

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 21 FEBRUARY 2022 FROM 7.00 PM TO 9.20 PM**

Committee Members Present

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Michael Firmager, Adrian Mather, Tahir Maher, Barrie Patman and Rachel Bishop-Firth

Others Present

Phil Cunnington

Madeleine Shopland, Democratic & Electoral Services Specialist

Martin Sloan, Assistant Director Adult Social Care Transformation and Integration

Niall Norbury, Campaigns and Marketing Manager, Royal Berkshire NHS Foundation Trust

Gill Valentine, Director Midwifery, Royal Berkshire NHS Foundation Trust

Sarah Philip, Lead Consultant Obstetrician and Gynaecologist, Royal Berkshire NHS Foundation Trust

Nicky Lloyd, Chief Finance Officer, Royal Berkshire NHS Foundation Trust

53. APOLOGIES

An apology for absence was submitted from Carl Doran.

Jenny Cheng attended the meeting virtually.

54. DECLARATION OF INTEREST

There were no declarations of interest received.

55. PUBLIC QUESTION TIME

There were no public questions.

56. MEMBER QUESTION TIME

There were no Member questions.

57. BERKSHIRE WEST - WINTER COMMUNICATIONS PLAN

Niall Norbury, Campaigns and Marketing Manager, Royal Berkshire NHS Foundation Trust provided an update on the Berkshire West Winter Communication Plan. The presentation focused on what had been delivered in the campaign.

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

- When developing the Plan, a huge variety of groups had been consulted including different departments within the Trust, Berkshire Healthcare NHS Foundation Trust, South Central Ambulance Service, the Berkshire West Healthwatches, Pharmacy Thames Valley and the local authorities.
- The Plan had 3 key messages:
 - Be prepared – reducing unnecessary pressure on the health system. The message focused on ensuring that people had stocked up medicine cabinets, were able to have conversations regarding mental health so that they did not become too isolated, and caring for vulnerable friends and family.
 - Choose the right service – ensuring that people knew which service to contact, making proper use of NHS 111, understanding the difference between urgent and emergency.

- See your GP differently – decreasing some public dissatisfaction around changes in primary care, particularly by highlighting the different roles that existed. Also, highlighting the benefits of alternatives to face to face appointments.
- Niall Norbury outlined what the campaign had delivered.
- A website had been built within the current Trust's website which contained a lot of resources such as what you should have stocked in your medicine cabinet, and how to refer yourself to Talking Therapies, different roles in the GP surgeries, and where the Minor Injury Units were located.
- Bus campaign – this had been the first time that this had been run. The campaign was run in conjunction with Reading Buses, on 30 buses covering across Wokingham, West Berkshire, and Reading. This was particularly effective in reaching those who may not be reached via other means.
- Printed materials – Banners and leaflets across the sites and GP practices.
- Digital graphics – for use across social media, email signatures, website banners, digital screens, and other locations. Over 30 different graphics had been produced.
- Videos – 15 different videos on various topics.
- Social media – Content had been added to Facebook, Instagram, Twitter, LinkedIn, NextDoor and Tik Tok. NextDoor had not been used before and had proved a good way of reaching the community. Paid campaigns had also been run ahead of Christmas to encourage prescription refilling.
- Events – a number of public facing events had been run including a live online Q&A targeted at Wokingham parents on managing common childhood illnesses. This had been very successful.
- Press and media – Coverage in Berkshire Live, Reading Chronicle, Wokingham Today and BBC Radio Berkshire. Not as much coverage as had been hoped for had been secured.
- Partner communications – working closely with the Communications Teams from partners such as the local authorities, PCN's, CCG and Berkshire Healthcare NHS Foundation Trust, to cascade key messages.
- A lot of data was still being collated. Focus Groups would be held next week to delve more into the information.
- Social media was easier to measure as an instrument of success. Initial findings suggested that Facebook in particular had been a good way of communicating with residents, receiving 169,282 impressions directly tied to the campaign. Twitter and NextDoor had also performed well. Instagram had performed less well, but the Trust was still growing its following on this platform.
- A survey had been conducted to gather qualitative feedback. People were asked if they recognised where imagery from the campaigns came from and where they had seen it, to gauge how familiar people were with the campaign. 35% had indicated that they were familiar with the imagery. This information would be used in future to see how information could best be delivered effectively.
- Areas which had been particularly successful had been those of very small focus such as encouraging people to sort out their repeat prescriptions prior to Christmas. These areas were where people could quickly take action, which lead to quick wins. It was harder to gauge the impact of areas of the campaign such as encouraging the current use of NHS 111 and knowing the difference between urgent and emergency. It was likely that this would become a year-round campaign and that future winter campaigns would focus on quick actions that people could take in winter time.
- A Member asked how successes would be measured. Niall Norbury commented that the data was still being collected but that one of the measures would be looking at the engagement that the Trust had had. For example, many of the social media impressions were directly tied to the pharmacy campaign. Work would be undertaken with the Pharmacy teams to establish whether they had experienced an increase in usage during the correlating time period.
- A Member questioned whether social media could be used more in other campaigns such as encouraging take up of the flu jab. Niall Norbury commented that this campaign had been an opportunity to see what did and did not work well. Social media had worked well

and was a creative way of getting various messages out. There would be a campaign about cancer referrals soon.

- In response to a Member question about how areas of the campaign that had been perceived as being less successful would be taken forwards, Niall Norbury commented that residents would be more involved in the process, checking the campaign materials prior to delivery.
- A Member questioned why press coverage had been less successful. Niall Norbury commented that the media wanted to know why the issue was newsworthy at that point in time. The few areas where the Trust had received coverage was when it had had something to announce or something big to push, such as abuse of staff, which had tied in with a national campaign. More work would need to be undertaken on making stories appear more newsworthy and tie in with the national picture.
- Niall Norbury emphasised that the core message was ensuring that people were winter ready.
- A Member asked whether the campaign had been particularly successful in specific geographic areas as opposed to others. Niall Norbury indicated that he could provide data relating to the paid campaigns.
- Members asked how those who were less tech savvy would be targeted. Niall Norbury commented that leaflets had been given out as people had accessed services. This was an area that the Trust could build on in future, using staff and stakeholders more as communication tools. The Trust would also broaden out the partners that it had worked with, communicating more with community groups
- Nicky Lloyd, Chief Finance Officer, Royal Berkshire NHS Foundation Trust, added that the Trust was keen to work with the Council and its contacts. The Trust had also reached out through faith leaders particularly during the vaccination campaign. In addition, it had been working with Access Able which was making sure that it was possible to navigate the Trust's services for different groups such as those with autism or who were sight impaired. They had fed back the need to continue to use traditional communication channels.
- A Member queried whether there could be a single interface across the whole of Berkshire West, Oxfordshire, and Buckinghamshire. They went on to ask whether greater use could be made of AI replacing competitive components, particularly with regards to NHS 111. Niall Norbury commented that making websites as simple as possible to access was important. The Trust had carried out work the previous year to overhaul its website so as to make it more user friendly. For example, if you entered the term 'heart' it would bring up cardiology.
- A Member questioned whether the Trust had reached out to schools, Food banks and organisations such as First Days. Niall Norbury stated that they had not for this campaign, but that he felt that schools in particular were an area where the Trust could be more involved.
- The Committee asked what Councillors could do to help promote messages. Niall Norbury stated that it was important that organisations were providing the same message. Sarah Philip, Lead Consultant Obstetrician and Gynaecologist, Royal Berkshire NHS Foundation Trust, emphasised that it was important to reinforce the message that the Covid vaccine was safe for pregnant women and their babies, as there had been a lot of misinformation available around this. Uptake had massively increased.
- In response to a Member question regarding feedback from GP practices on the success or otherwise of the Winter Ready campaign, Niall Norbury indicated that feedback had been received from some practices. What had been considered successful was the highlighting of the different roles within the GP practices.
- The Trust had not yet been able to deliver the publishing waiting times online project.

RESOLVED: That

- 1) The update on the Berkshire West Winter Plan be noted;
- 2) Niall Norbury be thanked for his presentation.

58. MATERNITY SERVICES

The Committee received an update on maternity services provided by the Royal Berkshire NHS Foundation Trust, from Gill Valentine, Director of Midwifery, and Sarah Philip, Lead Consultant Obstetrician and Gynaecologist, Royal Berkshire NHS Foundation Trust.

- In October 2020 Healthwatch had produced a report on Experiences of Perinatal Mental Health Support in Wokingham Borough. During the first wave of the pandemic there had been a lot of changes to maternity services and choices and access to services had been reduced.
- The report had been divided into three sections.
- The first section related to Care during pregnancy – choice and further support. Some women had felt that they had not received a choice around antenatal care, and had been steered into a particular course of action, which had had a negative impact on their perinatal mental health as a result.
- Women were provided with a choice of Antenatal care provider (RBH, Frimley or other. Midwife or consultant led care). There were some criteria where it would be suggested that women have consultant care. Women were offered a choice of where they had their baby (hospital, Midwifery Led Unit, or a homebirth. During the first wave of the pandemic the Midwifery Led Unit had been suspended as a choice because all staff had been moved to the delivery suite to cope with the anticipated increase in mothers with Covid who were in labour.
- Women could be referred to a consultant midwife if they wanted to have more individualised plans for care, particularly if they had a complex pregnancy previously.
- Personalised care planning was offered from the first antenatal appointment through to postnatal care, to try to individualise the care offered as much as possible.
- The second section of the report looked at birth experiences. Where women had not had the experience that they had wanted or expected, this had sometimes impacted negatively on their perinatal health.
- A Birth Reflection Service had been implemented in 2020 after a successful 12-month pilot. Women could be referred, or self-refer to the service, and could talk about their birth experiences and how it made them feel. As part of the service, a screen was carried out for Post-Traumatic Stress Disorder. The Team worked closely with the Berkshire Birth Trauma Service to ensure that appropriate referrals were made. There was high demand for the Birth Reflection Service and feedback had been very positive.
- Themes sometimes emerged from the Birth Reflection Service which were fed back to the Intrapartum Strategy Group where service improvements were discussed and agreed. The Group worked with the Maternity Voices Partnership and other users.
- The third section of the report focused on Postnatal care and infant feeding. Lots of feedback had been received regarding post-natal care particularly hospital based. There was a focus on making improvements in this area. Initially during the pandemic no visiting was allowed and then it had been very restricted meaning that women had not been able to have partners with them, or later, on a time restricted basis, which had negatively impacted on postnatal birth experiences.
- Various service improvement plans were in place. Work was ongoing with the Maternity Voices Partnership to help prioritise where improvements were made.
- Post-natal care plans were integrated into patient's Electronic Records, and this included a psychological care plan.

- A 'Me and My Baby' app had been introduced which women could download before discharge and which contained helpful information such as about infant feeding.
- The Trust was working towards the UNICEF Baby Friendly Accreditation, standards around infant feeding. A Member asked for further information as to what this would entail.
- Sarah Philip provided an update on the unannounced CQC Inspection from 2019, the results of which had been published in January 2020. Overall, the service had been rated Good. However, there had been some key points under the safety domain which had been highlighted as Requires Improvement.
- Sarah Philip updated on the action taken to make improvements regarding safety.
 - The top challenge related to midwifery staffing – an Executive led midwifery recruitment and retention group had been established. With regards to recruitment, the Trust had been attending recruitment fayres, recruitment days and University Days. With regards to retention, consideration was being given to develop groups such as the Midwifery Support Workers. Staff surveys and exit interviews were looked at to understand the challenges that staff were facing. Midwifery was a very challenging environment and senior leaders were looking at more compassionate ways of working.
 - KPI's not meeting the Trust's minimum standards – joint senior midwifery and obstetric reviews were carried out where any KPI was red. Action plans were monitored through monthly governance meetings.
 - IT issues with data capture – shortly after the CQC visit a new Maternity IT system had been implemented in November 2020.
- Members were updated on staffing. A graph showing the number of staff in post, the average amount of staff who left (there was a rolling turnover of approximately 10%), proportion of staff on maternity leave and those returning from maternity leave, was noted. This information helped to project staff numbers. In January there had been 165 full time equivalents posts and it was projected to increase to 178 by August. The establishment was 183 so there would still be some vacancies. 10 full time equivalents would be starting by April and a further 8 by October. A lot of work had been undertaken on international recruitment which had been very successful. In addition, there was funding for another 9 full time equivalents from international recruitment.
- It was hoped that the work on retention would help to bring down turnover and the vacancy rates.
- The number of student trainees at the hospital had increased, and the Trust was now working with more than one university to provide clinical placements.
- At the end of September, the Executive Team had attended a Maternity Summit to support the senior clinical and operational teams to work on a plan to achieve an Outstanding CQC rating. Small teams had worked on each of the CQC domains to identify quality improvements, and feedback would be provided on 10 March.
- A Peer review had been undertaken with Frimley NHS Foundation Trust in November. Frimley had used the CQC framework and initial feedback had been largely positive.
- A Member asked about the number of Midwives expected for each shift and how often this was achieved. Gill Valentine indicated that it depended on the ward and department but that there were minimum staffing numbers for each. This was monitored on a shift-by-shift basis. When not up to full staffing, agency or bank staff were used. Resources were also quite flexible and there could be movement between the departments. There were clear escalation policies.
- In response to a Member question as to when a further CQC inspection was expected and how the Trust expected to perform, Gill Valentine indicated that an

inspection was expected imminently, which was part of the reason that Frimley had been asked to undertake a peer review, to help give confidence in some areas and identify where further work was needed elsewhere. The Trust had also undertaken a self-assessment against where it felt it was performing against the CQC standards. Realistically as staffing was still not where the Trust wanted it to be, Safety may still be considered Requires Improvement. Nicky Lloyd added that the Trust sought to provide a good, safe service at all times. The Team had managed the staffing rotas well during the pandemic despite some staff being off with Covid or having to isolate.

- Members asked about patients' mental health. Gill Valentine indicated that patients were asked some screening questions throughout the pregnancy which helped to assess their mental wellbeing. Those who had significant mental health issues or who were at risk of developing them, could be referred to a joint clinic with perinatal care and obstetrics, so a detailed plan could be put in place. Assessment continued in the post-natal period with psychological care plans which could be put in place. Work was also undertaken with GP colleagues.
- Members asked about international recruitment and were informed that the main success in recruitment had been in Africa. The Trust was working with an international recruitment agency to look at recruiting from other areas such as Dubai. There were not many midwives in Europe available currently. Other countries were also experiencing shortages and there were some countries that it was not possible to actively recruit in. Members were informed of the successful international recruitment programme, the Medical Training Initiative.
- Members went on to ask what the main barriers were to recruitment and whether they were local or national issues. Gill Valentine commented that there was a national shortage, hence the increase in clinical placements for students and the international recruitment campaign.
- A Member questioned whether the information on the My Baby App was available in other non-electronic formats and was informed that information was available in various forms and a range of different languages.
- In response to a Member question around attracting new trainees and whether a new and improved bursary would help in this area, Gill Valentine stated that a lot of work had been undertaken around apprenticeships to support staff going into Midwifery training. It was important that development opportunities were available to allow staff to have sufficient choices and training to enable them to determine which pathway they then followed. Sarah Philip added that training in obstetrics and gynaecology was tough and around 1 in 3 trainees in this speciality did not complete the training. More flexible working patterns were encouraged, and pursuing other interests, such as research.
- The Friends and Family Test was used to receive feedback on care received. Qualitative feedback was very useful as was the results of the national Maternity Survey.
- It was noted that NHS England had dropped the 20% limit for caesarean births. Members questioned what impact this would have on the Trust. Sarah Philip indicated that levels had been around 30% on the last dashboard. They welcomed the move away from the rigid target.
- A Member questioned whether Maternity facilities would be upgraded. Nicky Lloyd indicated that chillers in the unit had been upgraded and retrofit changes were being made to the Maternity block where possible.

RESOLVED: That

- 1) The presentation on Maternity Services be noted;
- 2) Gill Valentine, Sarah Philip, and Nicky Lloyd, be thanked for their presentation.

59. HEALTH INTEGRATION

Martin Sloan, Assistant Director Adult Social Care Transformation, and Integration provided a presentation on health integration.

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

- Wokingham Integrated Partnership (WIP) was one of the partnerships that fed through to the Wellbeing Board. The Board had recently signed off a new Wellbeing Strategy which influenced a lot of the partnership's work.
- Members were reminded that WIP focused more on Adult Services and that there was a separate Board which focused on Children and young people.
- Since the last update to the Committee, there were now 5 Primary Care Networks and Voluntary Sector representation had increased.
- Each year the WIP agreed a work programme for the year in March/April. It was submitted to NHS England for approval. This year there had been 6 key priority areas:
 - Mental health and social inclusion;
 - Deconditioning/rehab/physical activity
 - Frailty monitoring;
 - Inequality and poverty;
 - Social prescription (including data and IT to support integrative work);
 - Better Care Fund monitoring and administration.
- These priorities had fed into 19 projects to support the partnership to integrate.
- The Integration Board looked at all the schemes in December and determined whether they should be continued, or the funds directed elsewhere.
- **Mental Health and Inclusion -**
 - Implement MIND service and establish Mental Health Alliance
 - ❖ the MIND service was now nearly at capacity.
 - ❖ Quarterly Mental Health Alliance meetings were now taking place to support the system to work together on mental health, and patients were reporting good outcomes.
 - Implement Friendship Alliance Phase 2 (including Look to increase Digital Inclusion for the most vulnerable in the community). There were 4 key organisations involved in the Friendship Alliance; Involve, Age UK, LINK visiting scheme and Wokingham Volunteer Centre -
 - ❖ Friendship Month had been a massive success with over 300 residents attending over 30 events, including Friendship Cafes.
 - ❖ Digital Devices had been issued to over 45 elderly people and their families. A mid-year review had resulted in a further 25 devices being made available.
- **Deconditioning/rehab/physical activity**
 - Reablement Review/Implementation
 - ❖ Members were informed of the Surrey Model, which ensured a greater focus on domiciliary care.
 - Moving with confidence – Sport and Leisure staff went into people's homes to help those who had become deconditioned following the pandemic, to provide a 1-2-1 service to help to get them more active again.
 - Leg Ulcer pilot – working with Berkshire Healthcare NHS Foundation Trust which had set up group clinics for leg ulcers. There had been a soft launch

in November, and it had officially launched in January. Initial feedback was very positive.

- Reducing Hospital Pressure with Bed Based Services
 - ❖ Work had focused on the Oak Wing and there had been an increase in performance.
 - ❖ Some beds were also being used in Wokingham hospital for reablement.
- **Frailty monitoring –**
 - Social Work Liaison Implementation-
 - ❖ Additional social workers had been appointed and assigned to two Primary Care Networks. A work plan had been developed for their start in March. There had been delays in recruitment due to the shortage of social workers.
 - Inequality and Poverty Analysis and Reporting (Population Health Management approach)
 - ❖ An analyst was now in post in the Public Health Team who would be supporting the creation of Primary Care Network profiles.
 - ❖ Support with the creation of Hong Kong Webinar to support new residents.
- Social prescription (including data and IT to support integrative work)
 - Project Joy- The project had supported 2016 people in the Borough (January 2022), against a target of 1700 (national target for 1% of GP interactions should be Social Prescription).
 - Connected Care Review.
 - Creating Healthy Communities – This had been delayed by the pandemic. A workshop would soon be held in one of the Primary Care Networks, but further work would be needed to implement workshops in all of the Primary Care Networks.
 - Service User Experience- This had been placed on hold, as the CCG were looking to run a West of Berkshire solution
 - Social Prescription - Involve ran a forum for all the non-clinical staff in the Borough to help give a good, shared grounding across health and social care.
 - Virtual Group Clinics- 100% of attendees had advised that these had met their expectations and a second cohort was being run in February.
- Martin Sloan outlined the monitoring arrangements around the Better Care Fund Plan. Wokingham's performance was best in Berkshire West and performing well against all national targets.
- Martin Sloan clarified that where the presentation referred to projects being 'business as usual' this meant that it stopped being a project and would be continued as part of the services provided.
- With regards to the inequality and poverty analysis work, a Member asked what was emerging from this work and how this would be taken forward. Martin Sloan indicated that it was early days, but profiles would be produced for each of the Primary Care Networks which would highlight priorities for their patients. He agreed to provide summaries of the non-confidential information.
- It was confirmed that work was also being carried out to target those who did not access to technology.
- Martin Sloan explained that the costs of the project were fed back into the Integration Board. The funding was separate to the Medium-Term Financial Plan.

- Members asked about lessons learned from Friendship Month and if there were plans to run the initiative again. Martin Sloan responded that funding was being put into the voluntary sector recurringly so that successful initiatives could continue.
- A Member question whether Wokingham would still have full control over the allocation of the Better Care Fund with the advent of the BOB ICS. Martin Sloan indicated that it would be challenging to keep a focus on Wokingham issues. They had been told that at present the Integration Board would be continuing and would have control of the Better Care Fund. Wokingham was advocating that it remained a Place Based Partnership and be formally recognised as that.

RESOLVED: That

- 1) The presentation on health integration be noted;
- 2) Martin Sloan be thanked for his presentation.