

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 11 MARCH 2021 FROM 5.00 PM TO 6.10 PM**

Present

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| Charles Margetts | Wokingham Borough Council |
| Debbie Milligan | NHS Berkshire West CGC |
| Carol Cammiss | Director, Children's Services |
| UllaKarin Clark | Wokingham Borough Council |
| John Halsall | Wokingham Borough Council |
| David Hare | Wokingham Borough Council |
| Meradin Peachey | Director Public Health – Berkshire West |
| Matt Pope | Director, Adult Social Care & Health |
| Jim Stockley | Healthwatch |
| Philip Bell | Voluntary Sector |

Also Present:

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| Madeleine Shopland | Democratic and Electoral Services Specialist |
| Simon Broad | Assistant Director Adult Social Care |
| Ingrid Slade | Public Health |
| Martin Sloan | Assistant Director ASC Transformation & Integration |
| Nick Durman | Healthwatch Wokingham Borough |
| Rachel Bishop-Firth | |
| Sarah Rayfield | Public Health |
| Hannes Hagson | Public Health |
| Lorna Pearce | Strategic Safeguarding Service Manager |
| Teresa Bell | |
| Jo Dixon | Chairman, West of Berkshire Safeguarding Adults Partnership Healthwatch Wokingham Borough |

38. APOLOGIES

Apologies for absence were submitted from Graham Ebers, Katie Summers and Chris Trill.

39. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 10 December 2020 were confirmed as a correct record and will be signed by the Chairman at the next available opportunity.

40. DECLARATION OF INTEREST

There were no declarations of interest.

41. PUBLIC QUESTION TIME

There were no public questions.

42. MEMBER QUESTION TIME

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

42.1 Rachel Bishop-Firth asked the Chairman of the Wokingham Borough Wellbeing Board the following question.

Question

The British Medical Association resolved in September that more needed to be done to ensure equality of medical treatment for BAME and for transgender people in the UK.

16.4% of WBC residents are BAME, and government estimates suggest we can expect somewhere between 500–1,300 of our residents to be transgender. Failing to appropriately meet healthcare needs of minority populations can have serious effects on both physical and mental health, as we've seen recently with the much higher death rates of BAME people during the Covid pandemic.

I am hearing that BAME and transgender residents are experiencing issues as their healthcare needs are not always well understood by healthcare professionals leading to problems with them getting the healthcare that they need.

With this in mind, how do we in Wokingham Borough plan to respond to this BMA resolution – by, for example, consulting with these communities on how we can improve the way that their physical and mental healthcare needs are met; by bringing our healthcare professionals into this dialogue; and by continuing as a Council to monitor how well these residents are supported?

Answer

Thank you for your question. The answer has come partly from WBC and obviously partly from members of the CCG, so is partly a healthcare response. The response is broken down as follows:

1. how the Council will consult
2. how the Council will bring in healthcare professionals
3. and how the Council will monitor resident support.

With respect to (1), organisations across the Berkshire West Integrated Care Partnership (ICP) are engaging with various protected characteristics groups, and we are looking to identify and share this intelligence across partners as part of our ongoing approach to tackling health inequalities. This includes work with the Voluntary & Community Sector Organisations and with various faith groups. We are particularly looking to engage with BAMER (Black, Asian and Minority Ethnic & Refugees) communities, given the disproportionate impact of Covid-19 on these communities.

With respect to (2), which relates to how the Council will bring in healthcare professionals, we can assist in facilitating the involvement of relevant healthcare professionals, whether from providers or from commissioners. We have a great diverse workforce with BAME across the ICP, the Berkshire West Integrated Care Partnership, to contribute and support delivery.

With respect to (3), which is how the Council will monitor residents support, both the Royal Berkshire and Berkshire Healthcare NHS Foundation Trusts are currently considering how to better understand differences in access and outcomes for different patient groups. In addition, Berkshire Healthcare are also co-producing priorities for improving the experience of the trans service users.

Working with system partners, we are now building on how we engage with various communities, and looking to co-produce improvements, as can be seen in our early work with respect to Covid-19 vaccine take-up. Recently, the CCG secured 2020/21 winter pressures funding specifically aimed at supporting the mental health of people from BAME communities over the winter. The CCG is currently considering how best to ensure health inequalities feed in and are a priority for the ICP in 2021/22.

Supplementary Question:

One of the most critical issues in the UK healthcare right now is of course tackling the reluctance of some groups to take the Covid 19 vaccine, and this is a particular issue in some of our BAME communities. I was really pleased to hear at the Executive in February that the Council and local GPs are taking steps to address vaccine hesitancy through communication and through working with community groups. There was a suggestion however that we could certainly be doing more if we can get more data from the Clinical Commissioning Groups, and that caveat worried me a bit because that further and better data may or may not be forthcoming. Councils around the country are involved in some great initiatives including virtual events to dispel myths and circulating guidance in a variety of different languages. Will Wokingham Borough Council commit regardless of whether or not we get more data, to look at what the best practice is for all parts of our communities, and adopting those which are going to be of most benefit to our residents?

Supplementary Answer which was provided by Dr Milligan:

We have gone ahead with this. Katie Summers is heading up the health inequalities particularly over Covid, and having weekly meetings. As you said our unitary authority colleagues, voluntary groups and the community support workers have been absolutely fantastic about giving us that on the ground intelligence of what actually is being said, rather than what we hear in the news or what we think is being said and working with those groups. Hopefully, the intelligence is coming. The CCG, in particular Andrew Price, were using the GP data, which is 4 days out of date, but he is able to cut it and give you some intelligence down to Ward level of the uptake and things like that. We are heavily working with your community groups to have the local intelligence so if I can speak on behalf of the unitary, you are already doing it.

I think also building on your first question, it has really opened everyone's eyes about how different groups portray the Government, the health service and their concerns about everything really. I like to think that we continue to work differently with all these groups going forward, given what we have learnt in this Covid outbreak.

Councillor Margetts:

What I would add to that Rachel to fill in a bit from WBC on top is that myself and it is either Matt or Martin, we meet the PCN's at least once a week and have discussions basically about what they need to support vaccine delivery. I think some of them, Amit, one of the PCN leaders, has done several videos targeted at the BAME community because there is a consciousness of the need to send out the right messages. We as the Council are trying to push and support these messages as well, so there is a dialogue between us and the CCG, trying to make sure that these things get nailed.

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

Question

With respect to agenda item 43, can I add my thanks and also the thanks from the residents of Arborfield to the agenda item on page 26 Appendix A - Responses - Examples Of Where Services Worked Particularly Well, page 10

My question is with respect to agenda page 27 Appendix B - Responses - Where Services Could Have Worked Better, page 11; is there a formal action plan designed to look at how these issues can be improved?

Answer

The survey that fed into the report was carried out during the first wave of the pandemic when a lot of change were happening very quickly, and services had to adapt. The report was shared with the Clinical Commissioning Group and Wokingham Borough Council. The list of 'Where services could have worked better' was a summary of all the responses we received in our survey, primarily because the majority of the responses fell into the following categories.

1. The primary issue related to service providers communication, information and advice. This included timeliness, clarity, difficulties finding information and advice. Survey results and other feedback highlighted Hospital, GPs and Dentists although other service providers were mentioned.
2. There were issues relating to service changes and access e.g., phlebotomy, dentistry.
3. Issues relating to pharmacies and prescriptions.

Healthwatch Wokingham Borough made some recommendations in the report one of which related to the primary issue of communication and information.

Based on the feedback, Healthwatch Wokingham Borough did the following:

1. With our colleagues from Healthwatch Reading and West Berkshire we had regular discussions during the pandemic with CCG and Royal Berkshire Hospital comms teams. We raised the issues we had been hearing about the difficulty residents had in getting easy to find, clear, timely information from the hospital website. Issues relating to finding 'easy read' information for those with a learning disability and information in different languages. We also gave examples of websites that worked well e.g., Berkshire Healthcare Foundation Trust.
2. Additionally, we gave examples where we thought service providers regular bulletins for patients, residents worked well, namely Frimley Health Covid Response Weekly Update and Wokingham Borough Council Weekly Situation Report. Royal Berkshire Hospital Trust informed us that there were plans to rebuild their website and that those plans would be brought forward. We have been given the opportunity to feed our comments into that project, have met with the team and will be meeting them this month for an update. We have been receiving more regular communications from the Hospital Trust and regular bulletins and press releases.
3. Based on survey results and other feedback we instigated two projects.
 - a. One to look at the information on GP surgery websites in Wokingham and one to look at information on dental websites in Wokingham. The GP surgery website report was shared with the CCG, they agreed to implement all six recommendations we made on all GP surgery websites across West Berkshire.

- b. The dental report and recommendations were shared with the local Dental Council. We received the following response "Alas I have no jurisdiction over the websites of the individual dental practices.... but I will highlight the problem. I did do some research of my own across various random practices and found that the information was variable and sometimes difficult to find.

What I will do is highlight it with the practices and nudge them in the direction of keeping their sites up to date". Access to NHS dental treatment is a big issue nationally, we have fed our local intelligence into Healthwatch England who have just released a report on the national situation and are in dialogue with NHS England.

4. With regard to the issues around pharmacies and prescriptions, we discussed this with the Thames Valley Local Pharmaceutical Committee and the issues early on in the pandemic appear to have been resolved.

43. HEALTHWATCH REPORTS

The Board received a number of Healthwatch Wokingham Borough review reports.

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

- Nick Durman indicated that the Covid 19 survey had been replicated across the Reading and West Berkshire Healthwatches and in total there had been nearly 700 responses. The three reports would be pooled together. Several issues had been identified including people's difficulties in accessing information during the pandemic such as around GP and dental services. A mystery shop supported by CLASP had been undertaken. Six recommendations had come out of this which the CCG had indicated that they would take on board. During the Carers Survey that was currently being undertaken it had been noted that some carers had found it difficult to find information on how to register. A piece of work would be undertaken on the consistency of carers' information on the GP websites. In addition, a mystery shop of dental websites had been carried out, again supported by CLASP. Disappointingly the Local Dental Council had indicated that they had no authority to ask the dental practices to amend their websites.
- Councillor Margetts thanked Healthwatch for their reports, which he felt brought out the views of service users and clients.
- With regards to the perinatal mental health report, Dr Milligan expressed disappointment and commented that it was not the level of care that she saw in her own practice. She expressed concern regarding the comment that there was no obligation to ask about mental health. This was not the case.
- Dr Milligan commented that there was now a real focus on mental health in pregnant patients. It was noted that there had been an increase in non-accidental injuries to babies during the first lock down. Mental health was a key issue throughout pregnancy as well as after.
- Dr Milligan suggested that Healthwatch liaise with the Poppy team to get a better picture of mental health issues in the under 18's and under 20's.
- Dr Milligan expressed disappointment that some mothers had felt that they had not had sufficient time at the 6 week post-natal check-up. She felt that more time had been spent with these patients during lock down.

- Jo Dixon clarified that the evidence gathering had been undertaken pre Covid lockdown, finishing in February 2020. She commented that it would be interesting to undertake the exercise again and to ascertain what impact had been made.
- Councillor Hare thanked Healthwatch for the reports produced and the honest picture provided.
- Councillor Margetts asked how actions would be taken forward. Jo Dixon commented that there was a lot of work that could be done going forwards.

RESOLVED: That the Healthwatch reports be noted.

44. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2019-20

Teresa Bell, the independent Chair of the West of Berkshire Safeguarding Adults Partnership presented the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2019-20.

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

- The Board was unusual in that it covered three Council areas.
- Wokingham had worked hard to raise the profile of adult safeguarding and had implemented a new way of working, the Adult Safeguarding Hub. This helped to ensure that safeguarding practice was consistent and understood across teams.
- The Board provided an opportunity to share good practice and to constructively challenge.
- Teresa Bell highlighted that Wokingham had undertaken a lot of good work during the pandemic. She met separately with Healthwatch and the Voluntary Sector as a way of triangulating information. From this it had come out that the support offered to carers in the Borough, particularly during the early phases of the pandemic, had been welcome. Efforts had been made to make contact with informal, unpaid carers to ensure that they were getting the support that they needed.
- The Covid Taskforce had been established which had helped to support care homes and to ensure that quality standards and safety standards were maintained.
- Councillor Hare asked when it was likely that the impact of lockdown would be understood. Teresa Bell commented that nationally a piece of work had been undertaken around the changes in referral rates. Berkshire West was consistent with the national picture and initially referrals had dropped and then levelled out. It was likely that over the coming months a better picture of what had taken place over lockdown would emerge.
- Susan Parsonage thanked the Partnership for the detailed report and highlighting the good work undertaken.

RESOLVED: That the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2019-20 be noted.

45. STRATEGY INTO ACTION

Ingrid Slade presented the Strategy into Action update.

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

- The Action groups continued to work well and had all met at least twice.
- The way of reporting in which the Action Groups reported to the Wellbeing Board would be changing.

- The Groups were working across partnerships around each of the main priorities to identify the key priorities within these in order to focus areas that they were going to work towards and report against in terms of existing services and where gaps may be identified.
- The Creating Physically Active Communities group was the slightly more advanced and would have a dashboard at its next meeting. The other two groups were currently at the evidence gathering stage to help focus their work.
- Being in lockdown had influenced the activity that could be undertaken. Around Creating Physically Active Communities there had been an increased online and promotion of online activity content, particularly for children. The Group would consider whether there was a role for this online activity and teaching to continue beyond lockdown scenarios.
- There had been an increase in alcohol and substance related referrals to Wokingham's Drug and Alcohol Services over the last year of around 50%. This was in line with the national picture and would be a priority for Public Health work going forwards.
- With regards to the Health Inequalities Group, Public Health was working with Children's Services on the reprocurement of the Children's Health Visitor and School Nurse service. Board members were encouraged to respond to the consultation on this. The feedback from the Healthwatch perinatal services review would be fed into the service development.
- Councillor Hare asked about voluntary sector involvement in the Social Isolation and Loneliness Group, as the membership seemed to be primarily from the Council. He questioned whether groups such as LINK were involved. Philip Bell indicated that he co-chaired the Group and that the LINK visiting scheme were now a part of the subgroup and that there was also a wider representation from the Friendship Alliance.
- Dr Milligan commented that the social prescribers working in Primary Care were undertaking valuable work and could be integrated into the work around social isolation and loneliness.
- With regards to online activity, Dr Milligan emphasised that many children preferred to undertake physical activity outside of the home. Ingrid Slade commented that some adults preferred to exercise within the home, without the social element, and that this also needed to be catered to.
- Dr Milligan stated that the increased referrals to the Drug and Alcohol service could be considered a positive as more people were seeking help.
- Martin Sloan stated that with regards to the physically active communities workstream, many elderly and vulnerable people had had to shield as a result of Covid, and were now struggling to leave their homes again. He informed the Board of the Moving with Confidence project, under which Sports and Leisure staff went into people's homes to do one to one training sessions.
- Through the Integration Board the Friendship Alliance was being funded to undertake further work on social isolation.
- The Inequalities Group were undertaking a lot of work with regards to mental health issues, particularly as a result of Covid. A pilot had been signed off and was showing good results in helping people to manage their wellbeing.
- Councillor Margetts commented that there was a significant amount of work going on in the different areas. He questioned how and when other Members and the public could be informed. Ingrid Slade suggested that by early summer.

RESOLVED: That

- 1) the progress updates from three established Strategy into Action Groups: outlined in the accompanying presentation (Appendix A), setup to deliver on Wellbeing Board objectives be reviewed.
- 2) further input, queries and comments from Board members on Action group progress to date be invited.
- 3) the summary of progress captured during December 2020 (and first weeks of Jan 2021), these short summary reports (Appendix B) will remain in place and until formal reporting is implemented, be noted.

46. UPDATE ON THE HEALTH AND WELLBEING STRATEGY

Sarah Rayfield, Public Health, provided an updated on the development of the Health and Wellbeing Strategy.

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

- The public engagement had come to an end and the survey had closed on 28 February. The final development stage of the strategy was being moved in to.
- A number of themes had been identified in the process; empowerment and self care, digital and enablement, integration, prevention and recovery from Covid 19.
- The public engagement had been quite extensive. A Task and Finish Group had met weekly with representation from each of the Berkshire West authorities, the three Healthwatches and community organisations, the Voluntary Sector and the CCG.
- The public engagement had included an online survey and responses had been received from a range of people and organisations including the Voluntary Sector and Town and Parish Councils. It had been promoted via social media and also sent to residents via newsletters and publicised via the internal staff bulletin. Social media had been used to specifically target areas to boost responses and a weekly download of responses received so far had been carried out.
- A number of focus groups had been held across the three local authorities. National lockdown had impacted the ability to hold focus groups and to engage, which had necessitated the extension of the public consultation.
- There had been less engagement with young people than had been hoped for.
- Just under 4000 responses had been received to the survey, 1566 of which had come from Wokingham Borough. A higher proportion of females than males had responded. The Board noted the age distribution of those who had responded.
- In terms of potential priorities those responding to the survey had been asked to rank the importance of eleven possible priorities. It was hoped to refine this to three to five priorities. There had been close alignment across the areas with regards to responses. The top four priorities were; support vulnerable people to live healthy lives, help families and young children in early years, reduce the differences in health in different groups of people, and good mental health and wellbeing for all children and young people.
- Those completing the survey had been asked how important each priority was to them. A similar picture had been seen across the area.
- The Board noted suggested areas where change was required.
- Susan Parsonage asked how the work around the Joint Health and Wellbeing Strategy related to the work around the local Wellbeing Strategy. Sarah Rayfield commented that there was likely to be some overlap. Ingrid Slade stated that the Wokingham Strategy was set to end in 2021 and that there was potential for the

- Joint Strategy priorities to become those of Wokingham's or others could be selected. There could be a focus on local need in relation to each of the priorities.
- Councillor Halsall commented that the focus was on Wokingham rather than across Berkshire West and that there were limited resources to direct to priorities. Meradin Peachey stated that having a Berkshire West Strategy gave an opportunity to hold the rest of the system to account for the same priorities. Wokingham and other organisations would have their own plan based on the priorities.
 - Matt Pope suggested that a workshop session be held to look at the potential priorities and the priorities for Wokingham. Sarah Rayfield requested that this take place in April.

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

47. WOKINGHAM BOROUGH WELLBEING BOARD - TERMS OF REFERENCE

The Board considered a report proposing increased representation from the Voluntary Sector on the Wellbeing Board.

Due to the important role that the Voluntary Sector played in progressing the work and priorities of the Wokingham Borough Wellbeing Board, it was proposed to increase the representation of the Voluntary Sector on the Board from one to two members.

RESOLVED: That

- 1) two representatives in total be appointed to the Wokingham Borough Wellbeing Board from the Voluntary Sector.
- 2) it be recommended that Council note the decision by the Wokingham Borough Wellbeing Board to amend its membership and agree to the amendment of paragraph 4.4.23 of the Constitution.

48. FORWARD PROGRAMME

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

It was agreed to have a discussion around the potential implications of the 'Integration and Innovation: working together to improve health and social care for all' White Paper at the Board's next meeting.

RESOLVED: That the forward programme be noted.

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