

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 10 DECEMBER 2020 FROM 5.00 PM TO 6.25 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
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Susan Parsonage	Chief Executive
Meradin Peachey	Director Public Health – Berkshire West
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Ingrid Slade	Consultant in Public Health
Martin Sloan	Assistant Director ASC Transformation and Integration
Lewis Willing	Head of Health and Social Care Integration

25. APOLOGIES

Apologies for absence were submitted from Philip Cook and Graham Ebers.

26. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 8 October 2020 were confirmed as a correct record and will be signed by the Chairman at a future date.

27. DECLARATION OF INTEREST

There were no declarations of interest.

28. PUBLIC QUESTION TIME

In accordance with the agreed procedure the Chairman invited members of the public to submit questions to the appropriate Member.

28.1 Ann Dally asked the Chairman of the Wokingham Borough Wellbeing Board the following question which was answered by the Vice Chairman:

Question

We welcome the founding of a Recovery College in Wokingham and the Council's farsightedness in thus providing such a wide range of support and information to those recovering from poor mental health; and would like to know how the council plans to inform

as many residents as possible that they are eligible to attend courses at the Recovery College?

We look forward to your confirmation of the arrangements in due course

Answer

The Recovery College is available for Wokingham residents over the age of 18 years. The courses are currently online until it is safe to use community venues to deliver courses face to face.

In terms of advertising the courses and promoting the Recovery College we've made contact and shared information with several local individuals and organisations including Citizen's Advice, Sports in Mind, Unlock your Wellbeing, Berkshire West Your Way, TuVida, Compass (Reading RC), Depression Xpression (peer support group), Optalis Supported Employment Service, Healthwatch and the CCG.

The Recovery College team has worked with the Communication Team for Wokingham Borough Council. There has been a news release on the Recovery College and this is being followed up by a social media post. The team are also working on a case study of a student who has used the college to share their experience.

The service was promoted in a CCG newsletter, the project was also promoted in newsletters by Involve and TuVida. If residents use Google to search for the Recovery College it now comes up first. There is a new prospectus available shortly listing the courses and this will appear under the mental health section on Wokingham Borough Council's website.

Supplementary Question:

Are there any plans for partnership working with say the CMHT, in the future, and Community Navigators? Maybe direct referrals with patients' consent to the Recovery College?

Supplementary Answer:

I can answer from the health side of things. So, certainly with the social prescribers, they work really closely with the voluntary services to know what is out there, so they are a great resource of diverting people to these courses directly. There is also a pilot happening in Wokingham West Plus, which is covering the Brookside, Chalfont, Lower Earley area, where the unitaries are working with the GP practices to refer these patients into these services as well. CMHT are really good about looking at these resources and using the voluntary sector, and education in every way possible. I like to think that we have got it covered.

29. MEMBER QUESTION TIME

There were no Member questions.

30. COVID UPDATE

Ingrid Slade provided the Board with an update on Covid.

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

- There had been 39 new cases in the Borough that day (as at 7 December). This represented a rise up to 142 per 100,000.

- Information showed that cases were increasing as lockdown had been announced and had then decreased and plateaued during lockdown. Following the lifting of lockdown, cases had begun to rise. Wokingham Borough was echoing the picture of the South East. The South East rate had now exceeded that of the national rate.
- It was expected that the daily case rate would continue to rise and then hopefully plateau.

RESOLVED: That the Covid update be noted.

31. STRATEGY INTO ACTION

The Board considered the Strategy into Action.

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

- Ingrid Slade updated on the three action groups created around the health and wellbeing strategy priorities. The Groups were trying to capture activity that was currently not being reported in their respective areas and encouraging collaboration with partners.
- With regards to the Physically Active Communities Group, its work was very much on track. The group had met for the first time that week and was co-chaired by Sports and Leisure and Public Health. Information had already come out of the meeting such as the fact that Dinton Pastures had taken part in a national evaluation of the effect of sailing on children's educational attainment. The meeting had helped to identify where the gaps in knowledge about partners' work were, and also where there was potential overlap and collaboration opportunities.
- The reporting outcomes for the Reducing Social Isolation group were less clear than others. This was co-chaired by Public Health and Phil Cook, Involve. The group had met for the first time that week and had identified areas of overlap and potential gaps. The group had perhaps the largest work to do in terms of identifying the current landscape of social isolation and loneliness, and where most progress could be made. The group was next due to meet in January.
- The third group, Narrowing Health Inequalities, was co-chaired by Public Health and Children's Services and was due to meet for the first time in January.
- Good progress was being made. Further discussions would be had about how best to establish a reporting system for reporting into the Board and to other partners.
- Councillor Hare asked whether LINK had been included in the Reducing Social Isolation Group as they had a valuable contribution to make. Martin Sloan commented that Phil Cook chaired the Friendship Alliance which included the LINK, and their focus was tackling social isolation.
- Dr Milligan asked whether the social prescribers working in Primary Care were being linked in to the Reducing Social Isolation Group. She also asked whether the Clinical Commissioning Group and Berkshire Healthcare Foundation Trust would be involved in the Narrowing Health Inequalities Group. Ingrid Slade confirmed that this was the case.
- Councillor Halsall commented that a lot of work was being carried out regarding social isolation.

RESOLVED: That

- 1) the progress in the establishment of three Action Groups as outlined in the accompanying presentation (Appendix A), to deliver on the Wellbeing Board objectives, be reviewed;

- 2) further input from Board members on these Action Groups and progress to date, be invited;
- 3) it be noted that the summary of the progress captured to the end of November. These short summary reports will remain in place until formal reporting is implemented.

32. WOKINGHAM INTEGRATED PARTNERSHIPS UPDATE

Lewis Willing provided the Wokingham Partnerships Update.

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

- The coming winter had required the Council and its partners to develop several winter plans, including the Better Care Winter Pressures Plan, and the Covid Adult Social Care Plan. Plans had been submitted on time to the Department of Health and Social Care. System partners felt that generally the Partnership was well prepared and organised to meet all the key areas of the plans.
- The plans had resulted in extra services being developed, with teams around the health and social care system to be expanded as required.
- A Voluntary Community Sector mental health pilot had recently begun. Using a Population Health Management approach, it had been noted that there was an increase in the number of people reporting issues with their mental health as a result of Covid. The pilot had begun with the Citizens Advice Bureau, offering support in dealing with some of the causes of mental health problems, such as debt advice, and offering onward referral to other voluntary mental health organisations.
- The Population Health Management approach was used to help direct local projects and was best practice. A Population Health Management Analyst would be employed to support work.
- There would be an increase in Primary Care social workers to support an increase in the frequency of Multi Disciplinary Team meetings. Increased social work presence would allow Primary Care Network leaders to have a 'go-to' person for support with social care and allow for regular meetings with social prescribers and the voluntary sector and Primary Care Network leaders.
- The Wokingham Integrated Partnership had also agreed to fund an enhanced medical capacity in the Consultant Geriatrician team. The second wave of the pandemic had already had a huge impact on the need for geriatrician support for hospital type treatments, including O2 and Dexamethasone, which allowed Covid positive patients with compromised respiratory function to remain in their place of residence. The additional hours would also enable Multi-Disciplinary Teams to have access to Geriatrician advice on complex or challenging cases.
- There were a small number of occasions when people were delayed in being discharged from hospital, or ended up becoming a Non-Elective Admission, as they needed extra support with medication only calls. Better Care Fund Winter Pressures finances had been made available to fund these calls.
- The Cancer Champion scheme developed by Involve would continue to be supported.
- The Home from Hospital service would be increased and would now be available 7 days. The number of hours that the service was in operation and the duration of the support offer would also be increased.
- Following the first wave of Covid 19, it had been established that care providers in the community (in both care homes and home care) would benefit from further

infection control nursing support. This was being put in place across Berkshire West.

- Councillor Hare commented that he had seen an advert in Oxfordshire Mind, for the position of Primary Care Wellbeing Project Manager for Wokingham. He questioned whether they would support those with stress and anxiety. Lewis Willing stated that they would and that it was a new post.
- Martin Sloan indicated that there was the mental health pilot in the Earley plus area. In addition, a tender had been put out to fund a Voluntary Community Sector partner with mental health expertise. Oxfordshire Mind had been appointed and it was hoped that a team would be in place by February.
- Dr Milligan commented that a huge amount of work had been undertaken and that it was good to talk about mental health in equivalent terms to physical health.
- Katie Summers agreed that it was good to see successful partnership working and commented that the message of 'One team' needed to be celebrated. She was pleased that the benefits of the Population Health Management methodology were being seen. She felt that there needed to be a greater focus on children and young people going forwards. Katie Summers would be working closely with Nicky Cartwright, the Director of Joint Commissioning and invited the Director of Children's Services to work with them to share the learning that had been undertaken in the adult's forum and to begin to replicate it for children and young people. Carol Cammiss welcomed this. Katie Summers commented that she wanted to be able to talk about the 'household approach' rather than adults and children and young people, separately.

RESOLVED: That the update be noted.

33. CCG OPERATING PLAN

The Board considered the CCG Operating Plan.

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

- Katie Summers indicated that the Plan had been created in March and sent to NHS England in May.
- The landscape had changed significantly as a result of Covid. Katie Summers commented that she wanted to provide assurance that whilst some of the work programmes had had to be reprioritised, priorities were still being delivered albeit at a slower pace than initially anticipated.

RESOLVED: That the CCG Operating Plan be noted.

34. JOINT HEALTH AND WELLBEING STRATEGY UPDATE

Meradin Peachey introduced the Joint Health and Wellbeing Strategy update:

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

- It had been over a year since it had been agreed that a joint Berkshire West Strategy would be developed.
- The Strategy had changed as a result of the dealing with and recovery from Covid. Also, the NHS was changing – the Integrated Care Partnership, the 'Place' at Berkshire West level was becoming more important. The Strategy needed to be seen in the context of driving the work of the Integrated Care Partnership as well as

the work of the Wellbeing Boards and as a reference for organisations such as the Police for driving improvements.

- Meradin Peachey felt that it should not be called a Joint Health Wellbeing Strategy and that 'Happier, healthier Berkshire was more appropriate, and reflected the partnership.
- It was anticipated that there would be 3-5 overarching strategy statements and that each agency and Wellbeing Board would then develop their own priorities.
- Matt Pope suggested that an informal Wellbeing Board be held in January to discuss local prioritisation and how the priorities could be shaped for Wokingham. Dr Milligan suggested that the Primary Care Network Clinical Directors be invited to participate in this.
- Katie Summers suggested that Reading and West Berkshire be involved later in the process. John Halsall commented that Wokingham had struggled with resources and that he did not want the work being done to be watered down. There were different authorities with very different demographics. Resources needed to be used in the best possible way. Dr Milligan emphasised that whilst there would be a steer from the Berkshire West group it would need to work for Wokingham.
- Katie Summers suggested that James Kent, ICS Lead & Accountable Officer for BOB CCGs be invited to a future meeting.
- Meradin Peachey emphasised that there was a clear direction for the Berkshire West system.
- Sarah Rayfield indicated that possible priorities had been identified through talking to stakeholders across Berkshire West, and by reviewing data by population need.
- Last week a public engagement piece had begun which would help to refine the priorities, which had been produced by a number of partners including Healthwatch Wokingham, Involve and the Wokingham Public Health team. There was an online survey and also focus groups that were targeted at more vulnerable individuals including adults with learning disabilities and carers. There would be 3 virtual public meetings in January which would be open to all. The Chairs of voluntary organisations and also Town and Parish Councils, had also been contacted. It was recognised that the runup to Christmas was a potentially difficult time to engage with people, however the voluntary sector needed adequate time to engage.
- It was intended that the Strategy would have around 3 priorities and that a draft would be produced for March.
- The Strategy would reflect the population need for Wokingham although there would be some shared actions across Berkshire West, where there was merit to do so.

RESOLVED: That the update on the Joint Health and Wellbeing Strategy be noted.

35. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP WEST BERKSHIRE, WOKINGHAM AND READING

Carole Cammiss provided a presentation on the Berkshire West Safeguarding Children Partnership: West Berkshire, Wokingham and Reading.

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

- Alan Wood had been commissioned by the Department for Education to lead a review of the effectiveness of Local Safeguarding Children's Boards on the outcomes for children. This took place between January and March 2016 and concluded that most Safeguarding Children Board arrangements had difficulty demonstrating their value in improving outcomes for children.

- Working Together 2018 guidance replaced Local Safeguarding Boards (LSCBs) with flexible equitable safeguarding partnership being designed by the Local Authority, Police and Clinical Commissioning Groups.
- The three LSCBs in Berkshire West merged in July 2018.
- The 'new' multi-agency partnership arrangements were agreed in March 2019 and implemented in June 2019. They were now known as the Berkshire West Safeguarding Children Partnership (BWSCP)
- Carol Cammiss outlined some of the things that were different under the new arrangements:
 - new role of Independent Scrutineer as there was no longer an Independent Chair;
 - Statutory Safeguarding Partners met as an Executive Group 3 times per year but had contact in between the meetings to ensure any significant Berkshire West issues could be discussed and resolved;
 - 2/3 Children's Leaders Forums per year, wider partnership meetings, to share learning and good practice and the experience of children and practitioners across the Berkshire West partnership;
 - Education Safeguarding Engagement Group in each area to ensure school leaders could directly feed into safeguarding discussions;
 - responsibility for safeguarding sits with all of us and not with a separate body or Independent Chair.
- Carol Cammiss went on to highlight some of the similarities that remained including continuing to share key safeguarding responsibilities across Berkshire.
- Carol Cammiss emphasised some of the positive elements of the new arrangements such as a good level of attendance and support from partners. It was noted that Sir Alan Wood had been impressed with the arrangements and that the Partnership would feature as a 'good' model in a future report.
- The Board noted some of the key achievements of the partnership, including the locally devised and produced 'Be Brave – Speak up' online campaign which had reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and been shared 207 times on Facebook.
- Councillor Hare asked about the effects of Covid. Carol Cammiss indicated that there had been an increased in non-accidental injuries in babies and toddlers. The overall effect of Covid on children's mental health and development would not be known for some time. Children's Services was working with Public Health to think about how those who had been impacted by Covid could be supported.
- Dr Milligan emphasised that as a clinician, learning from case reviews was vital. She questioned whether the 'Speak up – Be Brave' campaign should be run again.

RESOLVED: That the presentation on the Berkshire West Safeguarding Children Partnership: West Berkshire, Wokingham and Reading, be noted.

36. DIRECTOR PUBLIC HEALTH ANNUAL REPORT

The Board considered the Director Public Health Annual Report.

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

- The report focused on recovery as a result of Covid and its impact on society. Public health had looked at disasters around the world such as the Ebola outbreak in Africa, the Grenfell fire and the Australian bush fires, and how the recovery from those might help deal with some of the problems that were likely to be encountered, and some of the solutions.

- Meradin Peachey hoped that the document would be a reference document that would be used to develop health and wellbeing priorities.
- Meradin Peachey highlighted a number of problems that were likely to be faced following the pandemic such as increased morbidity and mental health problems.
- It was highlighted that the accommodation and food industry in Berkshire had had the largest number of staff furloughed.
- The last few chapters of the report dealt with resilience and social cohesion and what were the community assets that could be used to help aid recovery and to assist communities to support themselves.
- The last chapter discussed how change could be measured.
- Katie Summers asked whether the report would be presented to the Integrated Care Partnership Unified Executive and the CCG Governing Body. Meradin Peachey indicated that she would be happy to take the report there bearing in mind the current focus on vaccination.
- Dr Milligan commented that the report was easy to read and thanked Tessa Lindfield for her work.
- In response to a question from Susan Parsonage, Meradin Peachey stated that there were a lot of community asset type family indicators that could be used to measure how healthy the community was.
- Katie Summers questioned whether information could be broken down by ward level for children's services. Carol Cammiss indicated that she had had initial discussions with Public Health and the Digital Team about how to access data and to make it meaningful and usable for service design and delivery.

RESOLVED: That the Director of Public Health Annual Report be noted.

37. FORWARD PROGRAMME

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

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

- There were no changes made to the forward programme.
- Dr Milligan and Katie Summers gave an update on the Covid vaccination programme.
- Dr Milligan indicated that she had undertaken a site visit to one of the vaccination sites that morning, and that it was nearly ready to go. She thanked Katie Summers and her team for their work to ensure that the relevant IT was in place.
- Practices were contacting their patients who were over 80 for the vaccination. Two doses were required 21 days apart. Appointments for both doses were being booked. She advised that the date of appointments was currently provisional until the vaccination was physically received at the practice.
- It was hoped that the first wave of vaccinations would begin next week. Staff from various practices would go to the vaccination centre to help vaccinate patients.
- Dr Milligan would be undertaking site visits for vaccination sites in the other areas of the Borough.
- There was strict national guidance and over 80's who were physically able to get to a practice would be vaccinated first. The public were asked not to phone the surgeries to ask when they would receive the vaccine as it would potentially overwhelm phonelines. Patients would be contacted by the surgeries when appropriate.
- As different vaccines came on board processes might change.

- Katie Summers advised that there were three main delivery channels that would be utilised:
 - Primary care
 - Providers – Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust would look to vaccinate their own staff.
 - Working with the local authorities to establish a small number of possible mass vaccination sites.
- There were ten Primary care Network sites across Berkshire West, five of which were in the Borough.
- Councillor Hare commented that the Pfizer vaccine was too volatile to be taken to care homes, so they were not appropriate vaccination sites at the moment. Dr Milligan commented that if care home residents could travel to the vaccination site, they would still be able to receive the vaccination. Carers would be vaccinated before healthcare workers.
- It was noted that those having the vaccination would be expected to wait 15 minutes after they had received their vaccination, to ensure that they did not have an allergic reaction. Each practice would deal with this differently.
- In response to a question from Councillor Hare, Dr Milligan confirmed that those who had epi-pens should not be invited to have the vaccination. Katie Summers commented that the prescribing team would send a list out to all of the practices to flag up which patients had epi-pens.
- Patients would receive a text advising them when they could make an appointment to visit a vaccination site. It would be a long process.
- Martin Sloan indicated that the local authority was working with the Clinical Directors to see whether volunteers could be provided to the vaccine sites. Wokingham Volunteer Centre were looking to actively recruit volunteers to help marshal patients in and out of the buildings. Councillor Halsall indicated that an extraordinary Executive had been scheduled to agree the funding for this exercise.
- Katie Summers emphasised the importance of making every contact count. Dr Milligan commented that physical contact needed to be reduced as large numbers of patients would be dealt with. Martin Sloan indicated that there was a need to be practical about what could be achieved through the support with marshalling.

RESOLVED: That the forward programme be noted.

This page is intentionally left blank