

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 11 JUNE 2020 FROM 5.00 PM TO 6.30 PM**

Present

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director, Children's Services
Chris Traill	Director Place and Growth
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntry Sector
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch
Meradin Peachey (substituting Tessa Lindfield)	Interim Consultant in Public Health

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Narinder Brar	Community Safety Partnership Manager
Susan Parsonage	Chief Executive
Peter Slade	Wellbeing Board and Community Safety Partnership Project Support
Martin Sloan	Assistant Director ASC Transformation and Integration
Lewis Willing	Head of Health and Social Care Integration
Andy Fitton	NHS Berkshire West CCG

63. APOLOGIES

Apologies for absence was submitted from Tessa Lindfield and Sam Burrows.

64. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 13 February 2020 were confirmed as a correct record.

65. DECLARATION OF INTEREST

There were no declarations of interest.

66. PUBLIC QUESTION TIME

There were no public questions.

67. MEMBER QUESTION TIME

In accordance with the agreed procedure, the Chairman invited Members to submit questions to the appropriate Members.

67.1 Gary Cowan asked the Chairman of the Wokingham Borough Wellbeing Board the following question. Due to his inability to attend the following written answer was provided:

Question

Dr Cathy Winfield, CEO of West Berks CCG on May 21 stated at the West Berks Health and Wellbeing Board that the NHS were able to step up their critical care criteria at the Royal Berkshire Hospital by not testing patients discharged from hospital into care homes and as a result West Berks have had 118 deaths of which 60 have been in their care homes.

My reading of her comments suggested that she now appears to have admitted that this policy was a mistake.

My question is of all the fatalities in Wokingham's Care Homes how many were patients discharged from our hospitals and how many were not.

Answer

Thank you for your question. Can I first extend my deepest sympathy to all those that have been effected by the deaths in care homes as a result of this virus. What has happened in Wokingham, and across the country, has been very difficult for many people. I'm sure there will be a national debrief with questions asked what has happened and what we can learn for future policies. Locally we expect we will be looking into this as part of the summer's overview and scrutiny programme. Part of this will rightly look into the impact of the national guidance on hospital discharge and the absence of testing in the first part of the response.

Our care homes have worked tirelessly through this extremely difficult time to help support their residents and I would like to voice my thanks at their efforts.

It is important to note care homes in Wokingham Borough are usually run by private or voluntary sector service providers.

There are 52 CQC registered care home setting within Wokingham Borough; this includes both older people care homes (residential and nursing) and learning disability care homes.

95% of Wokingham Borough care homes inspected by the CQC were rated as 'good' or 'outstanding' prior to the outbreak (February 2020) of the virus.

It was possible that some care home clients caught the virus in hospital before being discharged, and as they were not tested before discharge, the appropriate isolation in care homes was not put into practice.

Wokingham Borough Council took ground-breaking action to help protect its care homes during the Covid-19 crisis.

Last month the Borough Council took the unprecedented decision to go against Government guidelines by refusing to take patients discharged from hospital into some care homes unless it was certain they did not have coronavirus. At the same time, the Council and partners across the health service have worked together to set up a 'task force' of specialists to work with care homes to make sure they were ready to cope with patients who had the virus.

The task force has now worked with all care homes and other care settings but worked intensively with 36 in order to make sure they can start to take hospital discharges again safely.

As with care homes across the country, those in Wokingham Borough have been coping with a very difficult situation during this crisis.

In the first period of the pandemic we became concerned that the situation in care homes was worsening, we lobbied our MPs and the Local Resilience Forum for increased testing of those being discharged and for those in homes and for improved supplies of PPE. We increased our support to local care homes, including providing emergency supplies of PPE and forming a task force focussed on going into homes to support with specific issues like detailed infection control advice

Despite this lobbying and support, Government guidelines continued to allow the potential discharge of patients with coronavirus into our care homes, so we took the decision to stop hospital discharge into our care homes unless the patient has tested negative and been without symptoms or our task force had made sure the care home could cope with positive cases.

This task force has now visited 36 care homes and we are now at the place where discharges from hospital can take place more safely into some of these homes. I would like to personally thank all care home staff for the immense effort they are putting in to keep people supported in the most difficult of situations.

The task force is just one way the Borough Council has supported care homes during the crisis. Other help has included:

- An improved funding deal for care homes we contract with plus ability to apply for additional temporary funding
- Help with supply of Personal Protective Equipment (PPE) – 386,000 pieces of PPE have been supplied to our care homes.
- Regular advice and guidance - over 400 calls to registered care homes
- Testing for staff with symptoms – more than 250 staff tested, plus others who have self-referred themselves for testing via the government website.
- Offer of access to staff in an emergency and Infection control hotline established

In addition to this, Wokingham Borough Council and the local NHS have worked well together to:

- Release hospital capacity to support infection control in care homes, and this has been successful – the NHS had not been overwhelmed in our area and there had been enough critical care capacity to treat all patients.
- By cohorting potential Covid patients and delaying discharges in some cases to allow the homes to be supported.
- The CCG Director of Nursing has coordinated a multiple agency response to support the homes with staff and patient testing, and infection control training. Homes were visited by the support team in priority order, as identified by Wokingham Council.
- All patients are now tested prior to discharge to care homes.

- Each care home now has a named clinical lead, usually a GP, and health care staff offer a weekly check in to each home and conduct multidisciplinary reviews of patients, including medication reviews.

The Council has worked with all partners to draw this into a care home support plan which is published on our website: <https://www.wokingham.gov.uk/care-and-support-for-adults/care-and-nursing-homes/wokinghams-response-to-the-minster-for-care-regarding-covid-19/>

The Council also publishes weekly Covid 19 data on its website <https://www.wokingham.gov.uk/health/public-health-campaigns/coronavirus/> and this will also be discussed at this meeting. Up to the 22nd May, Wokingham has had 137 reported Covid 19 deaths of which 71 were in care homes and registered by a GP as having Covid-19 contributing factors. It is important to note that the Council and its partners only get death data from the ONS at the same time as the general public on a Tuesday. We then put this into a digestible report that is published every Friday. There a time lag on this information so the process of analysing this against hospital discharge data will take time to understand, but as I stated earlier this will be part of the overview and scrutiny process.

68. UPDATE ON MENTAL HEALTH CRISIS REVIEW AND BUILDING A PRIMARY CARE MENTAL HEALTH OFFER

The Board received an update on Mental Health Crisis review and Building a Primary Care Mental Health offer.

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

- Andy Fitton, Berkshire West CCG, took the Board through the mental health crisis review, which had taken place from July 2019 to March 2020, and the subsequent 14 recommendations.
- A comprehensive engagement and consultation process had been carried out. In response to a question from Councillor Hare, Andy Fitton confirmed that service users and their families had been consulted in addition to practitioners. Work had been carried out with the Recovery College in Reading and also via Patient Groups at Prospect Park.
- Examples of good practice in areas such as Oxford, Cambridge and Peterborough had been looked at.
- Andy Fitton highlighted some of the recommendations that had come out of the review. This included the development of a pilot Crisis Café: Breathing Space delivered by the Voluntary Sector and a local provider (BHFT). It was hoped that within the next 5 years there would be a Crisis Café in Wokingham & West Berkshire.
- Other recommendations included the marketing of the new Berkshire West Mental Health Crisis offer.
- In response to a question from Graham Ebers about next steps and implementation, Andy Fitton indicated that he would be happy to present the implementation plan to the Board, in time.
- Councillor Hare emphasised the importance of good links between primary and secondary care. Andy Fitton commented that more mental health expertise in GP surgeries was needed. Dr Milligan agreed that mental health practitioners within GP surgeries were beneficial. She went on to state that it had been easier to access practitioners such as psychologists during the pandemic and she did not want to lose this.

- Meradin Peachey questioned whether the number of people who were identified as having mental health problems who also smoked, was measured. Andy Fitton indicated that the number of people identified as having mental health problems who had, had a health check was measured, but that he did not have the data to hand. Katie Summers commented that this information could be provided if it had been recorded by the GP surgeries.
- Matt Pope sought a conversation as to whether it would be possible to secure a commitment that Wokingham would have a Crisis Café earlier than 5 years.
- Chris Traill asked what success would look like. Andy Fitton responded that pre Covid 19 it would have been a reduction in those presenting in A&E with mental health issues, and an increase in recovery rates and self-care. GPs would be able to indicate if they saw a reduction in repeat service usage. Talking Therapies also provided data regarding recovery rates.

RESOLVED: That the update be noted.

69. DESIGN OUR NEIGHBOURHOODS UPDATE

The Board received the Design our Neighbourhoods Update.

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

- Martin Sloan provided a presentation on a locality and neighbourhood approach to the Covid 19 pandemic.
- The Wokingham Integrated Partnership had developed a platform for integration and joint working.
- There had been active Wokingham participation in Wave 1 of the Population Health Management Development Programme (Optum).
- The challenge had been to create an integrated and coordinated approach to provide tailored, proactive social and medical support to the 'shielded' and isolated/vulnerable population across the Borough during the Covid 19 pandemic.
- It had been important to ensure that Shielded and Non Shielded Vulnerable had access to medication and food, that social isolation was mitigated so far as possible and that advice and information could be accessed, if required.
- A Partnership Team had been established pre lockdown and this met on a weekly basis.
- Data had been taken from various sources including; General Practice lists of shielded patients, NHS Digital shielded lists, Adult Social Care clients and other databases that could indicate isolation and that support was required. A combined database had been established and Adult Social Care had undertaken welfare calls using an agreed 11-point script. When required, residents were referred to the "Wokingham Borough Community Response." Over 2800 calls had been made. The outcomes had been recorded and feedback provided to the GP services. In addition, the work of the Social Prescribing link workers had been integrated into the process.
- Martin Sloan referred to the combined Wokingham Borough community response, a combined group of Council staff and the voluntary sector. This included a "One Front Door" via the Citizens Advice with embedded WBC staff, to field public calls.
- The approach would be extended to a test cohort of elderly and frail (not including those who were shielded, those in care homes, and others that had already had welfare calls).
- Work would be carried out to support shielded residents who had lost their mobility and the confidence to go outside their home.

- Martin Sloan outlined two recommendations to progress the Design our Neighbourhood work at neighbourhood level;
 - Implementing the WBC Voluntary and Community Sector Strategy 2020-2025 with a focus on integration of services at a neighbourhood level. This would deliver improved coordination of multi-agency service response and improved signposting and use of technology to meet the social needs of residents.
 - Deliver the Strategy into Action Plan with a focus on what could be delivered as locally as possible, and also maximising the use of the local neighbourhood resources.
- As part of delivering the above two actions a mapping exercise of all local neighbourhood resources which would support the three priorities of the Wellbeing Strategy, would be undertaken by 30 November. In addition, a Partnership Forum would be set up by 1 September, to enable communication and the sharing of ideas.
- A number of Board members commented that this work highlighted Wokingham's committed approach, and thanked the voluntary sector for their work and support. In response to a question from Philip Cook, Councillor Margetts agreed that a statement would be issued thanking the voluntary sector for their work.
- Graham Ebers commented that it would be useful to pick out some of the outputs from the neighbourhoods event held in January and establish what could be addressed through learning and connectivity.
- Carol Cammiss stated that she wanted to develop the community and voluntary sector approach around children too.

RESOLVED: That the next steps for the delivery and implementation of a neighbourhood approach to meeting the three priorities, be considered.

70. STRATEGY INTO ACTION

The Board considered the Strategy into Action update.

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

- Public Health had reviewed the Health and Wellbeing Strategy and what progress was being made against it.
- The Strategy contained three clear but ambitious priorities.
- The indicators in the Strategy into Action plan were mostly based on the Public Health Outcomes Framework and social care and health indicators that had been measured regularly.
- Some progress had been made against the levels of inactivity in the Borough but there needed to be some measures as to whether the at risk groups such as those with long term conditions were also reducing inactivity.
- Meradin Peachey indicated that there were good long-term social isolation indicators being measured. Although there did not appear to be much progress in this area, this was because they were longer-term measures.
- With regards to narrowing health inequalities, it was noted that there would be greater discussion around reducing health inequalities for children, at the Children and Young People's Partnership.
- Carol Cammiss emphasised that it was good to see children featuring more in the Strategy. She requested that care leavers be added to the social isolation target. This was agreed.

- In response to a question from Councillor Clark, Meradin Peachey commented that the Strategy was ambitious when looking at the whole Borough population, but achievable.
- Philip Cook commented that measuring some of the indicators would potentially be challenging.
- Graham Ebers reminded the Board that it had been agreed that the Wokingham Integrated Partnership and the Children and Young People's Partnership would be the two main organisations feeding into the Strategy into Action. He agreed that it would be good to see an increased focus on children and young people.
- Dr Milligan was of the opinion that the Board was making headway to achieve its goals.
- Chris Traill commented that the Covid 19 pandemic might present an opportunity to look more at community wellbeing. Activity levels in some groups may increase.

RESOLVED: That

- 1) the proposed actions where indicators have not improved, be reviewed;
- 2) short term measures as a way of measuring interim progress including qualitative views from the residents, be added;
- 3) actions to reduce inequalities in health as a result of the Pandemic, be reviewed.

71. CORONAVIRUS IN WOKINGHAM

Meradin Peachey presented an update on coronavirus in Wokingham Borough.

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

- A weekly data report was published which could be accessed by the public. A wide range of data sources was used.
- Meradin Peachey referred to the number of cases identified across Berkshire. She indicated that the number of positive cases did not always give the total picture, as initially testing rates were low and also there were likely to be asymptomatic cases who had not been tested.
- With regards to the national picture, the North West had suffered the highest incident rates. Wokingham was below average. Reading had reported the highest number of cases within the Berkshire area.
- Information had been provided for the last five weeks on the death rate within care homes and by local authority area. The mortality rate for the year was nearly at the level of what it would have been expected to be.
- Royal Berkshire Hospital had a lower rate of Covid 19 related deaths compared to the worst effected hospital trusts in the country.
- It was noted that despite having the second highest number of care home beds in Berkshire, the Wokingham Covid 19 death rate within care homes was not the worst death rate in comparison to other neighbouring authorities.
- With regards to the national picture, Meradin Peachey indicated that those from ethnic minorities were more likely to catch the disease, at a younger age, and were more likely to die as a result. Those who were considered vulnerable e.g. they suffered from cancer or COPD, were also at higher risk.
- The Board noted the likely impacts of the Covid 19 pandemic across the life course. Katie Summers commented that this should be taken up across the Berkshire West partners in order to aid discussions about the recovery and restoration of services.

- Jim Stockley stated that it was valuable to see the information presented in such a communicable manner.
- Dr Milligan indicated that she was currently working in the Reading Health Hub. She emphasised the need to think about managing people coming out of shielding in future. Many people were afraid about coming out of lockdown.

RESOLVED: That the impact of Covid-19 on the population in Wokingham and whether to amend the current strategy and action plan, be considered.

72. INTEGRATION UPDATE

Lewis Willing presented an update on integration and the Quarter 4 Better Care Fund return.

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

- The Wokingham Health and Social care system met virtually every fortnight to discuss the Covid 19 situation and response. Participants included Berkshire Healthcare Foundation Trust, Royal Berkshire NHS Trust, Berkshire West Clinical Commissioning Group, the Voluntary Sector and Adult Social Care.
- Approximately 5750 calls had been made to the community to undertake welfare checks. The focus was now on those who were considered non-shielded but still vulnerable.
- It was noted that there had been an increase in the number of safeguarding referrals for babies that had been shaken during the current restrictions. This had been noted by the Berkshire Health Foundation Trust. As a result, they had restarted delivering a Health Visiting service, to support new parents. The Primary Care Networks, as a response, had also run a virtual consultation for new mothers, which had been very well attended.
- The Board was informed that the Primary Care Network directors had fed back on matters such as plans to develop social distancing within GP surgeries.
- The Better Care Fund return for Q4 had a delayed submission date of July.
- Lewis Willing updated the Board on the four Better Care Fund targets.
- Non Elective Admissions were considered to be on track. Whilst the year to date performance was 13,359 compared to a target of 13,044 and the full year forecast was now 16,031 compared to a target of 15,643, the Wokingham Integration Partnership operated a tolerance of 5% tolerance for variance.
- Reablement and Residential Admissions were also considered to be on track.
- Delayed Transfers to Care (DToC) were not on track. The DToC action plan and Winter Pressures funding had been targeted to support reducing delays in hospital, with the main issue in 2019/20 being an increase in the duration of extended delays due to the complex needs of this group of patients and the lack of specialist provision in the community for those with complex needs. This needed to be addressed at national rather than local level.
- The Board was updated on the high impact change model which offered a practical approach to manage transfers of care. It was noted that whilst the west of Berkshire had been graded as Mature in Enhancing Health in Care Homes, work was still being undertaken in response to the Covid 19 outbreak. A plan was being developed to further support the care homes.
- The Board welcomed Lewis Willing to the Council.

RESOLVED: That the updates be noted.

73. WELLBEING BOARD OVERVIEW REPORT JUNE 2020

The Board considered the Wellbeing Board Overview Report June 2020.

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

- Matt Pope summarised where the Board currently was, its aims and good practice.
- He went on to indicate that the agenda setting process in future would be stricter and that the forward programmes for both the formal and informal Boards would be tightened. Board members were asked to send suggestions for improvements and agenda items to Narinder Brar.
- Councillor Margetts indicated that the Council via the Wellbeing Board would be responsible for monitoring the local track and trace process. A sub group, the composition of which, was to be decided, would be established and would be led by the Leader of the Council.

RESOLVED: That

- 1) the Wellbeing Overview Report be noted;
- 2) the Board note the requirement to establish a Member led engagement Board around track and trace.

74. WELLBEING BOARD ANNUAL REPORT

The Board considered the Wellbeing Board Annual Report.

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

- Matt Pope referred in particular to the Board's Work Programme for the forthcoming municipal year.
- It was suggested that the report be updated to include reference to the Council's response to Covid 19.

RESOLVED: That once amended, the report be recommended to Full Council for approval.

75. FORWARD PROGRAMME

The Board discussed the forward programme.

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

- Katie Summers indicated that the updated CCG Operating Plan would be presented at the October meeting.
- Meradin Peachey suggested that the Board receive an update on how track and trace was progressing within the Borough.
- Graham Ebers asked that the Designing our Neighbourhoods and Strategy into Action remained standing items.
- Carol Cammiss indicated that she would bring a paper on how the priorities of the Children and Young People's Partnership aligned with the priorities of the Wellbeing Strategy, to a future meeting.

RESOLVED: That the forward programme be noted.