

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 8 DECEMBER 2022 FROM 5.00 PM TO 6.20 PM**

Present

David Hare	Wokingham Borough Council
Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Nick Fellows	Voluntary Sector
Sarah Webster	BOB ICB
Alice Kunjappy-Clifton (substituting Sarah Deason)	Healthwatch Wokingham Borough
Viki Elliot-King (substituting Helen Watson)	Assistant Director Strategic and Operational Delivery

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Karen Buckley	Consultant Public Health
Andrew Price	BOB ICB
Ingrid Slade	Assistant Director Population Health, Integration and Partnerships
Rob Bowen	BOB ICB
	Public Health
Dan Devitt	

31. APOLOGIES

Apologies for absence were submitted from Sarah Deason, Graham Ebers, Councillor Clive Jones, Councillor Charles Margetts, Steve Moore, Susan Parsonage, and Helen Watson.

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 13 October 2022 were confirmed as a correct record and signed by the Chair.

33. DECLARATION OF INTEREST

There were no declarations of interest.

34. PUBLIC QUESTION TIME

There were no public questions.

35. MEMBER QUESTION TIME

There were no Member questions.

36. UPDATE FROM TRACY DASZKIEWICZ

Tracy Daszkiewicz provided an update on Strep A.

- There had been a lot in the media recently regarding Strep A and scarlet fever. A number of children had become very ill and some had sadly died.
- Strep A could cause mild illness but could also escalate. Incidents were primarily being seen in children under the age of 10.
- Scarlet fever was a condition caused by Strep A and was more common in Spring. The fact that there were a larger number of cases during winter, was unusual.
- In very rare cases Strep A could advance into Invasive Strep A infection, a sepsis type infection.
- Scarlet fever gave those infected, a temperature, an almost strawberry red, tongue, and an abrasive red rash on the cheeks. It usually cleared up after a few days and antibiotics could be given where needed.
- If children became more unwell and symptoms were escalating e.g., increased temperature, unable to eat or drink or dry nappies in very young children, medical attention should be sought as a precaution. Parents could phone NHS 111 or find information on the Council's website about symptoms and where to get help. However, most cases were very mild.
- Alice Kunjappy-Clifton asked what advice would be given to the vulnerable elderly community. Tracy Daszkiewicz indicated that it was the same advice for all age cohorts. Whilst it could infect anyone, it primarily infected those under 10, who were also less able to communicate their symptoms.

37. SUICIDE PREVENTION STRATEGY UPDATE

Tracy Daszkiewicz provided an update on the Suicide Prevention Strategy.

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

- An update had been provided earlier in the year, following a review of the Suicide Prevention Strategy published in October 2021. The reason for the review was a number of changes in policy and updated datasets which had been delayed due to Covid.
- The Suicide Prevention Partnership had been re-established and had good multi agency representation.
- The Strategy would be launched for consultation at the Suicide Prevention Summit on 12 December 2022.
- The changing landscape around suicide prevention, understanding the risks of harm and the impact on different areas of the population, such as the impact of social media on young people, were important.
- Around 6,000 suicides were recorded a year, nationally. However, this was likely to be a large under reporting.
- Despair leading to suicide could happen in very small timescales, as short as 15 minutes. If diversions could be in place for people facing moments of despair more people could potentially be protected from suicide.

RESOLVED: That the Suicide Prevention Strategy update be noted.

38. VACCINATION UPDATE - COVID AND FLU

Andrew Price, Locality Manager for Wokingham, BOB ICB, provided an update on Covid and flu vaccinations.

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

- The focus of the Covid booster had been those in the at risk groups, either by age or by clinical condition. Delivery sites had included the Broad St Mall Mass Vaccination Centre (now closed), community pharmacies, PCNs, the Health on the Move Van, and the Outreach site at Shute End.
- 72% of the 50 plus population in Wokingham had taken up the Autumn Covid booster (as of 30 November). The figure for the ICB and England was 70% and 62% respectively.
- Andrew Price highlighted the location of the fixed Covid vaccination delivery sites in the Borough. The Board was reminded that community pharmacies and PCNs were able to decide whether they wanted to participate in the programme. All six of the PCNs in the Borough had taken part.
- With regards to the flu vaccination programme, the eligible cohorts differed slightly to those of the Covid vaccination programme.
- Providers had been encouraged to co-administer the Covid and flu vaccines where possible. Local data indicated that around 26% of people were having their two vaccines at the same time.
- As of 30 October 2022, 66% of the Wokingham 65+ population had received a flu vaccination and 67% of the corresponding age group within the ICB and 65% in England.
- The governance and monitoring around vaccinations was highlighted. The Berkshire West Vaccination Action Group chaired by Susan Parsonage was the key oversight mechanism within Berkshire West.
- A lot of work had been undertaken regarding communications since September. However, the communication around Covid had been competing with a number of largescale interest items, such as the cost of living crisis.
- The Board was updated on vaccination rates by various cohorts.
- Wokingham had performed very well for delivering the booster vaccination to over 65s in care homes. Performance was also very good for the 75+ population and the immunosuppressed.
- There was not easily available data at a specific locality level for housebound residents, but it was believed that approximately 79.1% of the housebound population in Berkshire West had been vaccinated.
- There was a much lower take up in women who were currently pregnant. Discussions had been had with the Maternity lead at the Royal Berkshire Hospital, who would be attending the next Berkshire West Vaccination Action Group meeting to talk further about some of the initiatives that were being undertaken to improve vaccination levels. The Board was informed that a video was being shot of a pregnant midwife at the hospital, explaining why having both the Covid and the flu vaccinations was beneficial. In addition, there would be further training for midwives on how they offered the vaccine, and a midwife would go out on the Health on the Move van on some occasions, which would help to target areas of deprivation or where take up was low.
- Performance was lower than previously for the vaccination of health and social care workers. This was possibly partly the result of vaccination resourcing levels being less than previously. There was also some evidence of vaccine fatigue.
- The Board noted take up levels in the 65+ ethnicities. Cohort sizes were small for non-White groups in the 65+ age groups. Small numbers could mean identification of communities for targeted work was challenging.
- With previous vaccinations the delivery level for the Indian population had largely matched that of the White British population.

- The Board noted the delivery level of the primary Covid vaccination course in 5-11 year olds. Whilst Wokingham was performing the best in Berkshire West, take up was still low.
- Vaccines were still available. As of 8 December, there was 4,000 available appointments until the end of December within the community pharmacies in the Borough.
- Alice Kunjappy-Clifton asked what more could be done to improve the take up of vaccinations in the Indian community. Ethnic minorities were disproportionately impacted by Covid. Andrew Price commented that he was not aware of any specific targeted initiatives for the Indian population. Previously take-up amongst the Indian ethnic group had been high, similar to that of White British. Other communities with low take-up such as the Pakistani community, had been targeted. Resources for engagement were much less than before. Alice Kunjappy-Clifton asked that the issue be raised with the Berkshire West Vaccination Action Group. Andrew Price added that work was being undertaken with a Muslim vaccine specialist whose work included looking at the ingredients of the vaccinations to determine if they were acceptable.
- Ingrid Slade praised the work of Sarah O'Connor and her team. She went on to ask what the offer would be for 5-11 year olds and 12-17 year olds from January, given that the Broad Street Mall vaccination centre had closed and the centre at Shute End was only commissioned until the end of December. PCNs did not deliver to these age groups. Andrew Price commented that a level of provision was being planned for across BOB, but at a much reduced level, and he would provide further detail outside of the meeting.
- In response to a question from Councillor Bray, Andrew Price agreed to provide information on vaccination levels in 12-17 year olds.
- Nick Fellowes questioned whether the low take up in health and social care in care homes was contributing to increased illness amongst workers and creating staff shortages. Ingrid Slade commented that it was hard to judge the impact on workforce and illness as Covid testing was not being carried out in the same way as before. There were capacity issues across health and social care, which were exacerbated by staff illness. She went on to state that the social care staff had had a poorer vaccine offer than the health staff. Vaccines were not offered to social care staff at their place of work. Andrew Price commented that Berkshire Healthcare Foundation Trust had had a bus which had visited sites. Communication and engagement as well as accessibility were also potential factors.
- Sarah Webster stated that there had been a significant focus on Covid vaccinations over the past 2 years and in the new year it was intended to have a reflective learning around the governance structure, as there was a move to making Covid vaccinations as part of 'business as usual.'

RESOLVED: That the Covid and flu vaccination update be noted.

39. DEVELOPING THE INTEGRATED CARE STRATEGY

Sarah Webster, Executive Director Berkshire West, BOB ICB, and Rob Bowen, Deputy Director Strategy, BOB ICB, provided an update on developing the Integrated Care Partnership Strategy.

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

- Rob Bowen emphasised that the Strategy had been developed on behalf of the Integrated Care Partnership. He thanked those, including Ingrid Slade and Tracy Daszkiewicz, who had been involved in the integral conversations in developing the Strategy.
- The Integrated Care Partnership were accountable for developing the Strategy. The Strategy would set a clear direction for the system and promote joint working to meet local population health, care and social need.
- It was intended that the Strategy would –
 - help to improve the public's health and well-being needs;
 - reduce health inequalities in access, experience, and outcomes across the system;
 - bring learning from across places and the system to drive improvement and innovation;
 - address the problems that would benefit from a system response and multiple partners.
- How this would be achieved included –
 - The Strategy would complement but not supersede existing priorities within the Health and Wellbeing Strategies;
 - Joint working with a wide range of ICS partners;
 - Co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities, and organisations.
- Six thematic working groups which had provided a framework for more detailed conversations, were highlighted. Three of them followed a life event and the other three were cross cutting through that. Representations from different areas and organisations had been involved to ensure a wide range of perspectives.
- A draft set of 18 priorities had been identified, which linked into a vision and the following 5 principles –
 - Preventing ill health;
 - Tackling health inequalities;
 - Providing person centred care;
 - Supporting local delivery;
 - Improving join up between our services.
- Rob Bowen went on to outline the approach to engagement that would be taken. The draft Strategy would hopefully be published on Monday 12th.
- The Board noted the timescale of engagement. Rob Bowen commented that the previously identified period of engagement would not have provided sufficient time to carry out meaningful engagement.
- There would be two parallel streams to this engagement – engaging well with the Borough residents; and considering the different partner organisations that should receive the document when it was published.
- With regards to public engagement, information would be available online and there would be an engagement platform which enable people to access the Strategy and supporting documents, and also to complete a survey to give their views on the proposed priorities. It would also provide links to the Health and Wellbeing Strategies.
- Work would be undertaken with Healthwatch on public engagement and work had been undertaken with the Voluntary Sector forum. Existing patient engagement forums such as Patient Participation Groups would also be contacted.
- Where possible links had been made with the local authority Communications Teams in order to assist in the distribution of information.

- Virtual meetings to outline the vision, principles, strategic themes, and priorities and seek feedback, would be held in January. Consideration was also being given to face to face meetings.
- The engagement period would run to the end of January. Following that an engagement report would be produced, and the Strategy updated. The Strategy would hopefully be published at the end of February pending ICP approval.
- Councillor Hare questioned whether there would be information on the local authority websites and was informed that it was hoped that there would be. Ingrid Slade agreed to follow this up with the Wokingham Communications team.
- Alice Kunjappy-Clifton questioned whether the information would be easy read and in different languages. She also suggested the use of a QR Code. Rob Bowen responded that an Easy Read version was being developed, which would hopefully go live the following week. He believed that the engagement platform would have the ability to flip between different languages on the online version. Requests for translations would also be considered.
- Philip Bell asked whether the BOB Voluntary Sector Forum had worked on engagement, and was informed that it had. Philip felt it was a good platform for distributing the wider message around the Strategy.
- Nick Fellowes indicated that the Wokingham Volunteer Centre and the local Voluntary Sector could also help to disseminate the engagement message across the Borough.
- Ingrid Slade asked whether there would be engagement with workforces. A lot of acute sector, health, social care, and local authority workers were also residents. Rob Bowen commented that currently there not anything specific for the workforce groups and further consideration would be given to this area.
- Councillor Bray questioned when the Strategy would start and how long it would be in place before it was refreshed. She also asked if there would be action plans supporting the Strategy, and if so, if these would also be joint pieces of work. Rob Bowen emphasised that there was not a specified end date. The guidance suggested that the Strategy should be strategic and provide a direction of travel, but it was for local areas to decide what this should look like. It was recognised that different systems were at different points of development and establishing partnership working across the system. It was likely to be for five years, but it was possible that would be refreshed prior to this as the system matured. He went on to outline the likely arrangements around underpinning action plans. Sarah Webster added that it was a national requirement that the Strategy come into effect from 1 April 2023. Berkshire West had some existing shared governance in place which would help to identify the key priorities for Berkshire West.
- Councillor Bray sought assurance regarding integrated working. Sarah Webster reaffirmed the commitment to joint working.
- Nick Fellowes expressed concern regarding Berkshire West being referred to as a 'Place' and cautioned against a generic approach being taken to the Berkshire West area which was made up of three distinct areas. Sarah Webster emphasised that 'Place' was a national term.
- Councillor Hare questioned where the Strategy would be signed off. Rob Bowen indicated that there was a requirement that it was signed off by the ICP. It was clarified that Councillor Hare was the Council's representative on the ICP.

RESOLVED: That the update on developing the Integrated Care Partnership Strategy be noted.

40. FORWARD PROGRAMME

The Committee discussed the forward programme for the remainder of the municipal year.

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

- Alice Kunjappy-Clifton requested that a presentation on the approach being taken by Healthwatch Wokingham Borough be added to the February agenda.
- It was suggested that an update on NHS dentistry be provided at the April meeting. Alice Kunjappy-Clifton confirmed that Healthwatch were seeking enquiries regarding dental services.
- The Board requested an update on how the Borough had performed in relation to winter preparedness, at its April meeting.
- Councillor Bray commented that she had been informed that the pharmacy in Sainsbury's at Winnersh was closing. Those living in Winnersh could now no longer walk to a pharmacy. Ingrid Slade agreed to establish whether the Council had been notified of this and the possible implications.

RESOLVED: That the forward programme be noted.