

These Minutes have been amended. Please see Minutes of 29 September 2022 for amendments

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 21 JULY 2022

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing), Dr Zakyeya Atcha, Prof Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (West Berkshire Council Executive Director, People (DASS and DCS), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Reva Stewart (Berkshire Healthcare Foundation Trust) and Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing)

Also Present: Gordon Oliver (Principal Policy Officer) and Tom Dunn (Zoom Host)

Apologies for inability to attend the meeting: Supt Zahid Aziz, Councillor Dominic Boeck, Matthew Hensby, Sean Murphy, Garry Poulson and Belinda Seston

PART I

17 Minutes

The Minutes of the meeting held on 19 May 2022 were approved as a true and correct record and signed by the Chairman.

A question was asked about the proposed programme of first aid training in schools. It was confirmed that this would be brought back to the September meeting, since school holidays would make it difficult to progress the action.

18 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted. Observations were made in relation to the following actions:

- 191 – Councillor Jo Stewart to discuss the reporting timetable with the Mental Health Action Group.
- 198 – It was noted that It has been agreed in principal that defibrillators could be installed in the water safety facilities – options and costs were being considered.

It was highlighted that with the warm weather, people were using rivers for recreational swimming. Emergency lifebelts were being misused, which could jeopardise water safety. Also, there was a risk of deaths due to people hitting submerged objects and due to shock from the cold water. It was suggested that a public awareness campaign was needed. It was noted that the Royal Berkshire Fire and Rescue Service was visiting key locations and was working with partner agencies. The Water Safety Partnership, Thames Valley Police, Environmental Health and the Countryside Team had been involved in discussions. It was agreed that a multi-agency response was needed across West Berkshire.

Action: Gordon Oliver to liaise with the Public Protection Partnership to arrange a coordinated response to water safety concerns.

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19 **Declarations of Interest**

There were no declarations of interest over and above the standing declarations of Councillor Graham Bridgman and Andrew Sharp.

20 **Public Questions**

There were no public questions submitted to the meeting.

21 **Petitions**

There were no petitions presented to the Board.

22 **Membership of the West Berkshire Health and Wellbeing Board**

It was noted that on 1 July the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (ICB) formally came into being and the Berkshire West Clinical Commissioning Group (CCG) was absorbed into the ICB. Legislation had transferred duties of the CCGs to the ICBs, including membership of Health and Wellbeing Boards.

The terms of reference for the West Berkshire Health and Wellbeing Board required an ICB representative and West Berkshire Council representative in order to be quorate.

Members were asked to note that until October 2022, Belinda Seston and Dr Heike Veldtman would be the ICB representatives with Jo Reeves as substitute.

In the longer term, the link with the ICB would be via the Place Based Partnership. Once appointed, the Berkshire West Place Director would join the Health and Wellbeing Board, and a clinical representative would be designated. At least one additional substitute would also be sought.

23 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update**

Matthew Tait (BOB ICB Interim Chief Delivery Officer) presented the item on the BOB ICS update (Agenda Item 8).

He summarised his responsibilities, which included: planning and performance; lead on urgent care and elective care; and overseeing the place directors.

Over the last three months, there had been a focus on the technical establishment of the ICB, transfer of functions and staff from the CCGs. The ICB constitution had been signed off and the ICB had been formally established on 1 July 2022. A working group had been established to work up proposals for the Integrated Care Partnership (ICP).

It was explained that the ICP was a joint committee between local authorities and the ICB. The ICB was the NHS statutory body. PBPs would be created as sub-committees of the ICB. Work was ongoing to understand how these would relate to the Health and Wellbeing Boards, but it was acknowledged that there was a strong baseline of partnership working. The final element was Provider Collaboratives, with NHS providers, local authorities and the voluntary sector coming together to delivery joined up services.

The ICB Goals were highlighted, including: tackling inequalities, improving population health and healthcare, enhancing productivity and value for money, and helping the NHS to support broader social and economic development.

Key roles of the ICB were: setting system priorities; orchestrating system working along whole patient pathways; allocating funding in line with the strategy; and earning a seat at the table by focusing on where the ICB could add value.

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The Board met on 1 July 2022 to agree governance arrangements and receive various system level plans.

The ICB website was in development, only core information provided at this stage.

The ICB Board membership was detailed – this included: executives employed by the ICB; partner members from NHS trusts, primary care and local authorities; and non-executive members .

A high level strategy had been prepared on working with people and communities, which outlined a set of principles.

Place Based Partnerships (PBPs) were being developed and the ICB was keen to decision making as far as possible, since this would allow effective delivery, integration and work on wider determinants of health. These would build on existing partnerships.

A timeline was presented which showed how the focus was moving from technical tasks to developmental activities.

It was explained that Amanda Lyons was leading on strategy development. Initial work had focused on engagement and pulling together data.

A key focus of the strategy would be reducing healthcare inequalities. This would involve targeting areas of deprivation. It was noted that four out of the five local authorities were in the highest ranks in England in the overall health index.

ICP Strategy Guidance was awaited, but strategies were expected to consider the Joint Strategic Needs Assessments, the Health and Wellbeing Strategies and the NHS Mandate. New areas included: integrated commissioning, budgets, data sets, and health and care records.

The Chairman noted that the local authority representative on the ICB would be the Interim Chief Executive of Oxfordshire County Council who had a health background. Despite the timeline in the presentation showing 1 July as the deadline for the ICP and PBPs to be in place, these were not yet agreed. It was hoped that discussions could be concluded by October when the ICB Place Director was due to start.

It was highlighted that West Berkshire had two wards in the bottom two deciles for social deprivation, and so the approach may need to be focused on small pockets rather than wide areas. Members asked how these would be identified. It was noted that the small number was problematic in terms of detection and also in terms of self-perception.

Matthew Tait agreed that joint work would be required through the Primary Care Networks to better understand these populations and develop interventions.

It was noted that although West Berkshire was amongst the top performers in the Health Index, it fared less well in terms of healthy places.

Concern was expressed about the need for West Berkshire to have a strong voice as it would be competing with neighbouring local authorities. It was explained that the leaders of the five first-tier local authorities had met, as had the chairmen of the five Health and Wellbeing Boards. Efforts were underway to achieve aligned strategies and determine what should be delivered at system, place and locality levels. A conversation would be needed around how the PBP for Berkshire West would operate.

Tracy Daszkiewicz explained that the ICB was working with the three Directors of Public Health to look at how a data profile could be built. This would draw on the Joint Strategic Needs Assessment, population health management programmes and connected care. This would also help to understand how people accessed services and any related barriers. She welcomed the focus on health inequalities, but stressed that Public Health

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should have greater involvement. She highlighted the need to use data to generate intelligence and insights to understand what mattered most to local populations.

There was some discussion about how funding would be allocated across the health system. It was noted that a joint bid had been prepared that had targeted Oxford and Reading as the areas with the highest levels of deprivation. The five Healthwatches had argued that some funding should also go to the other local authorities, but this had been rejected.

Further detail was sought as to the identities of the ICB's non-executive directors.

Concerns were raised in relation to: Public Health being missing from / peripheral to key discussions; the need for a greater focus on prevention; and the fact that many West Berkshire residents used health services in neighbouring ICB areas and associated issues with transfer of patients records. A further point was made about explaining all acronyms in public meetings.

Matthew Tait indicated that further details would be circulated to stakeholders on the non-executive directors. (Details were available on the ICB's website: <https://www.bucksoxonberks.west.nhs.uk/what-is-the-icb/our-board-leadership/>). He also undertook to look at how Public Health Directors could be better engaged.

A point was made about the need to provide evidence that the experience was improving for the local population. It was recognised that there was a degree of distraction during the period of organisational change. The focus had been on maintaining services during the pandemic, but the focus had since switched to recovery and progress had been made on tackling the backlog in elective care. It was acknowledged that urgent care was very pressured, but additional resource was being put in place in preparation for the autumn / winter period.

It was recognised that the Berkshire West local authorities had contributed to the integration agenda by developing a Joint Health and Wellbeing Strategy and Members asked if the Health and Wellbeing Boards would have additional teeth to be able to get things done.

Matt Tait explained that Health and Wellbeing Boards were fundamental to getting the PBP relationships right, but it was acknowledged that further work was needed.

The Chairman noted that Health and Wellbeing Boards had statutory functions, but going forward there would be more synergy. Conversations were happening between the Health and Wellbeing Board Chairmen and there would be Health and Wellbeing Board representation at both system and place levels. There was also a Joint Local Health and Wellbeing Strategy across the three Berkshire West local authorities. He was hopeful that there would be population health benefits as a result of this synergy.

24 Annual Report from the Directors of Public Health

Professor Tracy Daszkiewicz (Director of Public Health – Berkshire West) presented the item on the Annual Report from the Directors of Public Health (Agenda Item 9).

It was highlighted that for sustainability reasons, the document would only be made available online.

Directors of Public Health could present reports on the state of the population's health in general terms or in a thematic way. The latest report focused on sustainability, climate change and food production and had been prepared as a pan-Berkshire report.

Members were encouraged to share the report with their networks.

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Since it was an online document, video case studies of local community groups had been included. These looked at where people could get sustainable food from as well as issues such as packaging and the impacts that farm-reared food had on the environment.

Members asked about how the report would be communicated to local residents and what the Council's Communications Team could do to support this.

It was explained that there would be more targeted communications activities in September, once the report had been taken to each of the Health and Wellbeing Boards.

A question was also asked about the impacts on the Public Health Service as a result of Slough Borough Council being declared bankrupt. It was noted that for pan-Berkshire initiatives and the Ukraine Homes project, colleagues from Slough were still taking part. However, it was suggested that the Director of Public Health for Berkshire East would be better placed to comment on the impact on local public health initiatives.

A comment was made about food sustainability being a global issue with poorer countries / populations being most adversely impacted. Concern was expressed that the report put the responsibility on individual action, but this was reliant on people having enough money to implement these actions. It was suggested that the benefits system needed to be changed.

Tracy Daszkiewicz acknowledged the points about global food production and distribution and stressed that food banks should not be the focus for supporting families in the UK. She recognised that there was a looming financial crisis which would have implications for food poverty and child poverty, and agreed that a wider system change was needed to support families in a meaningful way without judgement and stigma.

Members praised the report for being easy and enjoyable to read. It was recognised that the report gave practical advice to those who were able to act upon it, but there were many who would struggle to do so. It was also noted that a culture change was underway with many people already eating less meat. Praise was given to practical examples within the report where 'people power' could make a difference.

It was suggested that the advice within the report should be pulled out and communicated in bite-sized formats so people did not have to read the full report.

A question was asked about how the Directors of Public Health chose the theme for the annual report and whether it was tied into the Joint Strategic Needs Assessment. It was noted that the report's themes had not been discussed at previous meetings.

It was explained that topics were chosen because they were either very high-profile or had not had sufficient 'air-time'. Recovery from Covid through the eyes of children had been discussed as a possible future topic – this could be produced with local schools in a comic strip format and could be linked to the priorities of the Health and Wellbeing Strategy. Topics were currently determined solely by the Directors of Public Health, but it was suggested that the Board could be involved in deciding the themes of future reports.

It was noted that the report referred to reducing meat consumption and reducing food imports. It was asked if this would translate into policy changes in future.

Tracy Daszkiewicz commented that there was lots happening in this area globally, with food production and transportation being discussed at environmental summits. However, she noted that a lot of activity was consumer driven, e.g. the move to soft fruits and berries being available all year round. She indicated that the cheapest and healthiest option was to source food locally and to use as few ingredients as possible, avoiding processed foods. However, she recognised that this was an ideal solution, which would not suit everyone. She highlighted the impacts of farmed animals in terms of the agricultural land used and the methane emissions they produced. Additionally, she noted

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that much of the meat produced in the UK was exported to other countries. She suggested that consuming locally produced meat, farmed in ways that minimised environmental impacts could make a significant difference.

It was suggested that there should be Health and Wellbeing Strategy targets related to the Director of Public Health Annual Report.

25 **West Berkshire Pharmaceutical Needs Assessment**

Dr Joel Mulimba and Puja Patel presented the item on the West Berkshire Pharmaceutical Needs Assessment (Agenda Item 10).

It was explained that the Pharmaceutical Needs Assessment (PNA) was a statutory document that was produced every three years. A new version was due in October 2021, but this had been deferred by a year due to Covid.

The PNA was used to inform commissioning of pharmaceutical services and to support decisions about applications for new pharmacies or changes to pharmacy premises.

Data had been gathered from various national and local datasets, a survey of pharmacy contractors and a survey of service users and the general public. Existing and anticipated population demographics had been taken into account, as well as population health issues prevalent in the area. Various strategies and plans had also been reviewed including the Joint Strategic Needs Assessment.

Development of the PNA was overseen by a Steering Group with representation from Public Health Berkshire, the Local Pharmaceutical Committee, the Integrated Care Board, NHS England Pharmacy Team, the Local Medical Committee, Healthwatch and a patient representative.

A public survey was carried out between 13 January and 4 March 2022 to capture views on: frequency of use; accessibility; reasons for using pharmacies and protected characteristics. This had been disseminated on a whole population basis and a targeted population basis, with support from the a variety of organisations including West Berkshire Council's Communications Team, Healthwatch, the Volunteer Centre, Community United and Newbury College. Paper copies of the survey were offered in addition to the online survey and focus groups were offered to community groups.

256 residents were engaged. Overall, residents were happy with the services they received and most people chose their pharmacy on the basis of location. 98% of respondents took 20 minutes or less to reach their pharmacy. Most respondents visited their pharmacy once a month.

A contractor survey captured information about commissioned services that they delivered and services they would like to deliver. Responses were received from 19 out of 21 contractors.

The draft PNA went out for a 60 day public consultation on 10 June 2022. All statutory consultees had been invited to comment. The final draft would be taken to the Steering Group on 21 September 2022, before coming to the Health and Wellbeing Board for approval on 29 September 2022.

The Chairman noted that the document still had some references to West Berkshire as a borough rather than a district and asked for these to be corrected for the final version.

Members of the Health and Wellbeing Board were encouraged to provide feedback as part of the consultation rather than waiting until 29 September.

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It was highlighted that in the Health Index, one of the aspects where West Berkshire scored most poorly was the distance to pharmacies. However, the draft PNA suggested that there was good access to pharmacies.

It was explained that a national survey had shown that 95% of people could reach a pharmacy within a 20 minute travel time. This was agreed by the Steering Group as an appropriate measure for access in West Berkshire. It was also noted that some pharmacy provision was done through dispensing GPs.

The Board highlighted concerns expressed by the Local Pharmaceutical Committee (LPC) about workforce challenges faced by community pharmacies, and asked why these concerns did not appear to be reflected in the draft PNA.

It was noted that while this had been highlighted in surveys for other local authorities, it had not featured in the West Berkshire survey responses. However, Healthy Dialogues offered to discuss this with the LPC if it was considered to be an issue locally. It was acknowledged that that staffing had been an issue for many pharmacies during Covid.

Members asked if there was data on how pharmacies were being used and whether pharmacies had appropriate facilities (e.g. consultation rooms) to be able to take on additional work that would otherwise be done by GPs.

It was confirmed that the public survey had captured some data on how and when pharmacies were being used, and why people chose particular pharmacies. The contractor survey had been kept deliberately short to avoid over-burdening contractors during Covid. Information about facilities such as private rooms was not captured through the contractor survey, but it could be obtained through NHS England if needed.

Healthwatch indicated that they had been involved in the initial PNA work. Given how much services users relied on pharmacies and the potential for additional work to be handled by pharmacies in future, they felt that it was important to capture their views, but it was recognised that this was a complex topic. Questions were asked in relation to pharmacy provision for planned housing developments, and current workforce vacancy rates.

It was accepted that the PNA was a technical document, but this was necessary in order to meet NHS England's requirements and efforts to make it non-technical could risk the document being non-compliant. It was confirmed that planned housing developments were considered during the three year lifetime of the PNA. In relation to workforce, no significant issues had been identified through the contractor survey. Contractors had been asked if they had capacity to take on additional services and most had agreed that they did.

26 Suicide Prevention Strategy Update

Professor Tracy Daszkiewicz (Director of Public Health – Berkshire West) presented the item on the Suicide Prevention Strategy Update (Agenda Item 11).

It was explained that there had been a policy shift, which had taken account of research and data related to the impact of Covid on the level of suicides. Also, a new system had been developed around real-time surveillance that it was hoped could be adopted locally.

As part of the update, the intention was to overlay Public Health Strategy, taking into account social, economic and environmental factors and root causes of suicide, the triggers and key transition points in people's lives. The proposed review of the document would make it broader.

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It was also proposed to hold a suicide prevention summit in the autumn to launch the consultation on the refreshed strategy and secure greater partner buy-in to deliver suicide prevention across a broader range of policy.

The final updated strategy would be presented for adoption in spring 2023.

The Board noted that the Suicide Prevention Action Group (SPAG) continued to do all the practical suicide prevention group in West Berkshire. SPAG had a one day per week outreach worker who provided training courses. Two courses would be provided in the coming six week period, one of which would be aimed at the racing industry.

Members asked if there was any data being collected on suicides related to long-Covid.

It was confirmed that data was being gathered on people with long-Covid, but it was not being linked directly to suicide prevention. However, closer working with the Coroner's Office would help improve understanding the causes of deaths by suicide. Improved understanding about the factors that led to suicide would allow for more targeted interventions and support to be put in place.

It was noted that only 28% of people who died of suicide were known to services, which highlighted the importance of mental health first aid training so people were more aware of the signs and how to help. The Board had been unable to recruit a representative from local employers, but it was felt that a contact could be useful in communicating issues and potential interventions around mental health.

It was acknowledged that a challenge of home / hybrid working was that it made it harder for managers and colleagues to identify where individuals were affected by low mood. It was stressed that employers had a responsibility to check that staff were OK and had the opportunity to highlight any support that they might need. It was noted that death by suicide could appear to be very sudden. This was devastating for family members.

The work of SPAG was praised by the Board. However, it was suggested that there were still blocks in the system, such as GDPR issues preventing exchange of information. It was suggested that solutions be found for high-risk individuals so wrap-around care could be provided.

It was noted that some types of training were ubiquitous amongst employers (e.g. equality and diversity, safeguarding, manual handling, etc), but mental health training was not. Members asked whether something could be done with the Local Enterprise Partnership, Chambers of Commerce, and local business groups to encourage more employers to run courses.

It was agreed that bite sized sessions helped to raise awareness and opportunities should be taken to engage more people on these issues.

Councillor Jo Stewart had secured mental health first aid training for Council Members. She felt this was important due to the wide range of people that they dealt with. She worked with a charity who supported families of people affected by suicide, but noted that families often felt uncomfortable or embarrassed to talk about it, since they often felt that they were to blame or should have prevented it. She indicated that she would like to attend the summit.

The Chairman proposed to accept the report's recommendation. This was seconded by Councillor Jo Stewart. At the vote the motion was carried.

RESOLVED: That the Health and Wellbeing Board agree:

- to refresh the Suicide Prevention Strategy.

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- for the Suicide Prevention Partnership to arrange a summit for the autumn to launch a full consultation process into suicide prevention to further inform the Strategy refresh.

27 **GP Numbers in West Berkshire**

Jo Reeves (Newbury Locality Manager) presented the item on GP Numbers in West Berkshire (Agenda Item 12).

There had been a slight fall in GP numbers in Berkshire West and across the Buckinghamshire, Oxfordshire and Berkshire West Health System as a whole. However, the area still benchmarked well compared with neighbouring areas.

There was some optimism regarding the potential to retain the 25 GP trainees in Berkshire West.

Funding had been increased for the Additional Roles Reimbursement Scheme and this was being successfully used to increase numbers of staff in roles that offered direct patient care and relieve pressure on GPs and allow them to work at the top of their licence and work with those patients who had the most complex needs.

In summary, although there were still some recruitment and retention issues that affected GPs, overall workforce numbers were increasing.

Action: Questions relating to the GP Numbers report to be sent to Gordon Oliver.

28 **Berkshire West Clinical Commissioning Group's Annual Report and Accounts 2021/22**

The Board noted the Berkshire West Clinical Commissioning Group's Annual Report for 2021/22. Members were invited to make comments directly to the Integrated Care Board, which had replaced the CCG.

29 **Members' Question(s)**

There were no questions submitted to the meeting.

30 **Health and Wellbeing Board Forward Plan**

Members were invited to comment on the Health and Wellbeing Board Forward Plan.

Healthwatch West Berkshire highlighted that due to staffing issues, the Voice of Disability update would need to slip to the December meeting.

31 **Future meeting dates**

The Board was invited to note the dates of future meetings.

The Chairman indicated that he would be unable to attend the next meeting on 29 September.

(The meeting commenced at 9.30 am and closed at 11.31 am)

CHAIRMAN

Date of Signature