

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 20 APRIL 2023

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Paul Coe (Interim Executive Director - People (DASS & DCS)), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), April Peberdy (Acting Service Director - Communities and Wellbeing), Garry Poulson (Voluntary Sector Representative), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing)

Members Attending Remotely: Prof John Ashton (Director of Public Health), Supt Zahid Aziz (Thames Valley Police), Jessica Jhundoo Evans (Culture Sector Representative), Councillor Rick Jones (West Berkshire Council), Sean Murphy (Public Protection Manager), Belinda Seston (Interim Integrated Care Board Director of Berkshire West) and Fiona Worby (Healthwatch West Berkshire)

Also Present: Rob Bowen (Acting Director of Strategy and Partnerships), (Gordon Oliver (Principal Policy Officer) and Ben Ryan (Democratic Services Officer

Apologies for inability to attend the meeting: Sarah Webster, Matthew Hensby (Sovereign Housing), Janet Lippett (Royal Berkshire NHS Foundation Trust), Gail Muirhead (Royal Berkshire Fire and Rescue Service), and William Orr (Royal Berkshire NHS Foundation Trust)

Absent: Bernadine Blease (Berkshire Healthcare Foundation Trust)

PART I

87 Minutes

The Minutes of the meeting held on 23 February 2023 were approved as a true and correct record and signed by the Chairman.

88 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

In relation to Action 211, it was agreed that the presentation to the Corporate Parenting Panel would be promoted to all Councillors.

In relation to Action 218, it was noted that several meetings had taken to consider support for asylum seekers, which had included partner organisations. Reassurance was provided that responses to the Healthwatch recommendations were being discussed and reviewed.

89 Declarations of Interest

Councillor Jo Stewart and Dr Heike Veldtman declared an interest in Agenda Item 11, but reported that, as their interest was a 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 the matter.

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90 Public Questions

There were no public questions submitted to this meeting.

91 Petitions

There were no petitions presented to the Board.

92 Membership of the Health and Wellbeing Board

It was noted that membership of the Health and Wellbeing Board was on an organisational basis. A standing item was retained on the agenda to note any changes in personnel. Changes since the last meeting included:

- April Peberdy had replaced Steve Welch as Interim Service Director - Communities and Wellbeing, and Zoe Campbell had been nominated as her substitute.
- Professor John Ashton had replaced Professor Tracy Daszkiewicz as Director of Public Health for Reading and West Berkshire.
- Kate Rees had replaced Lorraine Adams as Matthew Hensby's nominated substitute.

RESOLVED: to note the changes.

93 Joint Forward Plan

Rob Bowen, Integrated Care Board (ICB) Acting Director of Strategy and Partnerships, presented the report on the Joint Forward Plan (Agenda Item 8).

Members of the Health and Wellbeing Board were invited to provide feedback on the draft Joint Forward Plan and it was confirmed that there would be a formal request from the ICB in June for the Health and Wellbeing Board to confirm how well the Plan aligned to / supported the Joint Local Health and Wellbeing Strategy (JLHWS) for Berkshire West.

It was acknowledged that the recent workshop to discuss the Plan had been a very useful and positive event with good levels of engagement. It was felt that the right messages had been communicated to the ICB, but there was some cynicism about how the vision could be achieved given the current pressures and the fact that the health system was starting from a deficit position.

Rob Bowen was thanked for his work in developing the Plan.

The Board welcomed the commitment to an increased focus on prevention activity and asked what the Council could do to support this. It was acknowledged that there was a challenge to balance short and long-term priorities, but the ICB was seeking to lay the foundations for long-term change.

It was noted that housing was a critical area and there was a need for more and better quality housing. It was suggested that the Council needed to have more influence, particularly in relation to smaller social / private landlords, since tenants often struggled to engage with them. The ICB acknowledged that wider determinants of health (such as housing) were important.

It was highlighted that GP surgeries were key points of contact for residents, but they had become less accessible since Covid and had been overwhelmed with enquiries. It was suggested that expanded health centres could provide one-stop shops. The ICB acknowledged the critical role of GP practices in providing support to patients and in supporting the shift in care from acute to community settings. It was confirmed that a five year strategy would be developed over the coming 12 months which would ensure that any models put in place were sustainable.

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The Board recognised that there were lots of layers and strategies within the health system, and stressed the need for efficient working practices to avoid greatly increasing the number of meetings.

It was suggested that self-care was a critical aspect, since there were increasing numbers of older people with multiple conditions who were exerting huge pressures on the NHS. It was stressed that the NHS only accounted for 10% of care and there was a need to build resilience and develop knowledge of how to manage common conditions (e.g. through peer support). Also, it was suggested that patients should be encouraged to plan for the rest of their lives once they got to their 60s.

Discharge from hospital was highlighted as another important issue and it was suggested that the housing sector should be represented on hospital boards. It was noted that while the overall care market was challenging, domiciliary care was OK. It was confirmed that a strengths based approach was applied and the aim was to keep people independent for as long as possible.

Action: Paul Coe agreed to brief Professor John Ashton on challenges and actions being taken in relation to acute care and hospital discharge.

It was suggested that there was currently insufficient investment in communications and engagement. There was a need to drive behavioural change and to involve patients in decision making. All parties needed to be bought into the prevention agenda, with solutions focused on healthy lifestyles rather than tablets.

Actions:

- **The Board was encouraged to visit the [ICB's public engagement site](#) and to highlight at an early stage if there was anything in the Joint Forward Plan that was considered to be problematic.**
- **The Health and Wellbeing Board Sub-Groups were encouraged to engage with the Joint Forward Plan individually or jointly.**

RESOLVED to note the report.

94 Health and Wellbeing Board Steering Group Terms of Reference

The Chairman presented the draft Health and Wellbeing Steering Group Terms of Reference (Agenda Item 9).

It was noted that terms of reference would be prepared for each of the Board's sub-bodies and that each would be approved by the body above. The Board's terms of reference had been approved by Council and the Board was asked to approve the terms of reference for the Steering Group.

It was agreed that the representative from the Voluntary and Community Sector should be amended to 'a representative of the Council for Voluntary Service'.

It was highlighted that substitutes should be allocated. It was confirmed that the voluntary sector had a process for allocating substitutes.

RESOLVED to approve the terms of reference subject to the amended wording from 'Voluntary and Community Sector' to 'Council for Voluntary Service'.

95 Pharmaceutical Needs Assessment - Decision Making Process

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the item on the Pharmaceutical Needs Assessment (PNA) Decision Making Process (Agenda Item 10).

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It was noted that the recent notifications of proposed closures in the Sainsbury's superstores at Calcot and Newbury had been a trigger for the Board to review its processes. It was recognised that the Board needed to respond in an agile manner between meetings.

Members noted that updating the PNA or publishing a supplementary statement would not address issues created by pharmacies closing and asked how concerns could be escalated. It was explained that the Board merely had a duty to assess the implication of any proposed changes to provision and had no powers beyond this. An updated PNA or supplementary statement was useful in highlighting gaps, but it was up to providers if they wanted to enter the market. It was confirmed that the PNA and any supplementary statements would be published on the West Berkshire Observatory website.

It was noted that the Health Scrutiny Committee had a role in questioning the NHS about the operation of pharmacies and had done so at the last meeting. Also, it was acknowledged that pharmacies were mostly private businesses and an appropriate response needed to be agreed by the NHS system.

It was proposed that all Board members should be notified of proposed changes to pharmacy services.

It was highlighted that recent temporary closures had resulted in long queues at other pharmacies in the areas, and that there was a need to communicate with patients and GPs.

It was recognised that pharmacies played a key role in the preventative approach to health care.

One of the proposed closures was in an area of relative deprivation where it was considered important to have a pharmacy present within the community in order to make access as easy as possible.

A question was asked about provision of pharmacies in new developments.

Concern was expressed that other pharmacies may be on the verge of closing.

Members were reminded that this item was related to the process for assessing the impact of changes rather than the planned closures, which would be discussed as part of Item 11.

There was a query about whether the PNA process took account of online pharmacies. It was recognised that while these offered benefits in terms of reliable supply of medicines and avoiding the need to queue, community pharmacists did much more than dispense medicines. Also, they were unable to provide same day supply of medicines.

Action: April Peberdy to confirm if the PNA took account of online pharmacy options.

It was noted that the proposal was for local ward councillors only to be consulted if a gap was identified. However, it was suggested that they should be consulted on all changes, since they had the local intelligence to help identify issues that may contribute to gaps in provision being declared. They could also disseminate messages to local residents.

It was suggested that a review was needed to get a better understanding of the current and future situations with respect to pharmacy provision in West Berkshire.

A point was made about the potential for strengthening primary care through extended hours health centres with in-house pharmacies.

Members observed that many family-owned pharmacies had been bought out by large pharmacy providers who were now disengaging.

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It was noted that Healthwatch had been unaware of the proposed closures until the story broke in the local newspaper. This reinforced the importance of all Board Members being informed when notifications of planned closures were received.

It was highlighted that patients were increasingly being told to visit their pharmacist as an alternative to visiting their GP, but were experiencing long queues. Patients were also experiencing problems in getting repeat prescriptions.

A question was asked about the proportion of independent pharmacies vs independent pharmacies and whether all were privately owned.

Action: April Peberdy to provide further detail on the breakdown of pharmacy ownership in West Berkshire.

A number of amendments were proposed to the Pharmaceutical Needs Assessment Terms of Reference.

- 3.3.2 to move up to 3.2 and become: 'Details of proposals shall be circulated to the Health and Wellbeing Board and local ward members so they can provide relevant comments for consideration by the Sub-Committee'.
- 3.3.1 to be amended: delete 'and / or'.
- 3.3.2 to be amended: 'where a Gap is anticipated, consultation with the Local Pharmaceutical Committee in order to understand the likely impacts on other pharmacies'.

The proposal was seconded and an indicative vote was taken of all Members include those attending remotely prior to the formal vote by Members in the room.

RESOLVED that:

- (a) notifications of changes to pharmaceutical services in West Berkshire should be shared with all members of the Health and Wellbeing Board and local ward councillors;
- (b) decisions about the appropriate response to notifications of changes to pharmaceutical services be delegated to a Sub-Committee of the Health and Wellbeing Board, consisting of the Chairman and Vice Chairman of the Health and Wellbeing Board, the Director of Public Health for Berkshire West, and a senior Public Health Officer;
- (c) the Sub-Committee shall consult the Local Pharmaceutical Committee (Pharmacy Thames Valley) if a gap in provision is identified in order to understand the likely impact on other pharmacies;
- (d) all decisions of the Sub-Committee will be reported back to the Health and Wellbeing Board at the next public meeting and the Berkshire West Shared Public Health Team will publish any supplementary statements or updated PNA on the Berkshire Public Health Observatory website as required;
- (e) the proposed terms of reference for the Pharmaceutical Needs Assessment Sub-Committee be approved subject to the following amendments:
 - 3.3.2 to move up to 3.2 and become:
 - 'Details of proposed changes shall be circulated to the Health and Wellbeing Board and local ward members so they can provide relevant comments for consideration by the Sub-Committee';

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- 3.3.1 to be amended:
 - delete 'and / or';
- 3.3.2 to be amended to:
 - 'where a Gap is anticipated, consultation with the Local Pharmaceutical Committee in order to understand the likely impacts of the closure(s) on other pharmacies'.

96 Pharmacy Closures - FEJ88 and FVP85

(Councillor Jo Stewart declared a personal interest in Agenda Item 11 by virtue of the fact that the Calcot Sainsbury's superstore was in her ward. As her interest was personal and not prejudicial she was permitted to take part in the debate and vote on the matter.)

(Dr Heike Veldtman declared a personal interest in Agenda Item 11 by virtue of the fact that the Newbury Sainsbury's superstore was in the catchment for her GP practice. As her interest was personal and not prejudicial she was permitted to take part in the debate and vote on the matter.)

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the item on Pharmacy Closures (Agenda Item 11).

Although Thames Valley Pharmacy had indicated that there was spare capacity at other pharmacies, Members observed that there had been significant queues at local pharmacies in recent weeks. It was highlighted that pharmacies offered other essential services, which may be compromised if they were struggling to cope with demand for prescriptions.

Members observed that new development would further increase the pressure on pharmacies.

Concern was expressed that the closure of the pharmacy at the Newbury Sainsbury's superstore would require some people to walk further to other pharmacies in the town centre and the quoted walking times were felt to be optimistic. Officers recognised that any closure would have an impact on residents, but the analysis had shown that a significant gap would not be created in Newbury. Officers confirmed that walking times were averages and used standard values

Members thanked the staff at the Lloyds pharmacy in Calcot who had suffered abuse from customers who were frustrated at having to queue. It was noted that there were two wards affected by this closure, including one of the more deprived wards in the District.

It was noted that while Sainsbury's was easy to access by bus, patients may struggle to access other pharmacies in the area that were not as well served by local bus routes. Some customers had already started to make alternative plans, including switching to online pharmacies.

The importance of the role of pharmacies in primary care provision was highlighted. Concern was expressed that several pharmacies had closed in West Berkshire, which would affect patient access and would impact on remaining pharmacies. Concern was also expressed that West Berkshire had a lower ratio of pharmacies to resident population than the national average. Members asked what could be done to address the issue. Officers recognised these concerns, but indicated that decisions about pharmacies opening and closing in West Berkshire were up to providers.

Members suggested that the Local Pharmaceutical Committee and Health Scrutiny Committee may have a role to play in stimulating the market and investigating the causes

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of pharmacies closing. It was confirmed that Pharmacy Thames Valley had been consulted in relation to the planned closures.

Concern was expressed that parts of Calcot were amongst the most deprived in the country. However, it was confirmed these areas were only within the fourth decile of the index of multiple deprivation.

Members highlighted issues with the availability of medicines at local pharmacies and it was suggested that the problems were exacerbated by recent strikes. It was noted that many pharmacies operated a 'just in time' supply chain and only carried around two days of supplies. It was suggested that online pharmacies were often easier to use and more reliable and would be part of the mix in future..

It was highlighted that Finland had reduced primary care consultations by over 20% by educating the public about self-care for common conditions, but this needed a strong pharmacy sector.

The Board noted that the government was keen to promote the role of pharmacies, but this was in conflict with the rationalisation process that was prevalent.

It was stressed that the ICB had a role to play in reassuring pharmacies that there would be the business flow and necessary margins to give them the confidence to invest.

Members highlighted an issue where older people who could no longer drive may struggle to access pharmacies and it was suggested that there needed to be a whole system strategy to tackle issues with the pharmacy sector.

It was suggested that the Board should write to Lloyds to express its concerns.

Action: April Peberdy to draft a letter in consultation with the Chairman and Vice Chairman.

It was noted that pharmacies had a contract with the NHS and had to give at least three months' notice of closures.

It was suggested that if other pharmacies were subsequently found not to be coping with the increased demand then the situation should be reviewed to determine whether a gap in provision should be declared for Newbury. It was stressed that any decision should take account of the impact of planned development and changing demographics.

It was noted that there would be implications for GPs as a result of the closures, since they needed to request the prescriptions. While online pharmacies were good for repeat prescriptions, it was acknowledged that there was a need for immediate access to medicines in some cases, which online pharmacies could not provide.

An analogy was made with banks where the government had put pressure on different providers to collaborate and maintain a physical presence within individual communities.

Concern was expressed about the impacts of future development in Newbury and whether there could be some form of qualification of the Board's response to reflect this. It was confirmed that the analysis had not shown a gap in provision, but the situation would be kept under review. Also, the Pharmaceutical Needs Assessment would be renewed every three years and new development would be considered as part of that process.

RESOLVED to:

- (a) note the receipt of the NHS notification of the termination of the contract and subsequent closure of the following pharmacies on 22 April 2023:

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- FEJ88 – Lloyds Pharmacy Ltd (in Sainsbury), Bath Road, Calcot, Reading, Berkshire, RG31 7SA
- FVP85 – Lloyds Pharmacy Ltd (in Sainsbury), Hectors Way, Newbury, Berkshire RG14 5AB

- (b) note the assessed impacts of the closures;
- (c) agree that a supplementary statement be issued in relation to the closure of FEJ88;
- (d) agree that no action is needed in relation to the closure of FVP85;
- (e) write to Lloyd to express the Board's concern at the closures.

97 Young Carers

The report on Young Carers (Agenda Item 12) was provided for information only and was not discussed at the meeting.

RESOLVED to note the report.

98 Members' Question(s)

There were no questions submitted to the meeting.

99 Health and Wellbeing Board Forward Plan

Members reviewed the Health and Wellbeing Board Forward Plan.

RESOLVED that the Forward Plan be noted.

100 Future Meeting Dates

The dates of the future meetings were noted.

(The meeting commenced at 9.30 am and closed at 11.27 am)

CHAIRMAN

Date of Signature