

## DRAFT

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, 13 JULY 2023

**Members Present:** Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration), 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 Vicky Poole (Substitute), Councillor Joanne Stewart (Shadow Portfolio: Adult Social Care; Integrated Health; Public Health), Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), Sean Murphy (Public Protection Manager), April Peberdy (Acting Service Director - Communities and Wellbeing) and Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

**Members Attending Remotely:** Prof John Ashton (Director of Public Health), Belinda Seston (Interim Integrated Care Board Director of Berkshire West) and Fiona Worby (Healthwatch West Berkshire)

**Also Present:** Zoe Campbell (Interim Service Lead - Public Health and Wellbeing), Gordon Oliver (Principal Policy Officer), and Benjamin Ryan (Democratic Services Officer)

**Apologies for inability to attend the meeting:** Sarah Webster (BOB ICB Director of Place for Berkshire West) (Vice Chairman), Councillor Lee Dillon (Executive Portfolio: Leader of Council, Strategy Communications and Public Safety), Bernadine Blease (Berkshire Healthcare NHS Foundation Trust), Paul Coe (Executive Director - People), Matthew Hensby (Sovereign Housing), Supt Helen Kenny (Thames Valley Police), Stephen Leonard (Royal Berkshire Fire and Rescue Service) and Garry Poulson (Voluntary Sector Representative)

**Councillor(s) Absent:** Jessica Jhundoo Evans (Culture and Leisure Sector Representative)

### PART I

#### 4 Minutes

The Minutes of the meeting held on 20 April 2023 were approved as a true and correct record and signed by the Chairman.

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

Progress on actions from the previous meetings was noted.

#### 6 Declarations of Interest

There were no declarations of interest received.

#### 7 Public Questions

There were no public questions submitted to this meeting.

#### 8 Petitions

There were no petitions presented to the Board.

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### 9 Membership of the Health and Wellbeing Board

It was noted that membership of the Health and Wellbeing Board was on an organisational basis and a standing item was retained on the agenda to note any changes in personnel. Since the last meeting, Helen Kenny had replaced Zahid Aziz as the Thames Valley Police representative.

### 10 Building Berkshire Together Update

Alison Foster (Programme Director) gave an update on the Building Berkshire Together New Hospital Programme (Agenda Item 8).

Members asked about what public feedback there had been in relation to the preferred location for a new hospital. It was explained that a survey carried out by the University of Reading had shown that most people were in favour of a new hospital built on a new site. The survey had not asked for possible locations, since this would be determined by availability. The survey results would be published on the Building Berkshire Together website. It was noted that access was the biggest issue raised in relation to the new hospital. Lots of work had been done around parking for the existing site, with staff moved off site and a park and ride established.

There was some discussion about whether the sale of the existing site was factored into the business case. It was confirmed that this was factored into the sum that could be raised, but not the costs. It was stressed that there would be a lot of work to make the site ready for sale. The next stage in the business case development process would involve looking at the costs of each option.

Given that redevelopment of the existing site would need to be done on a piecemeal basis, Members asked how long this would take. It was confirmed that the original proposal had been developed on the basis of being ready by 2030, but this would have required work to have started in early 2022. However, this did not take account of the new standardised approach set out in Hospital 2.0, and this would be considered as part of the next stage.

Members noted the commitment to achieve Net Zero Emissions by 2030, which was 10 years ahead of the wider NHS target, and asked if any hospitals had already achieved this. The Trust recognised this was an ambitious target but confirmed that it had been developed with partners, including the University of Reading who were world leaders in this field. While no hospitals had achieved Net Zero, a small health facility in Scotland had done so. A collaboration of universities and industry partners were coming together as part of the national new hospital programme to consider this.

Members asked if funding was just for the hospital construction or if it would include a contribution to equipment. It was confirmed that there would be some provision for equipment, but the amount was not yet known. Some equipment would transfer to the new site and there may be different requirements depending on which option was progressed.

The Board noted that there had been media coverage about potential sites at Thames Valley Park and Thames Valley Science Park, which would be difficult for West Berkshire residents to access. Members asked about the status of these sites. It was explained that the Trust was in the early stages of identifying potential sites. Access was a key criterion in the assessment process. The above properties met many but not all the criteria and the next stage would be to consider public transport and parking issues. While these were currently the two highest scoring sites, it was hoped that other landowners would come forward with alternatives. West Berkshire Council had previously passed a motion that its preferred option would be a new hospital on a site that would be easy for local

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residents to access by public transport, but the above sites would not satisfy this criterion.

It was queried whether options had been considered to optimise integrated care across community care, primary care and secondary care rather than defaulting to rebuilding the hospital. It was confirmed that this was being considered as part of the clinical model work. Some services had already been moved to West Berkshire Community Hospital. Discussions were ongoing with primary care colleagues around future models, which were being considered in terms of both capital and ongoing revenue costs. The New Hospital Programme had confirmed that they were encouraging clinical models that improved integration where this delivered best value to the community.

Members asked if the Trust was looking at having a primary care facility associated with the site to relieve pressure on A&E. It was suggested that this could also include occupational health functions. The Trust confirmed that they had not discounted anything at this stage and that the Clinical Services Strategy would consider how the hospital interacted with primary care, the voluntary sector and local authorities.

It was suggested that one option could be to further develop the West Berkshire Community Hospital site and other community hospitals. Again, it was confirmed that no options were off the table and facilities had already been expanded at West Berkshire.

It was agreed that the Board should receive further updates as and when there were new developments to report.

RESOLVED to:

- (a) note the report; and
- (b) receive further updates as and when there were new developments to report.

### 11 **Berkshire West Place Based Partnership**

Belinda Seston presented the item on the Berkshire West Place Based Partnership (Agenda Item 9).

Members had no questions or comments.

RESOLVED to note the report.

### 12 **West Berkshire Better Care Fund Annual Report 2022/23**

April Peberdy (Interim Service Director - Communities and Wellbeing) presented the Better Care Fund Annual Report 2022/23 and the Adult Social Care Discharge Fund Annual Report 2022/23 (Agenda Item 10).

In relation to the metric for the percentage of people discharged to their normal place of residence, Members asked if these cases were monitored to ensure that patients were not readmitted to hospital due to being discharged too soon. It was confirmed that the proportion of people who were still at home 91 days after discharge from hospital was a key metric.

Members highlighted the large number of acronyms used in paragraph 4.7 of the report. It was suggested that these should be explained in future reports.

**Action: Councillor Jo Stewart to raise the use of acronyms with Maria Shepherd.**

It was noted that residential admissions were a concern for the Council, since there was a considerable cost. Clarification was sought as to what was meant by a 'trusted assessor'. It was explained that before patients were discharged from hospital, they were assessed to ensure that care was available to support them at home. It was recognised

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that there were challenges around who would fund what aspects of care and it was suggested that further work was required to ensure that funding issues were not affecting discharge decisions.

**Action: April Peberdy to liaise with Maria Shepherd and provide further detail on the 'trusted assessor' role and funding to support hospital discharges.**

It was stressed that it was important to try to keep people out of hospital in the first place, which would require a whole system approach, with improvements to housing, as well as investment in primary and community care. It was suggested that a patient's discharge plans should be started on the day of their admission, with early consideration given to the suitability of their housing. To facilitate this, it was suggested that a housing sector representative could sit on each hospital board. It was highlighted that social workers were placed within hospitals to facilitate planning for when patients were discharged.

Officers highlighted the success of the 'Be Well This Winter' campaign where a system-wide approach had been adopted to support residents and keep them out of hospital. This included signposting residents to where and when they could get the right care. However, it was stressed that this was only part of the answer and it was suggested that there needed to be strong links between health, housing and planning. Historically, the NHS had been poor at linking to the housing sector, but the Health and Wellbeing Board was well-placed to have these conversations.

Members highlighted that the new Local Plan had a policy for 10% of new homes to be wheelchair accessible, but the Planning Inspector had questioned if there was evidence to support this need.

Although the Lifetimes Homes Standard had been around for some time, it was acknowledged that this was easier to implement in urban areas than in rural areas. It was suggested that local authorities had a role to play in encouraging people to think about their housing needs in the last 20 years of their lives to avoid issues with patients being unable to return home following a hospital admission.

Reassurance was provided that lots of work had been done within Berkshire West to improve planning for discharge from hospitals. However, it was acknowledged that more work was needed in relation to cases where patients were discharged too soon and had to be readmitted. It was stressed that discharge to care homes was a safe option, since patients had 24-hour care, so it should not be viewed negatively.

The Board was challenged to find ways to better celebrate successes, particularly around reablement, since patients had more faith in the system when they saw how others had been helped. It was suggested that the success of the vaccination centre at Newbury Racecourse had been instrumental in encouraging more people to volunteer and lessons could be learned from this.

Reassurance was provided that housing was a high priority for the Council. The Environmental Health Team was doing a lot of work in relation to private sector housing and a housing condition survey was being carried out. Also, the Housing Team offered facilities grants to residents. While there had been an increase in damp and mould over the winter, the Council was seeking to tackle this with private sector landlords.

**Action: It was agreed to bring the housing stock condition survey back to a future meeting of the Health and Wellbeing Board.**

RESOLVED to note the report.

**13 Berkshire West Health and Wellbeing Strategy Delivery Plan Review**

Zoe Campbell (Interim Service Lead – Public Health and Wellbeing) presented the report on the Health and Wellbeing Strategy Delivery Plan (Agenda Item 11).

It was requested that the Delivery Plan be provided in Excel format in future, since it was difficult to view in PDF format.

**Action: Officers to review the format for the delivery plan for future reports.**

Members welcomed that the Health and Wellbeing Board sub-groups were being reviewed. It was noted that the Mental Health Action Group had experienced challenges related to resourcing, responsibility and empowerment. These issues were affecting the sub-group's ability to progress initiatives.

Councillors Lewis and Stewart indicated that she would like to be involved in the review.

**Action: Councillors Lewis and Stewart to be involved in the review.**

It was noted that charities were keen to be involved in the Mental Health Action Group, but were restricted by resources and funding. They often had valuable data, but it was not possible to act on this data and reports often had to be referred on to other groups. It was suggested that the sub-group needed more senior representation to help progress key initiatives.

It was noted that there had been changes to membership, with some people no longer attending. It was acknowledged that there was a challenge with having so many partners involved. While there was a desire to do things, the frustration at the lack of progress was clear.

**Action: The Delivery Plan Task Group to consider potential solutions to the challenges faced by sub-groups.**

It was noted that the Ageing Well Task Group was due to meet shortly to consider its future.

Members suggested that the sub-groups should be invited to present to the Health and Wellbeing Board and should be given the opportunity to highlight any barriers to implementation. It was explained that there would be a rolling programme of reports to future Board meetings, which would be themed according to each of the Strategy's priorities. It was suggested that these could be presented by the relevant sub-group chairmen.

**Action: Sub-group chairmen to be invited to present to future HWB meetings.**

It was noted that the Board used to have 'hot focus' sessions in between formal meetings, which provided an opportunity to focus on the work of a particular sub-group. Also, the annual conference provided an opportunity to showcase the work of the sub-groups.

**Action: Officers to look at resuming the 'hot focus' sessions.**

It was noted that the early years cohort was no longer represented as a result of recent changes to the sub-groups.

RESOLVED to:

- (a) note the report; and
- (b) endorse the approach proposed by the Health and Wellbeing Board Steering Group for reviewing the Delivery Plan and reporting progress through the rolling programme of Progress Reports for each of the Strategy's priorities.

**14 Delivery Plan Progress Report - Priority 1**

Zoe Campbell (Interim Service Lead – Public Health and Wellbeing) presented the Delivery Plan Progress Report for Priority 1 (Agenda Item 12).

Members noted that there had been a large number of actions that had been completed or were now considered 'business as usual'. In particular, several of the closed actions related to Educafé. This was seen as a Newbury focused initiative which some residents may not be able to access, particularly those living in more deprived areas within Calcot and Lambourn without access to a car. Members stressed the need for caution when deleting indicators.

The Board welcomed actions designed to address cardiovascular disease, but highlighted the need to track their impact. Members highlighted the importance of communicating with patients in relation to programme success stories, since this helped to build trust in initiatives. It was suggested that all partners needed to be involved in CCD prevention and in celebrating success stories.

It was noted that work was ongoing in relation to health inequalities. A needs assessment had been completed and the next step was to look at hidden inequalities, through community participation.

Officers stressed that they were looking to improve in terms of demonstrating the impact of initiatives.

In relation to comms, it was suggested that as well as communicating success stories, there was also a need to improve in terms of providing advice and patient signposting. It was proposed that the Health and Wellbeing Board Engagement Group should be re-established to coordinate this.

Members stressed the importance of joint working with the Integrated Care Board and NHS Foundation Trusts on key messages.

The Board recognised the importance of ensuring that messages were relevant to all communities within West Berkshire. It was suggested that villages could have wellbeing hubs where good news stories could be shared.

Members stressed the importance of using the right language in health messages and finding the appropriate trigger words and motivators to drive desired behaviours amongst residents.

It was felt that community wellbeing hubs could build on the success of the Health on the Move Van and the 'Be Well This Winter' outreach programme. It was suggested that hubs should not just signpost people to services such as health checks, but rather they should offer those services.

Officers confirmed that they were looking at existing assets such as libraries, leisure centres, Shaw House, and the museum to see how health could be integrated into people's visits. It was noted that some parish councils were opening their buildings for warm hubs and over-50s clubs. Village and church halls, schools, community centres and pubs could all potentially be used as hubs. It was suggested that they could also help improve residents' mental health by reducing isolation.

It was noted that other local authorities had strategies for villages / parish council areas and this could be a way of addressing the Newbury focus of local activities. This could be progressed alongside other initiatives such as family hubs and women's hubs. It was suggested that this could be discussed at the District Parish Conference to understand what initiatives were already underway and what appetite there was to explore the wellbeing hub concept amongst parish councils.

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**Action: Raise the wellbeing hub concept with the District Parish Conference organisers as a potential agenda item for the next meeting.**

RESOLVED to:

- (a) note the report and the progress made to date;
- (b) agree the proposed actions;
- (c) agree the actions to be referred upwards to the 'Place' or 'System' levels; and
- (d) commit their respective organisations to delivering the agreed actions.

### 15 Local Response to Cost of Living Increases

Sean Murphy (Public Protection Manager) presented the report on the Local Response to the Cost of Living Increases (Agenda Item 13).

Members noted the positive messages related to the Council's response and the observations of service users and asked if these were being used in communications with residents. It was stressed that that the response had involved a wide range of partners and not just the Council. The Working Group had felt that there was a clear need to build on the success of the Cost of Living Hub.

Clarification was sought in relation to the figures and percentages quoted in sections 4.12 and 5.2 of the report. It was confirmed that the percentages quoted in 5.2 related to the survey responses, while figures quoted in 4.12 related to the number of referrals to the service.

Members asked if work had been done to learn where customers had found out about the Hub. There was surprise at the low levels of referral from the Citizens Advice Bureau and the Board wondered if this needed to be promoted more.

The importance of Making Every Contact Count was recognised, particularly since experience with the Cost of Living Hub had shown that often the first thing that customers raised was often not the main issue.

The Board had been impressed by how quickly the Cost of Living Hub had been set up, which had built on the success of the Covid Hub. It was recognised that conversations held through the Hubs had built up trust and momentum.

It was noted that a foodbank located in a school in a prosperous part of Newbury was well-used by parents. Members expressed anger that such measures were necessary in such an affluent country.

A question was asked about whether the Household Support Fund was fully utilised. Members noted that many of the claims were for small amounts. It was confirmed that most of the funding had been spent. This was the first time that the funding had been paid for a full year – previous allocations had been for six months. The fund had not launched until 23 June and there had been a flurry of applications at the start. It was thought that additional applications would have been made since the report had been written. There had been allocations for free school meal vouchers during the holiday period.

It was highlighted that in other local authorities, the Household Support Fund had been managed by the Director of Public Health. The current round of funding gave more discretion as to how it could be used. The Board felt that it would be useful to know more about how people were being supported, who was being supported and what the funding was being spent on. It was proposed that further information could be provided as part of future reports to the Board.

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Concern was expressed about the fact that the Food Bank and Newbury Soup Kitchen were struggling due to losing volunteers and falling donations. Also, the Soup Kitchen had reported additional problems with customers who were struggling with addictions. Support was expressed for a further meeting with statutory and voluntary sector partners to agree a way forward for providing ongoing support for residents who were struggling to cope with the rising cost of living.

The Board praised the work of officers in setting up and running the Cost of Living Hub and asked that their thanks be passed on to those involved.

Members highlighted additional pressures facing many families due to rising mortgage and rent payments.

RESOLVED to:

- (a) note the report and the response of partners to date;
- (b) agree that the Public Protection Manager should arrange a meeting of statutory and voluntary sector partners and other interested partners to consider options and agree a way forward for providing ongoing support to residents who are struggling to cope with the rising cost of living; and
- (c) receive further updates on the impacts of the cost of living on local residents at each of the remaining meetings for the 2023/24 municipal year.

### 16 **Changes to Pharmaceutical Services**

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the report on Changes to Pharmaceutical Services (Agenda Item 14).

It was noted that some of the notifications appeared to be retrospective. It was explained that these pre-dated the formal arrangements for considering changes to pharmaceutical services that were adopted in April 2023. It was noted that there had been an apology in the email where local authorities had not been informed of the changes in advance.

Members highlighted a recent news story about Boots closing some of its pharmacies and asked if any sites in West Berkshire would be affected. It was confirmed that no such notifications had been received yet.

It was suggested that the Board should keep track of the cumulative impacts of changes to local pharmaceutical services.

RESOLVED to:

- (a) note the planned and recent changes to pharmaceutical services in West Berkshire;
- (b) note that the changes have been assessed as having a minimal impact on provision of pharmaceutical services, and agree that there is no requirement to update the Pharmaceutical Needs Assessment or publish a supplementary statement.

### 17 **Buckinghamshire, Oxfordshire and Berkshire West ICB Annual Report**

The Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board Annual Report 2022/23 (Agenda Item 15) was provided for information only and was not discussed at the meeting.

RESOLVED to note the report.

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

There were no questions submitted to the meeting.



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**19 Health and Wellbeing Board Forward Plan**

The Health and Wellbeing Board Forward Plan (Agenda Item 17) was reviewed and the following changes were agreed:

- Cost of Living Update to be added to the agenda for each of the next four meetings.
- Housing Conditions Survey to be added to the December meeting agenda.
- Community Hubs Strategy to be added to a future meeting agenda (TBC).

**20 Future Meeting Dates**

The dates of the future meetings were noted.

*(The meeting commenced at 9.30 am and closed at 11.33 am)*

**CHAIRMAN** .....

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

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