to talk to patients. He suggested that the NHS tended to make changes and just expected the public to know.

Richard Wood accepted that comms had to be refined, so people understood what GPs did / did not do. He concluded by suggesting that children needed education on how to self-manage minor conditions.

Katie Summers gave a separate presentation setting out the impact of Covid-19 on primary care:

- Demand had increased with easing of restrictions.
- Pressures were linked to a backlog in demand and extra secondary care work.
- She showed a table setting out the change in monthly activity by GP surgery across Berkshire West since the start of the pandemic – this showed that the Kennet PCN had experienced a 17% increase vs a 149% increase for West Berkshire Rural PCN.
- There had been an overall increase in the number of telephone and face-to-face consultations across Berkshire West.
- The expectation was for more practices to triage consultations going forward.
- The CCG was building up intelligence about Primary Care activity and report on activity other than consultations.
- The access points to GPs had increased (e.g. 111 call handlers were now able to book into Primary Care).
- Efforts were being made to standardise telephone messaging for GP practices.
- An extra £1 million had been allocated to Berkshire West GPs to increase capacity by 170 appointments per day until March 2022, with 50% of these as face-to-face appointments. This was in response to requests from the PCNs themselves. Longer term, the public needed to be educated about what was happening in Primary Care and how it was changing.
- There was a pilot with Royal Berkshire Foundation Trust's Emergency Department to allow them to book GP appointments.
- Community Pharmacy consultations were being established as an alternative to visiting GPs.
- A poster had gone out to GP practices about the differences in how GPs were working and asked if this could be promoted by the Council and partners.
- The CCG was concerned about the pressures that GPs were under and they were actively seeking to relieve these pressures.

Councillor Doherty noted that there were not enough GPs and asked how the additional 170 daily appointments would be delivered.

Katie Summers explained that the GP practices would be able to get in extra locum GPs. The PCNs had confirmed that the capacity was available. It was recognised that locums would not have historic knowledge of patients, so it was being seen as a 'sticking plaster solution'. Longer-term, more medical students had to be encouraged to see general practice as a career.

Andrew Sharp advocated increased use of pharmacists to relieve pressures on GPs. They could make referrals as appropriate. He also highlighted the lack of comms within

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the CCG's proposal and stressed that the Comms Team was very small. He stressed that comms were critical to counter national media outlets.

Katie Summers acknowledged that the Comms Team was depleted. She indicated that she would raise the matter with the Integrated Care Team.

**Action: Katie Summers to raise the issue of comms with the ICP.**

### 45 **Berkshire Suicide Prevention Strategy 2021 - 2026**

*[The Chairman agreed to bring this item forward in the agenda.]*

Sushma Acquilla presented the Suicide Prevention Strategy 2021 – 2026 (Agenda Item 9) and explained that it had been written by Karen Buckley who was now on maternity leave. Key points from the presentation included:

- The strategy would apply across Berkshire.
- Strategy principles were:
  1. Reduce suicide in high-risk groups
  2. Tailor approaches to improve mental health in specific groups
  3. Reduce access to means
  4. Information and support to those bereaved or affected by suicide
  5. Promote sensitive media reporting
  6. Support research, data collecting and monitoring
  7. Self-harm
- The Strategy was a refresh of the 2017-2020 version.
- It utilised the experience of the Suicide Prevention Steering Group.
- It was informed by professionals who supported those directly affected by suicide.
- A Working Group was set up to identify priorities, derived from local data, intelligence and information.
- A Steering Group subgroup defined content for each priority and provided regular updates to the Steering Group.
- ONS and RTSS data was used with data from audits on suicide prevention, NHS 0-25, and a deep dive session on female suicides. The impact of Covid-19 was also considered.
- The vision was: 'To reduce deaths by suicide in Berkshire across the lifecourse and ensure better knowledge and action around self-harm'.
- Key focus areas were:
  1. Children and young people
  2. Women
  3. Self-harm
  4. Economic pressures
  5. People bereaved or affected by suicide

Councillor Dominic Boeck noted that young people may be influenced to self-harm or take their own life through social media. He asked if this was addressed in the Strategy.

Sushma Acquilla stated that Children and Young People were a key focus. She did not think social media was mentioned in the strategy, but recognised the importance of the issue.

Councillor Doherty expressed surprise and disappointment that there had been no public consultation, and that this had been a lost opportunity to raise awareness of the Strategy. Also, she noted that there were only 3 out of 60 people on the Steering Group from West Berkshire.

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Garry Poulson stated that the West Berkshire Suicide Prevention Action Group had attended as many of the meetings as possible (80%+) and Rachel Johnson from West Berkshire Council's Public Health Team had also been attending. Others had attended on an ad hoc basis.

Councillor Adrian Abbs noted that the suicide rate for men was twice that for women and asked why women were a key focus of the Strategy.

Sushma Acquilla explained that for Berkshire as a whole, suicide rates were higher for women.

Katie Summers asked if there was a Delivery Plan for the Strategy.

Garry Poulson agreed that there needed to be actions on the ground. In West Berkshire, a zero tolerance approach to suicide had been adopted. A local Steering Group had been established four years ago with a wide membership. They had: run training sessions for front-line workers and business owners; given talks at various clubs; organised signs to be erected at key sites; developed a website to provide immediate and non-immediate support; an outreach worker had been employed; and, through the Surviving to Thriving Fund, the outreach worker was being trained to be a frontline trainer.

Andrew Sharp commended the work undertaken, but noted that there was a deficit in how suicide was discussed within the health community, since it tended to sit in Secondary Care and it was rarely discussed in Primary Care. He noted that there were new roles coming into Primary Care specifically to deal with Mental Health and so there was an opportunity to join things up.

Sushma Acquilla stressed that this was a Berkshire-wide Strategy, and it would be presented to each local authority in turn. It could either be presented in its current form or amended prior to adoption.

The Chairman proposed that the Strategy be adopted. This was seconded by Councillor Jo Stewart. At the vote, the motion was carried.

**RESOLVED that:** the Berkshire Suicide Prevention Strategy 2021-2026 be adopted.

### 46 ICP Priority - Rapid Discharge Programme

*[The Chairman agreed to bring this item forward in the agenda.]*

Dom Hardy (Chief Operating Officer of Royal Berkshire Foundation Trust) gave a presentation on the ICP priority around Rapid Community Discharge (Agenda Item 12). Key points from the presentation included:

- The scheme sought to ensure that patients were discharged from all hospital settings as soon as they were ready.
- It applied national guidance that was introduced (with additional funding) in April 2020.
- It included a Discharge to Assess approach – rather than patients waiting in hospital to be assessed, patients were discharged to their own home with assessment performed there.
- The scheme covered all of the Berkshire West Local Authorities, Berkshire Healthcare Foundation Trust and Royal Berkshire Foundation Trust.
- It focused on four pathways:
  - 0 – patients with no ongoing care needs
  - 1 – patients in need of domiciliary care
  - 2 – patients needing rehabilitation in community hospital beds
  - 3 – patients requiring residential care

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- Benefits included:
  - Improve outcomes for patients around infection, independence, mental health and muscle conditioning
  - Equality of support when leaving hospital.
  - Opportunity to make decisions away from a hospital setting.
  - Avoids delay for self-funders who find it challenging to source alternative support of who are concerned about the cost of care.
- At Royal Berkshire Hospital, there had been a marked reduction in the number of patients waiting more than 7 days and those waiting more than 21 days for discharge.
- Challenges to sustaining this model were:
  - Sustainable funding
  - Unintended consequences (e.g. high level of care need at discharge)
  - Capacity constraints in the care market
  - Increased numbers of patients awaiting discharge on a daily basis.
- The scheme would remain in place until the end of 2021-22 –discussion about extending it were ongoing within the ICP.

Dom Hardy asked how the Board could help to tackle current issues in the care market.

Councillor Jo Stewart noted the benefit that everyone received the same level of support when leaving hospital, but observed that this posed a huge challenge for the care market. She indicated that work was ongoing with partners in the ICP and work was underway in relation to care recruitment. While she accepted that getting people home as soon as possible supported their recovery, she did not wish to see the problem pushed from hospital to domiciliary care.

Dom Hardy indicated that he worked closely with Andy Sharp and his team. He was pleased at the commitment to continue to work on this issue, since the aim was to achieve the best and safest place for all residents, which was usually their own home. He felt that the more domiciliary care capacity could be increase the better it would be for everyone.

Councillor Adrian Abbs supported the approach, but asked who set the target and why it had been set for April 2020.

Dom Hardy explained that it was an internal target for Royal Berkshire Hospital and was used to challenge their teams.

Councillor Abbs asked if there was any pressure to change the target at that time due to Covid.

Dom Hardy confirmed that this was not the case and that it had been adjusted due to the sharp fall in admissions and the benefits that were being delivered.

### 47 **Petitions**

There were no petitions presented to the Board.

### 48 **Membership of Health and Wellbeing Board**

The Chairman asked Members to note that Raghuv Bhasin had replaced Dom Hardy as the representative of the Royal Berkshire NHS Foundation Trust.



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### 49 **Berkshire West Health and Wellbeing Strategy 2021 - 2030**

Sarah Rayfield presented the final version of the Berkshire West Health and Wellbeing Strategy (Agenda Item 8) to the Board for endorsement. She noted that it had been in development since March 2020 and the Board had been provided with regular progress reports.

The Strategy set out five priorities underpinned by eight principles. A six week consultation had taken place between June and August 2021 and the results had been used to further refine the Strategy.

While the Strategy was shared across the three Berkshire West local authorities, each of the Health and Wellbeing Boards was responsible for implementation in its own area and work had started on a Delivery Plan for West Berkshire. This had been informed by a workshop in June and by further work with the Board's Sub-Groups and other stakeholders.

A first draft of the Delivery Plan was included with the Strategy for the Board's consideration. This included actions shared with the other local where there were clear advantages from working at the larger footprint. Discussions had taken place with the other Health and Wellbeing Boards to understand where actioned aligned and how governance would take place.

The Delivery Plan included timescales for implementation with targets and indicators to measure progress. It would have a three years life after which it would be reviewed and refreshed. Sarah Rayfield invited comments from the Board on the level of detail that they wished to see included.

Councillor Lynne Doherty noted that there was no group with oversight of the second priority relating to supporting individuals at high risk of bad health. She felt that if nobody was taking responsibility and ownership, then there was potential for delivery to get lost. She also suggested breaking down delivery by years and to identify 'quick wins'. She confirmed that she had no issue with the content of the Delivery Plan.

The Chairman also emphasised the importance of the Delivery Plan and noted that discussions had taken place within the Steering Group about how the Delivery Plan was formatted and potential use of specialist software such as Roadmunk.

Sarah Rayfield noted that the final version would be presented in a different format and agreed that it would be helpful to provide a breakdown by year and understand where the 'quick wins' were and which actions would be delivered in the longer term. She noted that there would be a discussion on the shape of the sub-groups and future governance.

**RESOLVED that:** the Board endorse the Berkshire West Health and Wellbeing Strategy 2021-2030 prior to submission of the Strategy to Council for formal approval.

### 50 **Provision of Defibrillators in West Berkshire**

*[The Chairman agreed to bring this item forward in the agenda.]*

The Chairman explained that a Councillor Adrian Abbs had put a motion to Council about the provision of defibrillators in West Berkshire (Agenda Item 14) and particularly the use of redundant phone boxes to house them. Council had referred the motion to the Health and Wellbeing Board for further consideration. He invited Councillor Abbs to speak on the motion and the associated report.

Councillor Abbs indicated that he was keen to take every opportunity to install defibrillators. He circulated a link to a database of defibrillator sites within West Berkshire.

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He stressed that they had the potential to save lives and even if just one phone box was used the Council should position themselves to do this.

The Chairman indicated that he was in favour of installing more defibrillators provided they were in appropriately located. He stated that one had been installed in his parish following a Member's bid and he had been trained in their use.

### **RESOLVED that:**

- a) The Health and Wellbeing Board (via the Councils' Public Health Team) undertakes the following research/actions:
- Ask all town/parish councils to confirm the locations of telephone kiosks within the town or parish and whether they are in use or defunct and, if defunct, identify whether they have been adopted via the BT scheme, and if so by whom and for what purpose.
  - Ask all town/parish councils to also identify publicly accessible Automated External Defibrillators (AEDs) within their local area and to check these against the locations on the Save a Life App, with any missing devices registered via The Circuit.
  - A cost-benefit analysis to assess whether additional defibrillators should be provided and where any new devices would be most effectively deployed.
  - Following that analysis, and where additional units are considered likely to be effective, to approach town/parish councils and local communities to identify suitable sites (including phone boxes), and to ask those respondents if they would be willing to take responsibility for the installation and ongoing maintenance of any new AEDs.
  - An investigation into all available funding streams for new AEDs.
  - Initial publicity to ensure residents are aware of existing AED locations and how to locate them in the event of encountering someone experiencing cardiac arrest.
  - Consideration of funding a programme of First Aid training in schools and colleges and the wider community, to include the use of AEDs.
- b) That following the research and a Report as to findings, the Board considers what recommendations should be made to Council (and possibly to other partners) in response to the Motion and as to how funding and resources can best be used to address the health and wellbeing needs of local residents.

## **51 Working with Refugees and Migrants in West Berkshire**

Carolyn Richardson gave a presentation on recent work undertaken with refugees and migrants in West Berkshire (Agenda Item 10). Key points from the presentation were:

- The current focus was the Afghan resettlement and assistance programme set up by the Home Office, which had picked up pace since August.
- Evacuees had initially spent two weeks in hotels as part of the managed quarantine service.
- Due to the large numbers of families affected, the Home Office had then procured bridging / holding hotel accommodation, two of which were in West Berkshire.
- The Council had been given less than 24 hours' notice and it had been a significant challenge to prepare, since so little was known about the individuals involved.
- Three families would be resettled within West Berkshire.
- The families had arrived with nothing.
- There were many children and a number of pregnant women.

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- There were concerns about their general health status:
  - Covid vaccines
  - Other routine vaccine status – MMR / flu
  - Basic screening – TB, smears, etc
  - Mental health and wellbeing
  - Dentistry
- There were language and cultural challenges, but there were significant numbers of translators within the group.
- They were keen to get on with their new lives and learn English.
- There had been an overwhelming amount of support (e.g. donations, teaching English, etc).
- There was a local authority liaison officer on site every day.
- Links had been made with the Community Furniture Project and Greenham Common Trust regarding donations of goods and money to cover everyday essentials.
- The Department of Work and Pensions was on site every day.
- The Clinical Commissioning Group had provided support for:
  - Registrations with GPs
  - Midwife engagement
- There had also been engagement from:
  - Health visitors
  - My Family First
  - Family Hub Teams
- Children had been placed in education/entertainment.
- Support had been provided with transport/basic integration.
- Current activities included:
  - Education programmes in schools/on site
  - Programme of integration for all (e.g. public transport)
  - Alleviation of boredom
  - Work with CCG around mental health
  - Work with voluntary sector and other specialists
  - Work with the Home Office over the next steps
  - Transitioning from 'critical incident' to core services management of the additional activity.
- Resettlement activity included:
  - Three homes offered in West Berkshire
  - Started matching process with the Home Office
  - Multi-agency coordination to ensure wrap-around care in place to support families.
  - The work has been based on that done for the Syrian programme in 2015, which had been successful.

*(The Chairman noted that Councillor Lynne Doherty and Katie Summers had just left the meeting, so it was no longer quorate, but since no further votes were required, it was decided to carry on with the meeting.)*

Councillor Jo Stewart thanked officers for taking on the challenge and going above and beyond what was expected of them. She also praised members of the public who had been very keen to be involved and offer help. Similarly, voluntary sector organisations had stepped forward to be involved.

Councillor Dominic Boeck echoed Councillor Stewart's comments and thanked officers for their efforts.

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Janet Weekes confirmed that the first family would be rehomed by the following week.

### 52 **ICP Priority - Emotional Health and Wellbeing for Children and Young People**

It was agreed that this item be deferred to the next meeting.

### 53 **Health and Wellbeing Conference**

The Chairman explained that the Health and Wellbeing Conference had been scheduled for 15 October, but following the departure of Kamal Bahia, this had been deferred to 21 January. This would coincide with the launch of the Health and Wellbeing Strategy and associated Delivery Plan.

### 54 **Members' Question(s)**

There were no questions submitted by Members to this meeting.

### 55 **Health and Wellbeing Board Forward Plan**

The Chairman invited Members to contact Gordon Oliver with any proposed changes for the Forward Plan.

### 56 **Future meeting dates**

The dates for the 2021/22 Municipal Year were noted.

*(The meeting commenced at 9.30 am and closed at 11.55 am)*

**CHAIRMAN** .....

**Date of Signature** .....