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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 17 FEBRUARY 2022

Present: Councillor Graham Bridgman (Chairman), Dr Abid Irfan (Berkshire West CCG) (Vice Chairman), Councillor Lynne Doherty, Emily Evans (Thames Valley Police) (In place of Zahid Aziz), Councillor Steve Masters, Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director - Communities & Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), and Councillor Martha Vickers

In Attendance Remotely: Councillor Dominic Boeck, Jo Reeves (In place of Katie Summers), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director – People), Councillor Joanne Stewart, Reva Stewart (Berkshire Healthcare NHS Foundation Trust)

Also Present: Stephen Chard (Democratic Services Manager), Paul Coe (Service Director - Adult Social Care), Dr Alex Evans (Royal Berkshire NHS Foundation Trust), Gordon Oliver (Principal Policy Officer), and Matthew Tait (Buckinghamshire, Oxfordshire & Berkshire West ICS)

Apologies for inability to attend the meeting: Zahid Aziz, Tracy Daszkiewicz and Katie Summers

Absent: Jessica Jhundoo Evans

PART I

76 Minutes

It was noted that Councillor Rick Jones should have been recorded as attending remotely rather than in person. Subject to this amendment, the Minutes of the meeting held on 9 December 2021 were approved as a true and correct record and signed by the Chairman.

77 Actions arising from previous meeting(s)

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

- 153 – Work was ongoing in relation to the Peer Review - the main challenge would be scheduling meetings with the Peer Review Team, with a minimum lead time of 6 months.
- 180 to 183 – These would be picked up as part of the Forward Plan item.

Councillor Dominic Boeck noted that at the Board had endorsed the recommendations in the Healthwatch report on CAMHS with key partners asked to act on the report's recommendations. Matt Pearce had indicated that the Children's Delivery Group (CDG) would lead on this. However, there was no action identified and the CDG was not aware that they had been allocated this piece of work.

Andy Sharp indicated that the Integrated Care Partnership's Delivery Group for Children's Services, was taking forward a project on CAMHS and Mental Health and Wellbeing.

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Action: Councillor Boeck, Andy Sharp, Matt Pearce and Gordon Oliver to agree who will progress matters in relation to the Healthwatch CAMHS report.

78 **Declarations of Interest**

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

79 **Public Questions**

There were no public questions submitted to the meeting.

80 **Petitions**

There were no petitions presented to the Board.

81 **Royal Berkshire Hospital Winter Plan Update**

Councillor Graham Bridgman declared a personal interest in Agenda Item 11 by virtue of the fact that he was a governor of the Royal Berkshire Hospital NHS Foundation Trust. As his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate.)

Dr Alex Evans gave a presentation on the current situation at the Royal Berkshire Hospital and the challenges they faced. Key points from the presentation were as follows:

Covid Situation:

- There were 109 inpatients with Covid, with three patients in the intensive care unit, one of whom was on mechanical ventilation.
- 40 Covid patients were being treated on a virtual ward and received daily contact from physicians and remote monitoring of blood oxygen levels.
- These numbers were much less than in the second wave, when there had been 280 Covid inpatients.
- The main challenge was in keeping Covid patients separate from other patients. The Trust was amongst the top performers in England in avoiding nosocomial infections.
- A disproportionate number of Covid inpatients had not been fully vaccinated.
- 96.3% of the Trust's staff had received at least one jab – the Trust was ranked 13 out of 126 in England for uptake.
- Approximately 150 out of more than 6,000 staff were off work with Covid – this was an improving situation.

Challenges:

- Teams had been working well to meet elective waiting lists.
- There were very high pressures on the Emergency Department (ED), with 400+ patients per day (up from 300 on a bad day pre-Covid).
- Mitigating measures put in place included:
 - A new discharge lounge
 - A Complex Discharge Liaison Team and Patient Flow Co-ordinators assigned to bring expert knowledge to complex discharge cases
 - Same day emergency care unit that assessed and treated more than 100 patients per week
 - A Covid Medicines Delivery Unit to provide high-risk patients with new Covid anti-viral treatments

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- Additional Point of Care Testing brought into the ED to provide rapid testing of patients for Covid, flu, norovirus, etc.
- RBH was one of the few Trusts to continue diagnostic work and elective procedures through Covid and 92.7% of suspected cancer patients were being seen within two weeks.
- Efforts were being made to bring performance back to standard for all patients to be seen within six weeks of referral.
- There were challenges in diagnostics (MRI, CT and endoscopy) and plans were in place to improve capacity, with a new diagnostic hub created at West Berkshire Community Hospital.

Activity at West Berkshire Community Hospital (WBCH):

- Day surgery unit running 3-4 Saturday endoscopy lists every month
- All services resumed with mix of face-to-face and telephone services
- Additional outpatient clinics being run to clear backlogs
- Clinic space provided at weekends to support the Covid vaccine programme for 12-15 year olds
- WBCH was one of the first Community Diagnostic Centres in the country to open – a new MRI and PET-CT scanning facility will open later this year
- Two MRI scanners had been purchased using £2m charitable donation – these will increase scanning capacity, reduce waiting times and provide better patient experience.

Achievements:

- ENT 'super Saturday' carried out 18 tonsillectomies to clear the backlog – similar events are planned for general surgery
- Ophthalmology carried out 315 operations, leaving just 31 patients waiting more than 18 weeks (these were awaiting suitable donor material)
- Health Improvement Programme with University of Reading – public health specialists were working with clinicians on health inequalities, with a focus on prehabilitation, smoking cessation, and maternity outcomes in mothers from ethnic minority backgrounds.

Independent Sector and Mutual Aid:

- 434 patients transferred mid-pathway to the independent sector and 2,850 transferred at source to speed up treatment
- The Trust provided mutual aid for Oxford University Hospital and Buckinghamshire Healthcare NHS Trust, including ear nose and throat, orthopaedics and urology
- The Trust also worked with the Integrated Care System to share good practice and offer further support to acute providers

Winter Campaign:

- A communication campaign was run with the CCG, South Central Ambulance Service, local councils and Pharmacy Thames Valley
- The main themes were: Be Prepared; Choose the Right Service; and See Your GP Differently.
- The campaign attracted 253,000 social media hits

Building Berkshire Together:

- RBH had been selected as one of 48 UK sites in the Government's New Hospital Programme – the Strategic Outline Business Case has been submitted and the Trust was awaiting feedback to progress to the next stage.

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- A range of options had been devised to redevelop or relocate the main hospital site and further work will take place to reach a preferred option.
- Options were being developed with patients, carers, staff and the local community. Interested parties were encouraged to get in touch.

Green Plan to Reach Net Zero

- The NHS had pledged to reach net zero direct carbon emissions by 2040. The Trust was due to launch its Green Plan in March 2022, which would set out how it would work towards net zero carbon, including:
 - Reduced use of desflurane in surgery
 - Alternative travel options for staff and patients
 - Increased recycling
 - Sustainable models of care
- Achievements to date included:
 - Removed two miles of leaking, inefficient underground pipework on the RBH site
 - Installed a new eco-friendly boiler
 - Five electric pool cars for staff

Paul Coe praised the joint work that had been undertaken around rapid community discharge from hospital to make best use of the additional funds from Government. However, it was noted that this funding would cease at the end of March 2022 and the partners would need to manage the transition.

It was confirmed that most of the additional posts funded by Government would remain in place once the funding had ceased.

Councillor Lynne Doherty noted the positive aspects in the presentation, but asked about waiting lists at RBH relative to the rest of the country.

Dr Evans indicated that RBH was in a good position regarding cancer care and elective surgery, but RBH was failing to meet the target of seeing 90% of patients visiting the ED within four hours – this was down to the volume of patients and challenges in maintaining flow through the hospital. This made it particularly important to improve the flow out of hospital.

Councillor Martha Vickers asked if there was a lot of inappropriate visits to the ED, and whether this could be linked to local shortages of GPs.

Dr Evans stated that higher ED attendance was not translating into higher levels of admissions. He recognised that GPs were under pressure and were experiencing difficulties with recruitment. This suggested that solutions needed to be sought as a system (e.g. educating people about accessing the right services, and making use of allied health professional to free up GPs' time).

Dr Abid Irfan noted that Winter Access funds had provided extra investment in GP services. Private providers were being used to deliver additional capacity, including telephone consultations. Dr Irfan welcomed the improved diagnostics at West Berkshire Community Hospital – he asked what facilities would be provided there and if direct access would be provided for patients without the need for GP referral, provided they met certain criteria.

Dr Evans confirmed that the new facility would have the same functionality as the one at RBH. There would be two fixed MRI scanners and a PET-CT scanner, which was used to detect cancer that had spread. These would be in addition to the existing CT and endoscopy, as well as x-ray and phlebotomy. Patients would only have to travel to RBH for very specialist diagnostics. With regards to direct access, Dr Evans was not aware of

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any plans to do this and suggested that clear pathways would need to be prepared in order to make best use of the limited resource without introducing unnecessary delay or workload.

82 Integrated Care System Update

Matt Tait gave an update on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) (Agenda Item 10). Key points from the presentation were as follows:

- The date for establishing the Integrated Care Board had been pushed back from April to July 2022.
- There was a need to ensure appropriate governance architecture and capacity to maintain the CCGs for another three months and the ICS was satisfied that the statutory responsibilities could be maintained.
- There were some challenges around financial planning for an additional quarter year but the ICS was confident that this could be managed.
- The delay allowed more time for engagement and discussion on structures and working practices, which was welcomed.
- Javed Khan had been appointed as Chair Designate and James Kent had been appointed as Chief Executive Designate.
- Interviews were being held to appoint the non-executive members of the Integrated Care Board (ICB).
- Adverts would be going out shortly for the three statutory executive roles – chief financial officer, chief nurse and chief medical director.
- The processes were being developed for the partner member nomination, assessment and appointment, taking account of the emerging legislation.
- The working assumption was that the ICB would have the minimum membership, with just one local authority partner member, who would bring sector expertise rather than being a representative of a particular council.
- It was noted that local authority members were no longer disqualified from sitting on the ICB, but the recommendation was that the role should be an executive member.
- The Integrated Care Partnership (ICP) would need to be established on 1 July 2022 by its founder members – the Chair of the ICB and a representative from each of the five local authorities.
- Place based sub-committees would need to be set up for each of the three 'places' within the ICS – this would be more complex within Berkshire West as it spanned three local authorities.
- Consideration was being given to the process for developing the ICP Strategy, which would in turn inform the ICB Strategy – this was expected to take 9-12 months and steering groups would be set up in due course.

The Chairman asked for further details about the proposal for the ICP to contain the ICB Chair and five local authority representatives. Discussions had already taken place between the Leaders and Health and Wellbeing Portfolio Holders of the Berkshire West local authorities about how they would interact with the ICP. The Chairman also indicated that the Berkshire West local authorities had just approved a 10 year Health and Wellbeing Strategy and asked how the strategies for each place would interact with the system level strategy. In addition, the Chairman noted that current legislation required a member of the CCG to be appointed to the Health and Wellbeing Board and the West Berkshire Council Constitution required a CCG representative to be present in order for

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meetings to be quorate. He asked what would be proposed in terms of future Health and Wellbeing Board representation.

Matt Tait indicated that the ICP was always intended to be a broader, representative, discursive group. The ICS had received a lot of updated guidance as the Bill passed through Parliament – this guidance indicated that the ICP must be established on Day 1, with the founder members to include the ICB Chair and the local authority members. The challenges of coordinating the various strategies was recognised. Checks would be carried out on baseline information and the strategy would seek to build on the three place based strategies. Common themes and challenges would be identified together with opportunities for where the system could add value or impact on some of those issues. It was proposed that strategy development could be incorporated into a future ICS report to the Health and Wellbeing Board. Matt Tait indicated that future representation on Health and Wellbeing Boards was not entirely clear, since there was no guidance on this as yet. However, Health and Wellbeing Boards would be important in terms of their relationship with the ICP and Place Based Partnerships. He suggested that it was likely that there would be some flexibility around representation.

Action: The ICS to cover strategy development as part of a future update to the Health and Wellbeing Board.

Andrew Sharp noted that there had previously been four CCGs in Berkshire West with two lay members on each. He expressed concern that the ICB was planning to stick to the minimum membership. He noted that West Berkshire was a small part of a large system and many patients went out of the ICS area (e.g. to Swindon and Basingstoke). He suggested that only having two non-executive lay members on the ICB with no representation from Healthwatch would not be consistent with NHS England exemplar examples, such as Leeds. He felt it was important for the patient voice to be heard and noted that the jointly funded Healthwatch Officer had left and had not been replaced. Healthwatch England had expressed concerns about West Berkshire being adequately represented. He asked that the minimum membership be reconsidered and to have patient representation. Andrew Sharp also expressed concern about Healthwatch and the voluntary sector being lumped together as a single group and highlighted that Healthwatch was a statutory body representing patients.

Matt Tait acknowledged these concerns - the starting point was the minimum membership and there was a need to build transparency and trust around the approach. It was confirmed that Healthwatch and patient involvement would be important for the ICP, but the approach was still developing. Also, it was acknowledged that the balance between the ICP, ICB, Place Based Partnerships, and Health and Wellbeing Boards was still in development. Concerns about line of sight and engagement would be mitigated through joint working. There would be a Place Executive Director for Berkshire West, who would liaise with the three local authorities and the Healthwatches. The separate roles of Healthwatch and the voluntary sector were recognised, and specific feedback was sought on where they had been lumped together. The point about Healthwatch engagement would be taken back to the Lead Director for Engagement.

Action: Andrew Sharp to provide specific details to Matt Tait.

Garry Poulson agreed about the need to separate the voluntary sector from the voice of the patient and that there should be a seat at the table for both.

Matt Pearce noted that the ICS had priorities around improving population health outcomes and tackling health inequalities, and stressed the need for Public Health to have a voice. It was noted that there was a Director for Public Health for Berkshire West as well as Public Health Teams in each of the three local authorities.

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83 Membership of Health and Wellbeing Board

The Board was asked to note the changes to the Membership and Substitutes as outlined in the agenda pack.

84 Changes to Membership of Health and Wellbeing Board

It was noted that Raghuv Bhasin and Matt Pearce would be leaving their respective positions and standing down from the Health and Wellbeing Board.

The Chairman congratulated Matt Pearce on his new role as Director of Public Health at Herefordshire County Council and thanked him for his outstanding contribution during the Covid pandemic.

85 Adult Social Care Reforms

Paul Coe gave a presentation on adult social care reforms (Agenda Item 9). Key points from the presentation were as follows:

- The Government's proposals were initially set out in 'Build Back Better' with further detail added in the White Paper 'People at the Heart of Care' and the Policy Paper 'Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023'
- The Dilnot report had looked at charging for care costs, while the Care Act 2014 set out the legal foundations for changes, but this was not progressed in 2015 when the rest of the Care Act was implemented.
- The focus was on ensuring that arrangements would be affordable and sustainable in the long-term.
- Specific areas had been identified for investment.
- The White Papers identified best practice around choice, control, independence, accessibility, timeliness, etc.
- Key changes included:
 - New Health and Social Care Levy based on National Insurance contributions
 - A cap on care costs of £86,000 from October 2023 for new people
 - New capital limits (upper limit of £100,000 and a lower limit of £20,000)
 - An intent to shrink the gap between private funder fees and local authority fees
- Priorities for investment included:
 - Support for staff (training, occupational health, recruitment, etc)
 - Better health and care integration
 - Investment to integrate housing into local health and care strategies, with a focus on supported housing
 - Greater adoption of technology and digitisation in social care
 - Support the social care workforce to access training and to feel recognised and valued, with a focus on workforce wellbeing
 - Digital tools to support independent living/improved quality of care
 - New practical support service to help people remain independent and safe in their homes, and an increased upper limit on the Disabled Facilities Grant for home adaptations
 - Improved services to support unpaid carers
 - Funding to help local areas innovate and provide more options that suit people's needs and individual circumstances

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- Key issues and risks were:
 - The cap on care and proposed changes to thresholds would result in a loss of income for the Council and lead to a substantial funding shortfall
 - West Berkshire had a large number of self-funders who currently organised their own care, either with or without advice
 - Everyone who might need care would require assessment from the local authority in order to arrive at an Independent Personal Budget and to ensure best value
 - Because the cap only applied to 'new people', individuals may wait and put their own health at risk
 - There would be an additional burden on providers to account for the different elements of their costs.

The Chairman asked if the cap related to the care costs rather than 'hotel services'.

Paul Coe agreed, but indicated that details were still emerging. Also, there were some other grey areas where clarification was required. For example, where an unpaid carers had previously received support, but the person they cared for had not received support, it was unclear if the person being cared for would be classed as 'new'.

Councillor Martha Vickers asked what additional support and funding officers required and how messages would be communicated to the public. The emphasis on staffing, support and recruitment was welcomed.

It was noted that initial announcements had focused on solving the challenges by providing more funding, which the public would have taken at face value. However, the details suggested a more complex situation and there was a lot still to work through. West Berkshire Council would be given an opportunity to feed its concerns back to the Department for Health and Social Care, particularly in relation to forecasts for funding shortfall.

Dr Abid Irfan asked if local authorities would get a percentage of the new Health and Care Levy. He understood that priority would be given to tackling waiting lists for elective care, which were forecast to rise until 2025.

Paul Coe confirmed that health would be prioritised initially.

Councillor Steve Masters noted that many local residents who arranged their own care would soon be engaging with the Council, which would create a significant administrative burden. He asked if this was something that needed to be highlighted to Central Government.

Paul Coe explained that previous efforts in West Berkshire had focused on developing a light-touch approach, with information, advice, guidance and practical support to allow residents to make their own arrangements, but the proposed changes could potentially undermine these efforts. However, it was noted that technology would be key to supporting care in future, and an online product was being developed. The challenge had been quantified and costed and fed back to Central Government and efforts would focus on making things quick and straightforward for the Council and service users.

Councillor Masters asked about the ratio of self-funders to supported users.

Paul Coe indicated that it was hard to quantify, but indicated that just 6% of those who approached the Council for care in a community setting were benefitting from a long-term service commissioned by the Council.

Andrew Sharp expressed concern about the additional administrative burdens that would be imposed on residents. He asked if there would be impacts for getting people out of

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hospital. He suggested Q&A sessions with carers would be helpful to help people understand the changes.

Paul Coe agreed about the Q&A, but stressed that this should only take place when there was more certainty around the details of the changes.

Councillor Jo Stewart stressed that the changes would make positive differences to people who relied upon adult social care. She stated that the Council had experienced officers who were working through the available information. The Council had been invited to work with Central Government and the Local Government Association to highlight concerns and potential challenges arising from the proposed changes. She also noted that there were regular meetings around potential digital solutions that would help the Council to manage and monitor data. She suggested that officers could provide regular updates to the Health and Wellbeing Board as details were confirmed.

86 Health and Wellbeing Board Conference

Councillor Graham Bridgman presented the report on the Health and Wellbeing Conference (Agenda Item 12).

The Conference was held on 21 January. The event was open to all and 98 people attended, with 87 staying to the end. After the event, the introductory video had been made available on the Council's website. The Chairman felt that a remote conference worked well, because it allowed residents to engage without having to travel, but a physical event would have facilitated conversations and exchanges. There had been five breakout sessions, which related to the priorities of the Health and Wellbeing Strategy and the outputs from these would be used to inform the Delivery Plan.

Councillor Martha Vickers thought that it had been a good event, but she would have liked to know whether people were attending in a personal capacity or on behalf of a group or organisation. She felt that the breakout sessions were too short, with time for discussion further limited by presentations from the facilitators. She also suggested that there could be an additional event organised just for young people. She agreed that people would get more out of a face-to-face event.

Councillor Lynne Doherty acknowledged that it was important to listen to people and stressed the importance of communicating how the Board was responding to the feedback received. She highlighted an example where someone had highlighted the need to help people fill out online forms, and noted that this support was already available.

The Chairman agreed that Steering Group would review the workshop discussions and report back to the Board, with actions incorporated into the Communications Strategy.

Action: Steering Group to review the workshop feedback and report back to the Board.

87 West of Berkshire Safeguarding Adults Board - Annual Report 2020/21

The Chairman noted that due to a clash of meetings, there was no-one from the Safeguarding Adults Board available to present its Annual Report (Agenda Item 13). Some case studies were cited in the report, where incidents had required full reports or practice learning notes. Members were encouraged to visit the Partnership's website if they wished to know more about these case studies, which were drawn from the whole of Berkshire. If Members felt that there was anything within the report that merited further discussion, then a representative from the Board could be invited to attend a future meeting.

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Councillor Lynne Doherty highlighted the 50% increase in safeguarding concerns across the partnership, but noted that the increase in West Berkshire was much less at 13%. She expressed concern that issues in West Berkshire would not receive as much attention as those in other local authorities that had higher incidences. She suggested that the Board should consider the West Berkshire situation in more detail.

Councillor Martha Vickers raised two issues:

- i. On page 61 the report said that the Performance and Quality Subgroup investigated the increase in no support reason in 2019/20, which was attributed to West Berkshire Council and confirmed that the increase was correct, and that Reading Borough Council and Wokingham Council had reviewed their recording practices to ensure that they were consistent with NHS digital guidance. She asked whether West Berkshire Council needed to review its processes, or if it was already compliant with NHS Digital Guidance.
- ii. On page 62 she noted a comment that the Safeguarding Board was not complying with its Quality Assurance Framework due to a lack of capacity.

The Chairman proposed that a paper be brought to the next meeting to consider the West Berkshire implications arising from the Annual Report and for a member of the Partnership to be invited to attend the meeting.

Garry Poulson stated that he was the voluntary sector representative on the Safeguarding Adults Board. He noted that reporting mechanisms had been greatly improved, which would have affected the numbers. This was a good thing, as it meant that there was awareness of issues that needed to be resolved. He explained that the Safeguarding Adults Board had just appointed Professor Keith Brown as the new Independent Chair. He was also Chairman of the NHS England Adults Network. He suggested that it would be a good time to raise any areas of concern that needed further investigation.

Emily Evans stated that she had previously been the Detective Chief Inspector for Protecting Vulnerable People and had worked in safeguarding for most of her career right across Berkshire. She indicated that the reason for this being a Berkshire West document was that most of the partners worked across the three local authorities of West Berkshire, Reading and Wokingham, and in order to understand the West Berkshire situation, this would need input from West Berkshire people. She explained that a conscious decision had been made to share learning from serious case reviews across Berkshire rather than waiting for something to happen locally. She agreed that West Berkshire received less attention because crime rates were lower than in other parts of Berkshire. She noted that children involved in serious incidents had often lived in other local authorities so it was important to promote shared working. She indicated that the Police could provide adult safeguarding data for West Berkshire.

Paul Coe was invited to respond to the points made. He was unable to comment on compliance with NHS Digital guidance. With regard to case numbers, he explained that each local authority had slightly different recording practices, but he agreed that there had been an increase in activity within his team. He indicated Appendix F contained reports for each of the three local authorities. He suggested that West Berkshire Council's Safeguarding Manager be invited to speak to a future HWB meeting. He also noted that a quarterly report was taken to Corporate Board, which took a great interest in safeguarding and deprivation of liberty work.

Action: The West Berkshire Safeguarding Manager to prepare a report for the next Health and Wellbeing Board to provide a local perspective on the SAB Annual Report.

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The Chairman noted that when West Berkshire Council had a safeguarding incident relating to a care provider, they might treat every individual in the care home as a case, but another local authority might treat this as one case.

88 Members' Question(s)

There were no questions submitted to the meeting.

89 Health and Wellbeing Board Forward Plan

The Chairman noted that there would be an item on Joint Funding of Health and Social Care at the May meeting. He also noted that the terms of reference for the Board, its Steering Group and Sub-Groups were being considered as part of a review of all committees across the Council. It was felt to be useful to review the terms of reference since activities would feed into the Health and Wellbeing Strategy and Delivery Plan.

90 Future meeting dates

Board Members were invited to note the dates of future meetings and were advised that the July meeting would need to be rearranged due to a clash of meetings.

(The meeting commenced at 9.30 am and closed at 11.26 am)

CHAIRMAN

Date of Signature