

**MINUTES OF A MEETING OF THE  
WOKINGHAM BOROUGH WELLBEING BOARD  
HELD ON 10 FEBRUARY 2022 FROM 5.00 PM TO 6.50 PM**

**Present**

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Nick Fellows	Voluntary Sector
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Helen Watson	Interim Director Children's Services
Jim Stockley	Healthwatch

**Also Present:**

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

Nikki Cartwright, Interim Director of Joint Commissioning, NHS Berkshire West CCG the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System  
Catherine Mountford, Director of Governance at Oxfordshire CCG and governance development lead for BOB ICS.

Dr James Kent, Chief Executive Designate of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System,

**23. APOLOGIES**

Apologies for absence were submitted from Graham Ebers, Councillor Graham Howe, Steve Moore and Susan Parsonage.

**24. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 14 October 2021 were confirmed as a correct record and signed by the Chairman.

**25. DECLARATION OF INTEREST**

There were no declarations of interest.

**26. PUBLIC QUESTION TIME**

There were no public questions.

**27. MEMBER QUESTION TIME**

There were no Member questions.

## **28. WELLBEING BOARD STEERING GROUP**

Ingrid Slade, Consultant in Public Health, provided an update on the Wellbeing Board Steering group.

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

- Following the approval of the Wellbeing Strategy in Autumn 2021, the next step was the agreement of a governance structure around strategy into action.
- The Board was reminded of the Strategy's five overarching priorities and the underpinning Wokingham priorities beneath each of those.
- Action Groups and Partnership Boards would take the lead on specific priorities and would be reporting to the Wellbeing Board on what action they had taken.
- It was proposed that the health inequalities priorities become cross cutting in the Strategy. The Health Inequalities Action Group was currently on hold and the Group had asked that the integrated and cross cutting nature of health inequalities across all Action Groups be considered, and that there be a focus on health inequality for each of those groups.
- Ingrid Slade presented the intended structure. It was proposed that a new Steering Group be set up between the Wellbeing Board and eight delivery groups.
- The Steering Group would provide operational oversight of progress against action plans and to identify any exception reporting that required escalation to the Wellbeing Board.
- The Steering Group would meet bimonthly in place of the informal Wellbeing Boards. At each meeting four of the Action or Partnership Groups would report against a defined action plan, allowing performance and/or delivery risks to be raised or areas of best practice highlighted. This would enable the Steering Group to monitor performance, quality and progress made. The Steering Group would ensure the operational delivery of the Wokingham Strategy into Action.
- With regards to membership, it was proposed that it be the same as the Wellbeing Board membership or an appointed representative. In addition, a Primary Care Network Director member, health provider representatives (Royal Berkshire/Berkshire Healthcare), other service providers e.g MIND/Cranstoun, and a secondary Headteacher representative, would be sought.
- Katie Summers, Director of Place Partnerships, NHS Berkshire West CCG, questioned whether the Chairmen of the Action Groups would be members of the Steering Group and was advised that they would be reporting to the Steering Group but not members. Consideration was being given to the creation of an operational group for these Chairmen.
- With regards to the secondary Headteacher representative, Helen Watson, Interim Director Children's Services, indicated that the Borough Education Partnership had now been established and would be meeting shortly. She offered to seek a nomination from the Partnership for the Headteacher representative.
- Katie Summers offered to help source appropriate representatives from the Royal Berkshire and Berkshire Healthcare NHS Foundation Trusts.
- With regards to the Primary Care Network Director representative, Ingrid Slade indicated that the Wokingham Integrated Partnership would be approached about a PCN representative.
- Councillor Margetts questioned when the Steering Group membership needed to be finalised and was informed that it was hoped that the Steering Group would meet for the first time in March. Whilst it was hoped all representatives would be in place by then, the membership may not be finalised until the May meeting.

**RESOLVED:** That the update on the Wellbeing Board Steering Group be noted.

**29. WOKINGHAM INTEGRATED PARTNERSHIP BETTER CARE FUND ANNUAL PLAN 2021/22 PRESENTATION**

The Board received a presentation on the Wokingham Integrated Partnership (WIP) Better Care Fund Annual Plan 2021/22.

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

- NHS England had released the submission template in September, and the final version had been agreed on 16th November, following the agreement of the Chair of the Wellbeing Board. It was essentially a formalisation of the Plan and budget agreed earlier in the year.
- During the development of this annual return the Integration Team had liaised with colleagues from the CCG, BHFT, RBH and the other West of Berkshire Local Authorities. Overviews were shared with all the WIP partners at delivery group (operational managers) as well as Leadership Board (Senior managers).
- The return submitted to NHS England had been judged to be sound.
- All the minimum financial contributions had been met as had all of the national conditions.
- Some of the services currently funded by the Better Care Plan were highlighted.
- Lewis Willing, Head of Health and Social Care Integration, informed the Board of targets identified. The first, admission avoidance, was a change to the target around Non-Elective admissions. A target around Length of Stay had replaced the target around Delayed Transfers of Care.
- The unplanned hospitalisation for chronic ambulatory care sensitive conditions aimed to get to the heart of the work of the Better Care Fund, and ensured that the partnership was supporting people in the community who would not necessarily require hospitalisation.
- With regards to Length of Stay, the percentage of in-patients, resident in the area, who had been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more as a percentage of all inpatient, was monitored.
- The targets were very challenging but achievable. NHS England were keen to keep levels of performance high, especially as during the pandemic, unplanned hospitalisations and length of stay were very low. As such, they had pressed to ensure that targets were challenging.
- Other targets around discharge to normal place of residence, residential admissions and reablement, were highlighted.
- Due to Covid, the performance was very good against the long-term placements piece. Fewer placements than in a normal year were being made, and the Partnership had challenged itself to drop from 12 placements per month to 9.6 placements.
- Each local authority was required to complete a narrative plan.
- It was noted that Housing would become more involved in the discharge process.
- Councillor Hare questioned how it was ensured that patients were being discharged at the right time. Lewis Willing referred to the targets of keeping people in hospital no longer than 14 and 21 days so that they did not become 'stranded' or 'super stranded' in hospital, and the target that people were still at home 91 days after having been released from hospital. The Reablement team helped people to stay independent in the community.

- Councillor Hare noted that the 91 day target was the 'Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services'. He commented that sometimes those under 65 also required additional support to recover. Lewis Willing stated that the Better Care Fund was aimed primarily at supporting older people but people of all ages would be supported as required. Colleagues in Adult Social Care had regular discussions with the Royal Berkshire Hospital to ensure that discharge was being undertaken correctly.
- Katie Summers emphasised that there were several meetings a week to review those individuals who were classed as medically fit for discharge. The UEC Board also actively monitored readmissions rates to understand and respond to any issues identified.
- Katie Summers thanked Lewis Willing for the hard work that he had put into designing the Plan at short notice.
- The guidance suggested a need to have a focus on Covid recovery in the 2022/23 plans.
- Martin Sloan, Assistant Director Adult Social Care Transformation, and Integration, emphasised that the Royal Berkshire hospital regularly checked their readmission rates for 'failed discharges.' In addition, the social work team, whenever they were supporting a discharge and the person was readmitted, would log this with RBH. RBH would then review the patient to ascertain the learning required to reduce readmissions.
- Dr Milligan commented that Dr James Kent was undertaking a piece of work around early discharge. During Covid there was a big push to discharge patients as quickly as possible, but this had not always been possible if there had not been enough carers in the community. When people were released from hospital even one or two days early, they might require double up care, which was sometimes difficult to find. Even though the national team were requiring specific standards, consideration had to be given at a local level to ensure that residents received the best outcomes and that the care they required was available.

**RESOLVED:** That the presentation on the Wokingham Integrated Partnership (WIP) Better Care Fund Annual Plan 2021/22 be noted.

### **30. DEVELOPING OUR INTEGRATED CARE SYSTEM DISCUSSION WITH WOKINGHAM BOROUGH WELLBEING BOARD PRESENTATION**

This item was considered as the final item on the agenda. A 15-minute adjournment was held to enable presenters to be able to attend the meeting virtually.

The Board received a presentation on Developing our Integrated Care System (ICS) from Catherine Mountford, Director of Governance at Oxfordshire CCG and governance development lead for BOB ICS.

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

- Conversations around the development of the ICS were still at early stages. The input of all partners into the development was sought.
- The change in structure was based on the Health and Social Care Bill which was progressing through parliament. Amendments were being proposed at the various stages, so the final position was not yet fully known.
- Statutory status had been put back from 1 April 2022 to 1 July 2022. However, the System would take 12-18 months to evolve and to be fully functioning.

- The forthcoming structure had been built on several years of discussion from the NHS Long Term Plan and the commitment to needing to work more in collaboration and with integrated services.
- The four goals of the ICS were:
  - improve outcomes in population health and healthcare;
  - tackle inequalities in outcomes, experience, and access;
  - enhance productivity and value for money;
  - help the NHS support broader social and economic development
- Catherine Mountford outlined some of the key terminology:
  - Integrated Care System (ICS) – the whole System across Berkshire West, Buckinghamshire and Oxfordshire, including local authorities, provider Trusts, Healthwatches, practices and the Primary Care Networks.
  - Integrated Care Partnership (ICP) – joint committee with local authority partners.
  - Integrated Care Board (ICB) – NHS statutory body within the System.
  - Place Based Partnerships – local working though partnerships based at a Place level.
- From July 2022, the CCGs would no longer exist, and the CCG staff would TUPE across into the ICB.
- The System was made up of three Places (Buckinghamshire, Oxfordshire and Berkshire West). Unlike some other South East ICS' there was not a single point of focus.
- The overall System would create strategy and delegation, whilst most care would continue to be managed and delivered at Place level. Place would manage pooled budgets and deliver on Urgent and Emergency Care (UEC), Long Term Conditions (LTC) and integrated care. Localities would deliver on inequalities. Consideration would need to be given on how Provider collaboratives would deliver services beyond a specific Place.
- The NHS wanted to work with partners to evolve the System and Place, and to discuss where it would add most value for integration and delivery to be at a local level and where it would best add value to work at a wider System level.
- The Unified Executive in Berkshire West already brought together partners who were delivering on integrated care. This would evolve in to the Place Based Partnership for the ICS, and could be a subcommittee of the ICB, meaning that authority and autonomy could be delegated to that committee, enabling it to take many of the decisions that were currently in the CCG's remit.
- The ICB Place teams would support the Place Based Partnerships.
- The Board noted a high-level overview of the parallels between Place working and System working. The Health and Wellbeing Boards in the Places would link into the ICP at System level, and the Place Based Partnerships would link into the ICB. In Place there would be scrutiny via the established Overview and Scrutiny Committees and where appropriate the joint Overview and Scrutiny Committee.
- The Board noted the minimum ICB membership as set out in the Bill (membership of 10).
  - 1 x Chair – (designate) Javed Khan
  - 2 x Independent Non-Executive Directors
  - 1 x Chief Executive of Integrated Care Board – (designate) Dr James Kent
  - 3 x Partner Members – brings sector expertise
  - 1 x Local Authority Officer (from authority which delivers social care)
  - 1 x Primary Care
  - 1 x NHS Provider
  - 1 x Finance Director

- 1 x Medical Director
- 1 x Nursing Director
- Helen Watson commented that in other areas of the country, separate Boards were being established to ensure that children and young people's needs were central. She questioned whether something similar had been considered for BOB. Catherine Mountford commented that there may be separate Children's Boards at Place level.
- Tracy Daszkiewicz, Director Public Health, asked whether it was likely to be a partnership of equals. Catherine Mountford commented that the ICS and all the elements within it would be a partnership. The ICB would be a statutory NHS body but would be set up in a different way. Having partnership members on the Board would broaden and strengthen discussion.
- Tracy Daszkiewicz went on to ask about the position of prevention, particularly primary, secondary, and tertiary prevention, and the influence and role of Public Health in that. With regards to Place, the focus on prevention and reducing health inequalities was where joint working needed to be strengthened with local authority partners to drive and deliver. Further consideration needed to be given to ways of working.
- In response to a question from Councillor Cunnington, Catherine Mountford explained her role within the establishment of the ICS.
- Councillor Cunnington questioned why there was only one local authority representative on the ICB, and how the voice of Wokingham residents would be heard. Catherine Mountford emphasised that the representatives would come with sector expertise rather than be representatives of a particular local authority. She emphasised the importance of Place. The ICB would have the ability to delegate to Place level and work with the three Berkshire West local authorities to ensure that the different population needs were met. In terms of the Board membership, conversations would need to be ongoing around maintaining a balanced membership between partner members, Executives and Non-Executives sectors' geographies, without the ICB becoming too large and unwieldy.
- Councillor Cunnington questioned whether there would be any change to Wokingham's Better Care governance, which had been very successful, and was informed that pooled budgets would likely be governed and run locally, as they were now.
- Councillor Hare expressed concern that local issues would be lost. He emphasised that West Berkshire and Reading had different outcomes to Wokingham, yet they were considered one Place. Catherine Mountford commented that there was a need to work at the appropriate geographical level.
- Nick Fellows, Voluntary Sector asked how the Voluntary Sector could get more integrated into the planning, have its voice heard, and bring to bear what it had to offer. Catherine Mountford emphasised that she would expect broad Voluntary Sector input into the ICP. There would be a workshop with the Voluntary and Community Alliance about working with the Voluntary Sector.
- Councillor Margetts referred to an issue with a particular surgery in the Borough. He questioned how Wokingham could ensure that local issues were addressed. A Place Director would cover the whole of Berkshire West. Catherine Mountford agreed to take this question around operational delivery back for a response.
- Councillor Margetts commented that the forthcoming structure was a big change and a lot of effort had obviously gone into the planning. He sought a commitment that ICS members would come to the Wellbeing Board in future for constructive discussions, to ensure the needs of Wokingham residents were represented. Catherine Mountford agreed that they would. The ICS would be actively reviewing

the way in which it was set up. As a new organisation, not everything would be right immediately.

- Councillor Halsall believed the new structure was remote, and that authority would appear to be taken away from local authorities. Catherine Mountford commented that what made sense to be commissioned at a local level would not be taken away to a higher level.
- Councillor Halsall commented that he was alarmed at the development of the new structure. Wokingham had had considerable success with integration, locally and he was concerned that this positive momentum would be curtailed. He went on to comment that he had not had any contact with the Chief Executive Designate. Councillor Halsall was of the view that there should be representation from each of the five local authorities on the ICB. Catherine Mountford emphasised that the ICS was still under development. Dr James Kent, Chief Executive Designate of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System, stated that they were trying to design a system which was based on parameters set out in legislation going currently through Parliament, and with a set of guidance on how to do that. He reiterated that the aim was to create Place Based Partnerships which would have most of the delegated funding. There was some flex into how these Place Based Partnerships were arranged, so a dialogue on good representation across all the local authorities in Berkshire West and how this would work, and how these partnerships would be given oversight by the Wellbeing Boards, would need to take place.
- With regards to the single local authority partner member on the ICB, Dr Kent emphasised that they were effectively a Non-Executive Director on the Board with expertise in that particular subject area, rather than representing a particular local authority. This was the same for the Primary Care and NHS Provider representatives. Dr Kent indicated that he understood concerns, but the intention was to build the system within the statute and the guidance, but also within each Place, to create a partnership that could take the majority of decisions over funding.
- Councillor Halsall stated that statute listed a minimum representation but not a maximum. Dr Kent stressed the need for an effective and manageable Board. If the Board increased in one area it would come under pressure to increase in other areas.
- Councillor Halsall sought assurance that GP disparity locally, was being addressed. Dr Kent explained that primary care were independent contractors operating through a GMS contract, a national contract negotiated through NHS England and the BMA. He indicated that he was happy to go through any issues identified with practices in Wokingham. With regards to the specific practice, they had been given additional funding via the Winter Access Fund, to try and make improvements. The Local Medical Council could also be contacted.

Councillor Margetts provided the following statement:

Thank you for your update. I wanted to read out a statement to record formally the view of the Wokingham Borough Council and the Health and Wellbeing Board with regards to the ICS and its formation. I have consulted key members of the Health and Wellbeing Board who deal with healthcare and Opposition politicians, and all are agreed on these comments.

We acknowledge the change in the NHS structure is a national directive and not up for negotiation, however we wish to state our concerns that the new structure as proposed is flawed, and we have concerns that the voice of the residents of Wokingham via

representation in the Health and Wellbeing Board, Wokingham Borough Council, and local GP Practices, will be diminished or silenced.

Our understanding of the Central Government legislation, which has been confirmed tonight by Catherine, is that as much as possible in terms of healthcare should be passed to 'Place' to ensure that decisions are made locally.

The three local authorities in Berkshire West 'Place' have some specific different population needs. They reflect the way communities are organised and are the boundaries within which social care are delivered, and therefore we believe that 'Place' would be better defined along local authority boundaries so that concerns on any particular subject within one local authority are not compromised by the specific needs of another.

On this Board our role is to represent the best interests of our Wokingham residents and we believe that they would be much better served by closer integration of health and social care within a Wokingham footprint.

We have an active Health and Wellbeing Board and Integration Board which works effectively. It is our belief that these structures should coordinate directly with the future Place representative of the ICB and should represent the views of the Wokingham community. We believe that these structures should be strengthened and developed rather than eroded by 'integration' across the Berkshire West footprint.

We have concerns, which have been expressed tonight, about the lack of representation for the local authority and local primary care within the ICB structures, resulting in a lack of local voices in the decision-making areas. Another point which has been touched on tonight - We note that one Chief Executive from one of the five authorities will sit on the ICP Board. I note the comments that you both made about this being a NED, but they will be in a position where they will be asked to give advice and opinions on things happening in the area, and we cannot understand how for example, the leader of Oxfordshire Council, can have any knowledge of Wokingham, West Berkshire, Buckinghamshire issues. We fear that this will lead to decisions being made with no accountability and minimal local voice, which in the end results in poor outcomes for our residents.

We note the intended recruitment of a Place Director for Berkshire West. Our concern is that they will have a Berkshire West view and will not understand the requirement to allow innovation within the Wokingham footprint to support our population with their needs, which may be and will be different from those in other parts of Berkshire West. This candidate should therefore be proactive in understanding the needs of the population of the Wokingham locality, and working with us to push them forwards.

We regret that we have to make this kind of statement, as we wish to have a constructive relationship with, and work in partnership with the NHS. However, we do believe that the current approach is flawed. Wokingham health and social care have always tried to work collaboratively and successfully with local NHS providers and Wokingham Borough Council. The Covid pandemic accelerated some of this joined up approach, and we do not wish to see this eroded with the lack of the strong Wokingham voice in the ICB.

We wish to formally record that this is our view that Wokingham should have its own Place based partnership in the new structure. Our motivation is not to cause unnecessary arguments or conflicts but simply to seek the the best health care possible for our residents, and we would ask that the ICS and the CCG listen to our comments, respond to

our concerns, and adopt the plan to reflect our wishes. We would be happy to engage in constructive discussions to try and move this forwards.

**RESOLVED:** That the presentation on developing our Integrated Care System, be noted.

**31. REFRESH OF THE BERKSHIRE WEST LOCAL TRANSFORMATION PLAN, IMPROVING THE RESPONSE TO CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING AND MENTAL HEALTH**

Nikki Cartwright, Interim Director of Joint Commissioning, NHS Berkshire West CCG, presented the refresh of the Berkshire West Local Transformation Plan, improving the response to Children and Young People's Emotional Wellbeing and Mental Health.

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

- The refresh had been published in September 2021. The document built on the 2019 plan and provided an update on what had been achieved so far; local need, trends and the voice of children and young people and the parent/carer; the commitment to understand that further work was required; and resources required.
- The goal overall was to reduce the number of children and young people and their families whose needs escalate and require specialist intervention, a crisis response, or an inpatient admission.
- The Transformation Plan had been refreshed in line with the requirements of the NHS 10 year Long Term Plan.
- Nikki Cartwright outlined what the successful delivery of the plan would look like, including that good emotional health and wellbeing would be promoted from the earliest age and that poor mental health was prevented wherever possible, and that children and young people were as emotionally resilient as possible.
- The Board noted the refreshed transformational priorities, including building a formal delivery partnership arrangement, and tackling waiting lists in both specialist and core CAMHS.
- During Covid an increase in eating disorders had been seen, which put pressure on services.
- Two further Mental Health Support Teams were being mobilised.
- The Board noted the project updates.
- Councillor Margetts requested that the presentation slides be circulated to the Board.
- Matt Pope, Director of Adult Services, commented that children and young people's emotional health and wellbeing was one of the priorities within the Strategy into Action Wellbeing Plan and that there was an action plan and governance attached to this. He questioned how the action plans and governances were working together or whether further discussion was required on the matter.
- Helen Watson indicated that the Children and Young People's Partnership would welcome the presentation. She welcomed the breadth and depth of the work undertaken. Helen Watson went on to question whether the Transformation Plan would have sufficient coverage to tackle the increased demand resulting from Covid. Nikki Cartwright stated, along with the local authorities, increased capacity had been put in place around Kooth and eating disorders. There was an eating disorders recovery plan in place which did address the impact of Covid. She emphasised the need for continued monitoring and partnership working.

**RESOLVED:** That the refresh of the Berkshire West Local Transformation Plan, improving the response to Children and Young People’s Emotional Wellbeing and Mental Health, be noted.

### **32. ICP UNIFIED EXECUTIVE**

The Board received the ICP Unified Executive report.

During the discussion of this the following points were made:

- The ICP Unified Executive had met that day. However, the Chair’s report contained within the agenda had been carried over from December’s meeting.
- Matt Pope highlighted the ICP priorities for 2022/23. A lot of work had been undertaken to align those priorities across Berkshire West with priorities in the Strategy into Action Plan and the Wokingham Integrated Partnership.

**RESOLVED:** That the ICP Unified Executive report be noted.

### **33. FORWARD PROGRAMME**

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

**RESOLVED:** That the forward programme for the remainder of the municipal year be noted.