

These Minutes have been amended. Please see Minutes of 2 May 2024 for amendments.

## **HEALTH AND WELLBEING BOARD**

### **MINUTES OF THE MEETING HELD ON THURSDAY, 22 FEBRUARY 2024**

**Present:** Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration) (Chairman), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) (Vice Chairman), Councillor Heather Codling (Executive Portfolio Holder: Children, Education and Young People's Services), Councillor Janine Lewis (Portfolio Holder for Public Health, Culture, Leisure, Sport and Countryside), Councillor Joanne Stewart (Shadow Portfolio: Adult Social Care; Integrated Health; Public Health), Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children and Family Services), Hannah Elder (Culture and Leisure Representative), DCI Emily Evans (Thames Valley Police), Mike Fereday (Healthwatch West Berkshire), Kirubananthan Nagaratnam (Royal Berkshire NHS Foundation Trust), April Peberdy (Acting Service Director - Communities and Wellbeing), and Garry Poulson (Voluntary Sector Representative)

**Attending Remotely:** Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), and Neil Whiteman (Royal Berkshire Fire & Rescue Service)

**Also Present:** Julie Dandridge (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), David Dean (Pharmacy Thames Valley) and Rachel Peters (Volunteer Centre West Berkshire), Sanjay Desai (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), David Dean (Community Pharmacy Thames Valley), Rachel Peters (Volunteer Centre West Berkshire), Gordon Oliver (Principal Policy Officer), and Thomas Radbourne (Apprentice Democratic Services Officer),

**Apologies for inability to attend the meeting:** Councillor Jeff Brooks, John Ashton, Jessica Jhundoo Evans, Supt. Helen Kenny, Stephen Leonard, Dr. Janet Lippett, Sean Murphy and Fiona Worby

**Absent:** Matthew Hensby and Helen Williamson

## **PART I**

### **55 Minutes**

The Minutes of the meeting held on 7 December were approved as a true and correct record and signed by the Chairman.

### **56 Actions arising from previous meeting(s)**

Progress on actions from the previous meetings was noted.

### **57 Declarations of Interest**

There were no declarations of interest received other than the standing declarations set out in the agenda.

### **58 Public Questions**

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

### 59 Petitions

There were no petitions presented to the Board.

### 60 Membership of the Health and Wellbeing Board

The following changes were noted:

- Councillor Jeff Brooks had replaced Councillor Lee Dillon while he was on a sabbatical from his role as Leader of the Council.
- Andy Penrith to replace Helen Kenny as the Thames Valley Police representative from 26 February 2024.
- Garry Poulson to retire on 28 March 2024, from which point Rachel Peters would become the Voluntary Sector representative.

### 61 ICB Primary Care Strategy

Sanjay Desai (Head of Primary Care Operations, BOB ICB) presented the item on the Primary Care Strategy (Agenda Item 8).

The following points were raised during the course of the debate:

- The Strategy would be a key element of the Health and Wellbeing Board conference on 19 April.
- The Strategy was seen as the starting point for the prevention agenda. Cardiovascular disease (CVD) was the biggest killer of people in England. The new Community Wellness Project encompassed what partners were seeking to do in terms of prevention. Prevention activity would progress to other conditions once the impacts of the CVD project were understood.
- There was considerable collaboration taking place between the ICB and primary care providers.
- Pharmacy First was the biggest change to affect community pharmacy in 10 years and it was accompanied by a cash injection, which would help providers to survive. Initial feedback had been overwhelmingly positive. It was easier for patients to see pharmacists than to get a GP appointment. Over 200 practice managers and GPs had received a presentation on Pharmacy First. Working together would help to ensure that patients received the care they deserved.
- Members sought reassurance that patient information captured at the pharmacy would be shared with GPs through the NHS app. It was confirmed that £20M had been invested in digital pathways to ensure that every consultation was added to the patient's record. These would be accessible by GPs and by patients via the NHS app. If hospitals were able to access patient records, they would be able to see this information too.
- The ICB had received feedback from patients that it was sometimes hard for patients to access the right person. The Strategy sought to ensure that the patient got to see the right person at the right time. It was recognised that patients with complex needs would benefit from seeing the same clinician each time and from having longer consultations, but it was often difficult to accommodate this.

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- Primary care providers were keen to do more pro-active and preventative work and the Strategy should help by better managing urgent demand.
- Pharmacy First would help to tackle the frustrations experienced by patients who had previously consulted their pharmacist only to find that they still needed to see their GP for a prescription.
- The Strategy also sought to build on existing relationships with community / voluntary / social services. Integrated Neighbourhood Teams would bring all healthcare professionals together to offer a seamless service to residents.
- Members suggested that the scheme could be better promoted. It was explained that national advertising had only just started that week and the ICB was also in the process of rolling out its campaign. It had been a conscious decision not to have a big launch on the first day, since pharmacists were being trained to be confident in clinical examination. Advertising would be ramped up in the coming weeks.
- While Members welcomed the move from acute care to primary care, the Royal Berkshire NHS Foundation Trust had a £10M budget deficit and it was queried whether this was a case of 'robbing Peter to pay Paul'. It was explained that the ICB was currently developing its financial plans for 2024/25. There was a desire to invest in pro-active / preventative services where possible, but the potential risk of destabilising services was acknowledged. Work was underway to tackle the Trust's budget deficit. Consideration was being given to how best to align resources to free up resources to invest elsewhere. This included reallocating staff as well as funding. Shifting to a more preventative model of care would allow people to stay well for longer and lead to a reduced level of resources in acute care.
- Members were encouraged to talk to their constituents about the Strategy and provide feedback.
- Engagement on the draft Strategy would continue until the end of March. A number of focus groups had already been held, but the ICB was happy to arrange additional events if needed.

**RESOLVED** to note the report.

### 62 Changes to Pharmaceutical Services

April Peberdy (Acting Service Director – Communities and Wellbeing) presented the report on Changes to Pharmaceutical Services (Agenda Item 10).

The following points were raised during the course of the debate:

- Given that some pharmacies appeared to be struggling to cope with existing levels of demand, Members asked why new pharmacy applications were being refused, particularly if reliance on community pharmacies would increase as a result of Pharmacy First. It was explained that pharmacy funding had remained unchanged for the last 10 years, but the volume of prescriptions had increased, and costs had risen 40% in real terms over the same period. This was leading to viability issues - 20 pharmacies had closed across BOB in the last 18 months. Opening new pharmacies could affect the viability of existing pharmacies and lead to further closures.
- It was noted that Newbury Town Council considered there was a need for another pharmacy in the town given that Lloyds and Superdrug had closed, and they had supported the recent application. Members felt it was dispiriting that Boots was trying to block the application. Customers were experiencing significant waiting times, and it was suggested that an additional pharmacy would not threaten existing ones.

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- It was suggested that other pharmacies were seeking to protect their commercial interests. The applicant would be aware of the funding constraints, but they had worked out that they would be able to deliver a viable business.

### RESOLVED:

- (a) To note the changes to pharmaceutical services in West Berkshire;
- (b) To note the decisions made by the Pharmaceutical Needs Assessment Sub-Committee on 23 January 2024;
- (c) In relation to the application for inclusion in a pharmaceutical list at Ground Floor Flat 1, 4 Hambridge Road, RG14 5SS in respect of distance selling premises by Halo Pharmacy Limited, to agree that the Chairman of the Health and Wellbeing Board should be authorised to respond to the consultation to indicate that there are no implications for the West Berkshire Pharmaceutical Needs Assessment and that the Board has no objection to the application.

### 63 Resilience of Community Pharmacies

Julie Dandridge (Head of Pharmacy, Optometry and Dentistry, BOB ICB) presented the item on the Resilience of Community Pharmacies (Agenda Item 9).

The Chairman invited David Dean (Chief Officer, Community Pharmacy Thames Valley (CPTV)) to comment. CPTV had been working closely with the owner of the new independent pharmacies in West Berkshire and had been impressed by their enthusiasm and willingness to work with local communities. They were more flexible and helpful than the larger chains (e.g. free deliveries outside the NHS contract). They were signing up to new initiatives such as Pharmacy First and were investing in their workforce. Some were being held back by the size of their premises, but they were investigating extensions or even automated lockers to allow people to pick up prescriptions outside of opening hours.

Key points raised in the debate included:

- It was stressed that the Pharmaceutical Needs Assessment (PNA) should be about more than the distance that patients had to travel. Community pharmacies were able to deliver a greater range of services than when the PNA had been produced, so the ICB needed to think of community pharmacy in a new context.
- It was noted that new development would create additional demand, and the resilience and sustainability of pharmacies needed to be considered when reviewing new applications.
- There was agreement that independent pharmacies had a 'can do' attitude and brought new opportunities for neighbourhood working.
- Members had received complaints about one particular pharmacy attached to a GP surgery. These related to waiting times, patients not being able to use the NHS app for repeat prescriptions, and patients being prevented from taking their prescriptions to other pharmacies. The pharmacy was only open standard hours, so access was an issue for those working away from the village. It was confirmed that it was illegal to restrict patients to one pharmacy. It was also suggested that processes at the pharmacy could be reviewed to reduce waiting times (e.g., the surgery could upload stable repeat prescriptions for several months at a time onto the system). Dealing with every prescription as a 'walk-in' was inefficient.

**Action: Councillor Heather Codling to email David Dean with the details so they could provide advice and support.**

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- It was suggested that there were opportunities for cross-promotion of the Pharmacy First and Community Wellness Outreach Service.

**Action: April Peberdy to consider how best to cross-promote services.**

- Concerns were raised about the ability of pharmacies to accommodate additional demands resulting from Pharmacy First when they were already at capacity, particularly for pharmacies with large populations of older people who needed more time per consultation. It was explained that labelling and dispensing of prescriptions was becoming simpler and more automated, freeing up time for initiatives such as Pharmacy First, which was what the pharmacists had trained for.
- Concerns were also raised about over-reliance on digital tools (e.g., NHS App), and how patients who were not digitally enabled would be supported. It was explained that digital tools allowed pharmacies to plan ahead and dispense in quieter times. A recent PPG event had been used to show the NHS app to patients and this had been very successful, but it was recognised that the app would not suit everyone. Also, it was stressed that 95% of digital services were not patient-facing and were designed to give pharmacists more time. For some pharmacists these had freed up as much as 3 hours per day for pharmacists to spend with patients.
- Members asked about how rural residents would be served by Pharmacy First if they were unable to get to a pharmacy. It was acknowledged that a home service was not currently offered, but Pharmacy First was offered remotely and patients could also use online pharmacies. It was suggested that the voluntary and community sector could be used to identify patients who were struggling to access pharmacy services and to work out how best to help them.
- It was suggested that the Community Wellness Outreach Project should be seen as just a starting point to help counter digital exclusion. The PPG event was seen as a good way of making digital real for patients. It was stressed that traditional means of accessing services would be retained. Encouraging some people to switch to digital would mean that other patients would have a better service.
- It was noted that older patients may find it difficult to access digital services because they had a shared email address with their partner and the NHS app required individual email accounts.

**RESOLVED** to note the report.

### 64 **Right Care, Right Person - 3 Month Update**

DCI Emily Evans (Thames Valley Police) presented the Right Care, Right Person – 3 Month Update (Agenda Item 11).

The following points were raised in the debate:

- Members noted that the contact details for the Control Room were for a personal email address and asked what would happen if that person was unavailable / on leave. It was explained that contact would be via the 101 telephone number and that the named person was the lead officer.
- A question was asked around Police involvement in people absconding from mental health institutions and residents going missing from care homes. It was confirmed that the Police would be involved in such cases and would treat them as a missing person investigation. Calls about missing people with dementia were given an immediate response, since they were often located close to where they went missing.

**RESOLVED** to note the report.

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### 65 Health and Wellbeing Board Dashboard

The report on the Health and Wellbeing Board Dashboard (Agenda Item 12) was deferred to the next meeting.

### 66 Voluntary Sector Update

Garry Poulson (Director, Volunteer Centre West Berkshire) and Rachel Peters (Partnership and Engagement Manager) presented the Voluntary Sector Update (Agenda Item 13).

The following points were raised in the debate:

- It was noted that in the past, the voluntary sector was seen as 'the added value' to statutory services, but increasingly voluntary sector organisations were becoming 'the value' and the institutions that people relied on. Therefore, it was important to embed the voluntary sector within the Health and Wellbeing Board.
- It was noted that a lot of the activities undertaken by the voluntary sector were in areas that were covered by the Health and Wellbeing Board Sub-Groups and it was recognised that there was a need to capture the learning from the voluntary sector within these sub-groups.

**Action: April Peberdy to meet with Garry Poulson and Rachel Peters to discuss how best to integrate the voluntary sector with the HWB Sub-Groups.**

**RESOLVED** to note the report.

### 67 Young People and Vaping

George Lawrence (Team Manager, Public Protection Partnership) presented the report on Young People and Vaping (Agenda Item 14).

The following points were raised in the debate:

- Members noted that school staff were having to search toilet areas for vapes, which were being shared amongst students. Schools were having to go to extreme measures such as removing doors on toilets to keep children safe from vapes.
- Vaping was seen as a significant concern, and Members welcomed the fact that the issue was being given attention.
- It was suggested that messaging should go out through schools and that training was also needed for school staff.
- Issues around vaping amongst young people had been discussed at the last meeting of the Licensing Committee. It was noted that the Public Protection Partnership (PPP) was undertaking mystery shopping to identify shops involved in selling to underage customers.
- It was welcomed that the government was introducing legislation to ban disposable vapes.
- Members asked if the PPP provided advice to retailers. It was noted that some retailers were displaying vapes on open stands in the middle of shops rather than as part of the tobacco counter. Officers explained that the current focus was on users and taking enforcement action against retailers. However, with additional resourcing, the service would be happy to work more closely with retailers and the trade and it was hoped that they would be able to do this next year. Smaller, independent retailers tended to need more support.

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- It was suggested that schools could share ideas on how they were tackling vaping. Some schools had airport-style body scanners to help detect vapes.
- It was also recognised that parents had a significant role to play and should be encouraged to search their children's rooms if they were concerned that their children were using vapes. It was suggested that information should go out to parents from schools about having a more robust approach. This could help to reduce pressures on the schools.
- Members highlighted that vapes were being sold in shops where children went to buy their sweets and they were made to look attractive. It was questioned whether local shop staff were exercising sufficient diligence when questioning the age of young people buying vapes. Police Cadets were being used in test purchases. Officers confirmed that a recent test purchase operation only found one retailer selling to underage customers.
- Officers also highlighted work around product seizures to identify and confiscate illegal vapes that had not come through the proper import channels. All vape products on sale had to be properly certified. A national programme had tested numerous vapes and found wide variation in the level of nicotine and failures around labelling.
- The PPP was keen to identify rogue traders and supply chains, and criminal activity.
- Members asked what was meant by a 'holistic approach' and asked if any work was being done through role-play to understand why young people wanted to use vapes, and what was being done to help parents understand the consequences. It was confirmed that drama productions had been used, but they tended to be aimed at children. The PPP welcomed any ideas for how to engage better with other stakeholders.
- The previous Director of Public Health had written to all schools to explain the risks associated with vaping, and it was suggested that further communications may be appropriate.

**Action: April Peberdy to liaise with Paul Graham about a letter to parents around the risks associated with vaping.**

- It was highlighted that vapes were being promoted as a safer alternative to smoking, but they should only be used as an interim measure (i.e., a 'swap to stop'). It was suggested that the messaging needed to reflect this.

**RESOLVED** to note the report.

### 68 **West of Berkshire Safeguarding Adults Board - Annual Report 2022/23**

The West of Berkshire Safeguarding Adults Board Annual Report (Agenda Item 14) was provided for information only.

**RESOLVED** to note the report.

### 69 **Health and Wellbeing Board Sub-Group Updates**

The Health and Wellbeing Board Sub-Group Updates (Agenda Item 16) were provided for information only.

**RESOLVED** to note the report.

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**70 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](#).

**71 Health and Wellbeing Board Forward Plan**

The Board reviewed the Forward Plan (Agenda Item 18).

The Chairman highlighted consultations related to the redevelopment of the Hampshire Hospitals and Royal Berkshire Hospital. It was agreed, given the tight timescales and potential conflicts of interest of some Board Members, that each partner organisation should respond separately rather than organising a special meeting to consider them. Further information was available on the following websites:

- <https://www.hampshiretogether.nhs.uk/>
- <https://buildingberkshiretogether.co.uk/>

It was noted that there was an in-person listening event for the Hampshire Hospitals proposal from 1pm - 3pm on 23 February at the Waterside Centre in Newbury.

Members were reminded that the next session was planned for 6 March at Shaw House and would focus on Health Inequalities.

Members agreed that the following Hot Focus Session could be used to consider lessons from the recent Peer Challenge.

**72 Future meeting dates**

The dates of the future meetings were noted.

*(The meeting commenced at 9.31 am and closed at 11.20 am)*

**CHAIRMAN** .....

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