

**MINUTES OF A MEETING OF THE  
WOKINGHAM BOROUGH WELLBEING BOARD  
HELD ON 14 OCTOBER 2021 FROM 5.00 PM TO 6.05 PM**

**Present**

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Bell	Voluntary Sector
Carol Cammiss	Director, Children's Services
Nick Fellows	Voluntary Sector
David Hare	Wokingham Borough Council
Graham Howe	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 Public Health
Ingrid Slade	
Phil Cunnington	
Laura Vicinanza	Regional Public Affairs and Campaigns Officer Alzheimer's Society
Mark Robson	Integrated Networks Development Lead

**13. APOLOGIES**

Apologies for absence were submitted from Graham Ebers and Councillor John Halsall.

**14. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 10 June 2021, were confirmed as a correct record and signed by the Chairman.

**15. DECLARATION OF INTEREST**

There were no declarations of interest.

**16. PUBLIC QUESTION TIME**

There were no public questions.

**17. MEMBER QUESTION TIME**

There were no Member questions.

**18. COVID UPDATE**

The Board received an update on Covid.

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

- Ingrid Slade outlined the current Covid rates across Berkshire. The case rate per 100,000 population for Wokingham, for the week 1-7<sup>th</sup> October, was 395.6. This was on an upward trajectory, as was the case for several of the neighbouring councils. The rate in the over 60's was currently on its way down and was around 120.6.
- Residents were living two different pandemics. There were a large number of Covid cases in the school age population, mostly within the secondary schools. For those without school age relatives, many were living with less restrictions. Wokingham's Children's Services Task Force was working closely with schools and headteachers and were being very proactive in testing. This would help to identify further cases and to prevent onward transmission.
- Councillor Hare questioned whether cases were likely to continue to increase and what impact winter might have. Ingrid Slade commented that the rate was currently on an upward trajectory. Some factors may have an impact on rates going into winter, including half term holidays and the Schools Immunisation Team going into the secondary schools to provide Covid vaccinations.
- Councillor Howe commented that 30% of children had been vaccinated and asked what was being done to continue this. He was informed that Wokingham had the highest uptake in vaccinations in Berkshire West in 12-15 year olds. There was a clear vaccination programme within the secondary schools. Board members were reminded that a vaccine could not be given within 4 weeks of a positive diagnosis. Further work on ensuring a good vaccination offer was available for those children who were affected by this, would be undertaken.

**RESOLVED:** That the update on Covid be noted.

## **19. WOKINGHAM HEALTH AND WELLBEING STRATEGY INTO ACTION AND ASSOCIATED ACTION PLANS**

The Board received the Wokingham Health and Wellbeing Strategy and Associated Action Plans.

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

- The action plans would be reviewed annually.
- Prior to the pandemic, extensive work had been undertaken across Berkshire West regarding the development of a Berkshire West wide Health and Wellbeing Strategy.
- Ingrid Slade went on to highlight the five high level priorities identified for Berkshire West. Work had been undertaken locally to identify how these were relevant to the Wokingham Borough population.
- Local sub priorities in Wokingham Borough were:
- Priority 1- Reduce the differences in health between different groups of people -
  - Cardiovascular disease
  - Cancer
  - Covid recovery
- Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives –
  - People with learning disabilities
  - Unpaid carers
  - Youth offenders
  - Substance misuse
  - Domestic abuse

- Priority 3 – Help children and families in early years –
  - SEND and inclusion
  - Early intervention and prevention
  - Safeguarding
- Priority 4 – Good mental health and wellbeing for children and young people –
  - Reduce waiting time
  - Covid recovery
  - Prevention and early help
- Priority 5 – Good mental health and wellbeing for adults –
  - Loneliness and social isolation
  - Dementia
  - Loneliness and social isolation Covid 19 recovery
- More partners were being brought together than under the previous Wellbeing Strategy. The Groups that would be responsible for the delivery of each priority, were highlighted. It was proposed that these report into the Wellbeing Board via a Steering Group. A paper would be provided at the November Board meeting regarding the Steering Group composition.
- Susan Parsonage asked about the reporting of the sub groups. Ingrid Slade indicated that it was expected that each of the nine partnership groups would report to the Steering Group on a quarterly basis, in a staggered fashion. The way in which the update report was delivered would be standardised over time. There would be a focus on outcomes. The Steering Group would determine exception reporting and would report to the Wellbeing Board.
- Katie Summers questioned whether a smart delivery approach would be taken and was informed that the action plans were for a year and would be reviewed and amended as required going forwards.

**RESOLVED:** That

- 1) the Berkshire West Health and Wellbeing Strategy (noting the methods and outcome of the Berkshire West Health and Wellbeing Strategy Public Consultation included for reference) be approved;
- 2) Wokingham's Health and Wellbeing: Strategy into Action including the priorities for focus within the Borough governed by the Board be approved;
- 3) the proposed change to the local governance structure (page 20 of Wokingham Health and Wellbeing Strategy into Action) be approved;
- 4) Wokingham's Strategy into Action – Action Plans be noted. These plans will be dynamic and continue to develop, they will form the basis of quarterly reporting into the Strategy into Action Steering Group.

**20. 'FROM DIAGNOSIS TO END OF LIFE: THE LIVED EXPERIENCES OF DEMENTIA CARE AND SUPPORT' ALZHEIMER'S SOCIETY REPORT AND THE IMPLICATIONS FOR WOKINGHAM**

The Board received a presentation from Laura Vicinanza, Regional Public Affairs and Campaigns Officer Alzheimer's Society, on 'From diagnosis to end of life: The lived experienced of dementia and support' from the Alzheimer's Society.

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

- The report analysed the gaps between what care and support the current guidance and legislation afforded people with dementia and what care and support they were actually receiving from diagnosis until the end of life. The Alzheimer Society had made specific recommendations to local authorities on how to address the care and support needs of those with dementia.
- The report had been researched and written prior to the pandemic.
- The Alzheimer Society was pleased that supporting people living with dementia and their carers as a group of people at high risk of bad health outcomes to live healthy lives had been identified as a priority in the Berkshire West Health and Wellbeing Strategy.
- The report had been structured into different sections; diagnosing well; supporting well; living well; and dying well.
- Laura Vicinanza highlighted how evidence had been gathered.
- A key theme across all stages of the pathway was a sense of disjointed and fragmented care.
- Examples of best practice had also been included within the report.
- **Diagnosing well** – The Board noted key findings with regards to diagnosing well. Recommendations around this area included:
  - CCGs to have a dedicated dementia lead to train GPs on referral criteria and diagnosis;
  - Multidisciplinary team meetings between memory service clinicians, neurology and neuroradiology;
  - Clear referral pathways to enable access to Allied Health Professionals;
  - Memory services to include dementia adviser services, with people automatically referred to the service unless they opted out;
  - Access to follow-up opportunities to discuss diagnosis.
- Nationally, diagnosis rates had decreased during the pandemic. Referrals from primary care to the Memory Services had also decreased. A backlog in assessments would worsen wait times.
- People needed to be able to access their GP, face-to-face, to discuss concerns with cognitive impairment or memory. In addition, Secondary care specialist diagnostic services needed sufficient workforce and resources to cope with the current and expected backlog of appointments.
- **Supporting well** - The Board noted key findings with regards to supporting well. Recommendations around this area included:
  - All people should have a named care coordinator;
  - Appropriate and tailored post-diagnostic support interventions for people with dementia and their carers;
  - Integration of dementia adviser services within primary care;
  - Clear local responsibility for advance care planning.
- **Living well** – The Board noted key findings with regards to living well. Recommendations around this area included:
  - Straightforward methods of booking day care and overnight care in advance;
  - Accessible lists of recommended local respite care services;
  - Care homes to have enhanced access to professionals through local multidisciplinary teams;
  - All professionals trained to at least Tier 2 of the Dementia Training Standards Framework.
- The pandemic had had an impact on those with dementia. A deterioration in mental health and cognitive decline had been seen, due to restrictions around social contact, particularly for those living in care homes. In addition, the numbers of people receiving care plans or care plan reviews over the last year had decreased.

- The pandemic had exacerbated many issues that carers had already been facing. During the pandemic many carers had reported that their caring responsibilities had significantly increased during lockdown.
- **Dying well** – The Board noted key findings with regards to dying well. Recommendations around this area included:
  - Manage hospitalisations through integrating services, upskilling care home staff and increasing access to out-of-hours specialist support;
  - Local multidisciplinary teams should be formed to assist local care homes, and include palliative care teams;
  - Local services should be set up to ensure that professionals involved in end-of-life care can easily and quickly access advance care plans.
- Councillor Hare asked about support for carers, particularly during the early stages of a loved one receiving a dementia diagnosis. He went on to comment that it was good for carers to be able to take respite. Many felt guilty about taking time away from their loved one. Laura Vicinanza emphasised that carers needed to be supported so that they could understand how to deal with dementia. She agreed that taking respite was important for carers and that if they did not have access, it could have a very negative impact on the carer.
- Matt Pope indicated that Laura Vicinanza had had discussions regarding the report recommendations with officers and these would be incorporated in the dementia workstream. Work was being undertaken regarding the formation of a dementia alliance across the Borough.
- Katie Summers stated that the CCG had done a lot of dedicated training around dementia for GPs but that this could be reaffirmed. Multi-disciplinary meetings were already in place but that Memory Service clinicians could be incorporated. She went on to state that the Memory Service already included Dementia Advisors.
- Katie Summers questioned whether the report had been shared with Berkshire Healthcare Foundation Trust and Royal Berkshire Healthcare Trust as major clinicians and was informed that it had been presented to the Health and Wellbeing Boards. Katie Summers commented that the Royal Berkshire Hospital was looking at their clinical services strategy and it was a good opportunity to shape how the major local providers took forwards the recommendations from the report.
- Dr Milligan outlined some of the measures already in place around dementia. She emphasised the importance of the voluntary sector.

**RESOLVED:** That the presentation on 'From diagnosis to end of life: The lived experience of dementia and support' from the Alzheimer's Society, be noted and Laura Vicinanza be thanked for her presentation.

## **21. ICP UNITED EXECUTIVE CHAIR'S REPORT**

The Board considered the ICP United Executive Chair's Report.

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

- Matt Pope commented that the update was a means of keeping the Board up to date with the Integrated Care Partnership Board to ensure a read across between the two.
- Matt Pope suggested that an overview of the Board and its priorities be provided at the next Board meeting. Katie Summers suggested a workshop would be helpful.
- It was noted that the report was out of date because the agenda had been carried forward from the previous meeting which had had to be cancelled.

- Meradin Peachy commented that discussions had been had about the Berkshire West Health and Wellbeing Strategy and the governance between the ICP and Wokingham regarding the strategy.

**RESOLVED:** That the ICP United Executive Chair's Report be noted.

## **22. FORWARD PROGRAMME**

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

**RESOLVED:** That the forward programme be noted.