

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH HEALTH AND WELLBEING BOARD
HELD ON 7 MARCH 2024 FROM 5.00 PM TO 5.45 PM**

Present

Debbie Milligan	NHS
David Hare	Wokingham Borough Council
Prue Bray	Wokingham Borough Council
Philip Bell	Voluntary Sector
Stephen Conway	Wokingham Borough Council
Nick Fellows	Voluntary Sector
Helen Watson	Interim Director Children's Services
Ingrid Slade	Director Public Health
Andrew Statham	Royal Berkshire NHS Foundation Trust
Alice Kunjappy-Clifton	Healthwatch Wokingham Borough
Helen Clark (substituting Sarah Webster)	BOB ICB

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Lewis Willing	Head of Health and Social Care Integration
Karen Buckley	Consultant in Public Health
David Dean	Chief Executive Officer, Community Pharmacy Thames Valley
Julie Dandridge	Head of Pharmacy, Optometry and Dentistry, BOB ICB
Mark Robson	Integrated Care Programme Manager

96. APOLOGIES

Apologies for absence were submitted from George Framalitto, Councillor Charles Margetts, Susan Parsonage, Matt Pope, and Sarah Webster.

97. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 8 February 2024 were confirmed as a correct record and signed by the Chair.

98. DECLARATION OF INTEREST

There were no declarations of interest.

99. PUBLIC QUESTION TIME

There were no public questions.

100. MEMBER QUESTION TIME

There were no Member questions.

101. WOKINGHAM PHARMACY UPDATE

David Dean, Chief Executive Officer, Community Pharmacy Thames Valley, provided a presentation on community pharmacy in Wokingham Borough.

- Pharmacy First, under which patients could refer themselves to pharmacies for seven minor conditions and GPs could refer for those same conditions, had launched. Initial data showed a high level of success. David Dean commented that this would help to reduce pressure on GPs in the Borough.
- Councillor Conway questioned whether the Pharmacy First would increase the pressure on pharmacy services. David Dean commented that some of the work that was now being funded by the government was previously being undertaken at very little cost in terms of the time spent with the patient. Pharmacy First helped pharmacies in terms of funding and also helped patients to receive treatment without having to speak to several different bodies first.
- Andrew Statham asked about patient feedback and was informed that it was broadly positive. Some patients' expectations needed to be managed, where people had misunderstood what the service offered. The BOB communications team were helping to educate patients as to what was and was not covered under Pharmacy First. Formal patient feedback would be sought April-September to understand how many patients were aware of the service and how it was working.
- Dr Milligan commented that her surgery had spoken to a pharmacy to hear their views on Pharmacy First, and had offered to share learning from the Minor Injuries Team in the surgery. She asked about formal feedback from GPs. David Dean commented that formal Ear, Nose and Throat training had been provided over 350 pharmacies across BOB.
- It was noted that if practices digitally referred to pharmacies an electronic record was provided. If inappropriate referrals were made feedback would be provided on the reasons why and patterns looked for. Julie Dandridge, Head of Pharmacy, Optometry and Dentistry, BOB ICB, added that an escalation route would be developed. David Dean emphasised that it would take some time for pharmacies to gain confidence with the new system.
- Julie Dandridge commented that the pharmacists may need to refer the patient back to a GP in some cases.
- Alice Kunjappy-Clifton stated that there were age restrictions in the case of some of the service offered (e.g. earache in children 1-17 years old), and that this needed to be made clearer to the public. Healthwatch could assist with messaging.

RESOLVED: That the presentation on Community Pharmacy be noted.

102. COMMUNITY PHARMACY AND DENTISTRY PROVISION - BOB

Julie Dandridge provided an update on pharmacy and dentistry in Wokingham Borough.

During the discussion of this item, the following points were made:

- Whilst there had been a number of pharmacy closures over the last year, more prospective applications to open pharmacies were starting to be made. An increase in independent provision was being seen.
- Workforce continued to be an issue in pharmacy and more work with the local school of Pharmacy would be carried out to improve this. It was hoped that the ICB could use local relationships to make improvements.

- The NHS app was making a difference. It was now possible to track prescriptions online.
- With regards to dentistry, Julie highlighted issues regarding the handing back of NHS contracts, falling provision since Covid, and problems around access.
- The Board were informed of flexible commissioning dental scheme across BOB, which had allowed some flexibility in dental contracts to support those who may be more vulnerable, or who had not received any treatment in the last two years, such as those who were new to the area, asylum seekers or looked after children. Approximately 6,000 additional patients had been seen across BOB, in 32 practices. Feedback had been good, and agreement had been reached to roll forward the scheme into the next financial year.
- Work was being undertaken to replace the lost activity from contract hand backs. Across BOB an extra 70,000 units of dental activity (just over 14,000 in Wokingham Borough) had been secured.
- Under the NHS Dental Contract Reforms there was a premium for new patients to be seen, which would help improve initial access. The Reforms also focussed on early education measures, such as the Smile for Life Programme.
- Councillor Bray asked about units of dental activity commissioned per head of population and commented that the figures for Wokingham seemed low. She questioned whether the need for NHS dentists locally, was calculated. Julie Dandridge indicated that the information presented was how assessments were carried out by NHS England but was based on recovering levels of activity to pre pandemic levels. Public Health had carried out a health assessment on dental needs, which would help shape the direction of travel and services required. She would establish when this had last been carried out locally.
- Alice Kunjappy-Clifton asked that the list of practices with flexible commissioning available, be made clearer. Julie Dandridge commented that a leaflet could be produced and communication regarding the services on offer, improved.

RESOLVED: That the update on pharmacy and dentistry be noted.

103. QUARTER 3 BETTER CARE FUND SUBMISSION

Lewis Willing, Head of Health and Social Care Integration, outlined the Quarter 3 Better Care Fund submission.

During the discussion of this item, the following points were made:

- The National Conditions had been achieved in Quarter 3.
- Whilst not all the metrics had been achieved so far for Quarter 3, they were on track.
- The Board noted the funding overview.
- Councillor Hare asked whether a target had been missed in Quarter 2 and was informed that the admission avoidance target had been missed, but overall performance against the Better Care Fund targets had been very good.

RESOLVED: That the Quarter 3 Better Care Fund submission be noted.

104. COMMUNITY WELLNESS

Mark Robson, Integrated Care Programme Manager, provided an update on the Community Wellbeing Outreach service.

During the discussion of this item, the following points were made:

- The project was about giving health checks in the community to help tackle health inequalities. It would focus on reaching people at risk of coronary heart disease that had disadvantages accessing health care, due to their backgrounds. E.g. socio-economic deprived area.
- A whole system approach was being taken, and health, Public Health, Integration and the voluntary sector were all engaged. It was noted that Involve had recently been appointed the voluntary sector partner.
- The project fit well into the prevention agenda.
- Accredited NHS health checks would be offered in the community. A dedicated social prescriber employed by Involve would also be available.
- It was hoped that the project would mobilise in early April. Work would be undertaken to ensure a presence in each of the Primary Care Networks.
- The project was scheduled to last 18 months. Alice Kunjappy-Clifton questioned how the value of the project could be determined over such a short period and how the community could be satisfied of the benefits of it. Mark Robson commented that participants would be asked whether they would consent to being contacted regarding their experiences and to determine whether any lifestyle changes had been made. Public Health would evaluate the effectiveness of the project. Ingrid Slade commented that markers of success such as blood pressure records, could be used.
- Nick Fellowes suggested that a Healthy Lifestyle Advisor should be able to offer practical advice.
- Mark Robson commented that different groups such as Berkshire Active would be brought into the evaluation process.

RESOLVED: That the update on the Community Wellbeing Outreach service be noted.

105. MARMOT PRINCIPLES

This item was not considered due to the meeting becoming inquorate.

106. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD UPDATE

This item was not considered due to the meeting becoming inquorate.

107. ROYAL BERKSHIRE NHS FOUNDATION TRUST UPDATE

This item was not considered due to the meeting becoming inquorate.