

# 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 TUESDAY, 3 OCTOBER 2023

**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 Lee Dillon (Leader of Council; Executive Portfolio Holder Strategy, Communications and Public Safety), Helen Clark (Deputy Place Director Berkshire West - BOB Integrated Care Board); Paul Coe (Interim Executive Director - People (DASS & DCS)), Jessica Jhundoo Evans (Arts and Leisure Representative), Helen Kenny (Thames Valley Police), Sean Murphy (Public Protection Manager), April Peberdy (Acting Service Director - Communities and Wellbeing) and Garry Poulson (Voluntary Sector Representative)

**Members Attending Remotely:** Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), Councillor Jo Stewart (Shadow Portfolio: Adult Social Care; Integrated Health; Public Health), Prof John Ashton (Director of Public Health), Matthew Hensby (Sovereign Housing), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), and Helen Williamson (Berkshire Healthcare Foundation Trust)

**Also Present:** Adrian Barker (Mental Health Action Group), Iain Wolloff (Skills and Enterprise Partnership) and Gordon Oliver (Principal Policy Officer)

**Apologies for inability to attend the meeting:** Sarah Webster, Bernadine Blease and Dr Heike Veldtman

**Absent:** Councillor Janine Lewis and Fiona Worby

## PART I

### 21 Minutes

The Minutes of the meetings held on 28 June 2023 and 13 July 2023 were approved as true and correct records and signed by the Chairman.

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

Progress on actions from the previous meetings was noted.

### 23 Declarations of Interest

There were no declarations of interest received other than the standing declarations as stated in the agenda.

### 24 Public Questions

There were no public questions submitted to this meeting.

### 25 Petitions

There were no petitions presented to the Board.

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### 26 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.

It was noted that Bernadine Blease had changed roles and would no longer be the Berkshire Healthcare Foundation Trust's representative on the Board. Also, AnnMarie Dodds had been appointed as Executive Director - Children and Family Services and Paul Coe had been appointed as Executive Director – Adult Social Care, with both starting their new roles on 16 October 2023.

### 27 Better Care Fund Plan 2023-25

Paul Coe (Interim Executive Director – People) presented the item on the Better Care Fund Plan 2023-25 (Agenda Item 8).

It was noted that this had been subject to extensive consultation with individual Board Members prior to submission and had been subsequently endorsed by the South-East Region and approved by NHS England.

**RESOLVED** to approve the Better Care Fund Plan for 2023-2025.

### 28 Right Care, Right Person

Superintendent Helen Kenny (Thames Valley Police) gave a presentation on Right Care, Right Person (Agenda Item 9).

Members asked what would happen if a resident requested a welfare check. A recent example was given of a camper van parked in the middle of a pub car park. The curtains were drawn and it was not clear if anyone was inside. In this case, the Police had refused to do a welfare check.

It was explained that the Police would attend if there had been an accident and there was concern about the occupants, but if the vehicle was parked and there was no sign of distress, then there was no fear for any person's welfare. It would be up to the landowner to have the vehicle removed. If the public called the Police, then they may be referred to a more suitable agency.

There was a question about what would happen if ambulances were busy, resulting in a long delay before they could get to a reported individual in distress.

It was confirmed that if there was a need for an immediate response and an ambulance was unable to attend, then the Police would attend. This had happened with a recent incident involving someone in mental health crisis who was self-harming.

Members asked what percentage of incidents resulted in harm to the individual following a welfare check and whether this would be monitored to track the impacts of the change in approach.

**Action: Supt Helen Kenny to confirm if data was available on the percentage of incidents where there was harm to the individual after a welfare check had been carried out.**

Governance for the change included an implementation group co-chaired by the Police and the NHS, which would undertake regular reviews of incidents and outcomes, including any cases where neither the Police nor the ambulance service had attended.

The importance of soft intelligence being fed back quickly was highlighted.

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A question was asked about potential time delays as a result of the change in approach and the potential impacts on whoever calls in to report a person in distress.

It was confirmed that if there was an immediate need for a response, then the Police would still attend. However, if there was not an immediate need to attend, then the case may be referred to the ambulance service or a mental health specialist, and there may be a delay in the response.

It was noted that the degree of panic / urgency to attend was difficult to measure. Call handlers would be issued with a toolkit to enable them to make an informed assessment. In the long-term, there would be an assessment of the impact of the change on partner agencies.

The Board acknowledged that the Police were concerned about being used as a de facto ambulance service. However, concerns were expressed about approaching a complex problem with a relatively simple solution. It was noted that there was considerable overlap between the Police and other agencies, and it was suggested that clients may fall between stools. It was suggested that there was a need for officers and call handlers to have robust health literacy training. Concerns were also expressed about the lack of information on how the impacts of the new approach would be measured.

It was explained that the reason for introducing the change was to get the right care to the patient at the right time. The Police was not the best agency to deal with someone who was mentally unwell. It was confirmed that Police officers did receive mental health training so they could exercise powers under the Mental Health Act, but often a Police officer in uniform would not be the best person to support a person in mental health distress. While reducing demand on the Police was not a reason for introducing the change, one of the benefits would be to free up the Police to deal with crime. Superintendent Helen Kenny had not been briefed on measurement, but she offered to provide an update in three months.

**Action: Supt Helen Kenny to provide and update on implementation of the Right Care, Right Person model in three months.**

It was highlighted that South Central Ambulance Service was under extreme pressure and the Board expressed concern about people falling through the gaps between services.

Members asked if mental health responders would attend calls like they do in other parts of the UK. It was confirmed that Thames Valley Police did not have such arrangements in place currently, but it would be considered in future.

A question was asked about the involvement of the voluntary sector. It was confirmed that they had been consulted on the change.

Members asked if care alarm providers had been briefed. It was confirmed that they had.

Members asked about Police attendance where there were concerns about a resident's welfare that was not related to mental health (i.e., patient slumped in a chair at home and not responsive). It was confirmed that either the Police or fire service could attend such incidents and force entry to the property.

Members also asked about a scenario involving a dementia patient missing from a care home. It was confirmed that they would be classed as a high risk missing person and the Police would attend, but this was not related to the Right Care, Right Person initiative.

It was noted that the Berkshire West Mental Health Programme Board was being stood back up. Thames Valley Police would be represented and feedback on Right Care, Right Person would be sought through that meeting.

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**RESOLVED** to note the report and for the Board to receive an update in three months.

### 29 **Local Response to the Cost of Living Crisis**

Sean Murphy (Public Protection Manager) presented the update on the Local Response to the Cost of Living Crisis (Agenda Item 10).

Feedback was provided on the recent meeting between statutory service providers and the voluntary sector. All agencies / organisations had reported an increase in demand at a time when they were also facing increases to their operating costs. This was leading to financial difficulties for some organisations. Organisations were seeing more complex cases, often involving mental health aspects. There had been an increase in immediate indebtedness, where individuals were unable to pay their bills / living expenses. The general view was that there was a housing crisis coming, with more evictions, more investigations around the condition of properties in the private rental sector, and challenges facing landlords due to higher mortgage costs, which was putting pressure on affordable rents. There had been some discussion around how the Household Support Fund was coordinated, with a desire to speed up decision making and allocation of funds. Grants were still available from Greenham Trust. The key message from the event was that the challenges from rising costs of living had not gone away – although inflation was reducing, people were still struggling, with resulting impacts on health.

Members agreed that there was no point in the Council having funds if it could not get these allocated quickly to those in need. A proposal was being developed for the allocation of funds through third parties. It was suggested that working with the voluntary sector could deliver better value for money. It was agreed that the Volunteer Centre would be included in discussions as a matter of course, since they had a good view of the situation across the whole district. It was suggested that there should be more regular meetings between statutory providers and the voluntary sector.

**Action: Sean Murphy to circulate minutes from the meeting between statutory agencies and the voluntary sector partners to all HWB Members.**

It was confirmed that Sovereign Housing would like to be represented at future meetings to ensure that residents could benefit not only from the Housing Support Fund, but also the support funds that Sovereign offered to its residents and customers.

**Action: Sean Murphy to meet with Matthew Hensby to discuss the support that is available and to coordinate activity.**

The commitment to speed up allocation of funds was welcomed as delays incurred by filling out paperwork could make matters worse.

It was suggested that better comms were needed, since 40% of applications had been rejected, and this was often because not enough information had been provided. It was suggested that the voluntary sector may be aware of individuals most in need and may be able to support them with their applications.

It was confirmed that a comms campaign was planned for the autumn, which would promote the fund and explain the applications process.

It was acknowledged that the voluntary sector would be able to respond more quickly than the Council could. For example, the Community Furniture Project was able to support applicants with white goods within a few hours. Once a model of working had been agreed between the Council and the voluntary sector, this would be part of future comms.

It was noted that other local authorities such as Northamptonshire had made use of the voluntary sector, parish councils and community development workers to identify people

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in need. They had also invested in the voluntary sector infrastructure, so they had the resources to be able to deal with the extra workload generated through the Household Support Fund.

**RESOLVED** that the Service Lead for Public Protection report on progress to the Board at its meeting in December 2023.

### 30 Financial Problems and Mental Health

Adrian Barker (Mental Health Action Group Chairman) presented the report on Financial Problems and Mental Health (Agenda Item 11).

It was highlighted that there had been a discussion at the Joint Public Protection Partnership around fraud. The service delivered 12 areas of prevention work. One concern highlighted at the meeting was around young people being exploited by money lenders through social media, which could be a gateway to county lines. Also, there was evidence of artificial intelligence being used to persuade people to part with their money by mimicking influencers. The Public Protection Service had been asked to engage proactively on social media to flag posts that had been confirmed as not genuine. It was suggested that this could be included within the report's proposals.

It was noted that the voluntary sector was working across a number of programmes with the Berkshire Healthcare Foundation Trust and the Mental Health Action Group. There was concern that different organisations were trying to reach out to the same people, and it was suggested that there should be better coordination. It was suggested that the Berkshire West Programme Board may help to address this.

**Action: Helen Clark to give further consideration to the potential for improved coordination and discuss this with relevant parties.**

It was suggested that the Scrutiny Commission may wish to consider issues around debt recovery and the Council Tax Reduction Scheme. The report suggested a half day workshop to look at issues around debt recovery and to share experience.

The Board welcomed the report's proposal, particularly around young people and schools, where prevention activities were key. The impact of fraud on victims was highlighted. Testimony through victim impact statements demonstrated that the effects of fraud could be life-changing - some people never recovered from the impacts on their physical and mental health.

The connection between finance and housing was highlighted, and the availability and affordability of housing. The Public Protection Service was seeing examples of overcrowding and the negative impacts on health.

**Action: Sean Murphy to review how the Public Protection Service could be involved in delivery of targets identified in the report.**

A question was asked about whether the Public Protection Services was signposting people to sources of mental health support, and about opportunities for closer working with the Public Health Team. It was confirmed that a small victim support service had been retained, and the Service also made safeguarding referrals. It was suggested that additional training could be provided around mental health services.

**Action: Sean Murphy and April Peberdy to discuss additional training for Public Protection staff around mental health services.**

**RESOLVED:**

- (a) To note progress made against achievement of the original proposals.

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- (b) In relation to Proposal 4:
- To commit to supporting the Community Mental Health Transformation Programme to help make it a success, including leading by example in supporting the programme, encouraging its partner members to engage productively with it and receiving progress reports on the implementation as appropriate.
  - To support the ICB's objectives in the Joint Forward Plan and its service delivery plan to continue developing the community mental health framework, build GP led integrated neighbourhood teams and develop the estates strategies, including 'participation in work public estate initiatives', to achieve the objectives.
- (c) In relation to Proposal 5.4:
- To request that the Berkshire Healthcare representation provides a response to the original proposal.
- (d) In relation to Proposal 10:
- To support the work on fraud prevention and that partner organisations spread appropriate messages and links to resources where possible.
- (e) To ask the Scrutiny Commission to review issues around debt recovery and the Council Tax Reduction Scheme.

### 31 Changes to Pharmaceutical Services

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the item on Changes to Pharmaceutical Services (Agenda Item 12).

It was highlighted that a number of pharmacies had closed in Newbury and concern was expressed about the potential for further closures.

It was noted that some of the remaining pharmacies did not have parking nearby, so could be difficult for some people to access. The situation was compared to the widespread closure of banks.

The Board welcomed the proposal for a survey of waiting times at local pharmacies.

It was noted that pharmacies had also closed in Thatcham, which could add to pressures on remaining pharmacies in Newbury.

Members wondered if a solution similar to Amazon lockers might be used to improve access to medication within particular communities. It was noted that the Downlands Surgery in Chieveley was looking at this model.

Members indicated that residents had reported queuing for up to an hour to get prescriptions at pharmacies across the district.

It was highlighted that online services would not meet the needs of some pharmacy users who needed to have in-depth discussions with pharmacists.

The Board also noted that the NHS was looking to encourage people to make better use of pharmacies, but this relied on pharmacies being available within communities.

The Board felt that the closures were as a result of market failure and the market was not meeting the needs of customers, particularly older people who were less mobile and / or living in rural areas. It was suggested that the NHS needed to intervene.

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It was also suggested that patients needed to have options if the role of pharmacies in delivering primary care was to be realised. It was noted that Boots had announced that it would be closing 300 of its stores.

It was suggested that a more effective form of needs assessment was required and that this should take place at a system level.

It was noted that fewer community pharmacies would increase pressure on GP surgeries when delivering vaccinations.

It was confirmed that the ICB was happy with the proposal to prepare a report on the resilience of pharmacies across West Berkshire. Timescales would depend on the scope of the report. It was suggested that the report should also consider matters such as the current ask of pharmacies in terms of primary care access.

**Action: Helen Clark to confirm the timescale for producing the report.**

### **RESOLVED:**

- (a) To note the changes to pharmaceutical services in West Berkshire;
- (b) To note that the changes have been assessed as not having a significant impact on provision of pharmaceutical services and agree that there is no requirement to update the Pharmaceutical Needs Assessment or publish a supplementary statement.
- (c) To agree that the Integrated Care Board (ICB) be requested to prepare a report on the resilience of pharmacies across West Berkshire; and
- (d) To agree that Healthwatch be approached to see if they would perform a survey of waiting times at pharmacies across West Berkshire.

## **32 Delivery Plan Progress Report - Priority 2**

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the Progress Report on Priority 2: Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives.

Members expressed concern about the extent to which young carers were being relied upon, and also in relation to the fact that West Berkshire was not meeting targets for dementia diagnosis. Early diagnosis was recognised as being of great importance.

Iain Wolloff provided an update on the Developing Life Skills project, which was delivered by the Education Business Partnership. This supported young people by helping to address issues such as mental health, emotional health and lack of confidence, and helping the young people to make the transition into work. Around 250 young people in 12 schools had been supported in the latest programme. The programme had been positively evaluated by participants and teachers. There was a desire to continue the programme, but there was no more funding available through the HWB Priority Fund, so the Board was asked if alternative funding could be allocated to the project.

It was noted that the report only showed the numbers of pupils trained using funding from the Health and Wellbeing Board, but this was part of a larger programme.

It was confirmed that schools did not contribute financially.

Members asked about the rationale for how the schools were selected.

**Action: Iain Wolloff to provide a full list of all schools that took part in the programme.**

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The Board asked about how the programme's outcomes were measured. It was confirmed that students were asked to self-report in terms of how they felt before and after participating in the programme – over 90% gave a positive rating. Teachers were also asked for feedback about the programme's effectiveness. 100% of teachers indicated that they would like to take part in future programmes.

The cost of the programme for 2023/24 had not been finalised, but to deliver a similar volume to the previous year would cost £11,947. This would deliver training to 12 cohorts of up to 225 pupils.

It was suggested that Greenham Trust could be approached for funding. However, it was confirmed that they already supported various initiatives delivered by EBP, including the Destinations Expo, which brought young people together with employers and universities.

**Action: Iain Wolloff to approach Greenham Trust for funding and come back to the Board if funding was not secured.**

**RESOLVED** to:

- (a) Note the report and the progress made to date;
- (b) Agree that the actions are still appropriate;
- (c) Agree the actions to be referred upwards to the 'Place' or 'System' levels; and
- (d) Commit the Board's respective organisations to delivering the agreed actions.

### 33 **CVD Outreach Project**

The report on the CVD Outreach Project (Agenda Item 14) was provided for information only.

**RESOLVED** to note the report.

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

The Health and Wellbeing Board Sub-Group Updates (Agenda Item 15) were provided for information only.

**RESOLVED** to note the report.

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

There were no questions submitted to the meeting.

### 36 **Health and Wellbeing Board Forward Plan**

Members reviewed the Health and Wellbeing Board Forward Plan.

It was noted that a further update on the Local Response to the Cost of Living crisis would be brought to the December meeting.

**RESOLVED** that the Forward Plan be noted.

### 37 **Future meeting dates**

The dates of the future meetings were noted.

*(The meeting commenced at 2.00 pm and closed at 3.40 pm)*



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**CHAIRMAN** .....

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