

**HEALTH AND WELLBEING BOARD
7 DECEMBER 2023
2.00 - 3.47 PM**



Present:

Councillor Megan Wright, Bracknell Forest Council (Chair)
Nicola Airey, NHS Frimley ICB (Vice-Chair)
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)

Apologies for absence were received from:

Alex Gild
Sonia Johnson
Councillor Michael Karim
Melanie O'Rourke
David Radbourne

Also Present:

Louise Noble, Service Director, Children, Families and All-Age Services, Berkshire
Healthcare Foundation Trust (Minute 22 to 27)
Tessa Lindfield, Director of Public Health – Berkshire East (Minute 29)
Rebecca Willans, Consultant in Public Health (Minute 29)

22. Declarations of Interest

There were no Declarations of Interest.

23. Urgent Items of Business

There were no Urgent Items of Business.

24. Minutes from Previous Meeting

The minutes of the meeting held on 6 September 2023 were approved as a correct record.

25. Matters Arising

There were no matters arising.

26. Public Participation

There were no submissions for Public Participation.

27. Health & Wellbeing Strategy Update

Heema Shukla presented the Health and Wellbeing Strategy update.

A new oversight group had been put in place to improve the governance structures reporting to the Health and Wellbeing Board and Place Committee, including leads from each organisation. The group also discussed how to further improve the dashboard, and a new dashboard included key outputs on each task with a lead organisation and RAG rating. A further document detailing the baseline and trajectory for improvement on each task was in development.

The dashboard demonstrated that most actions were on track, however 6 had been delayed and 2 had not yet been started due to insight gathering work in the background.

In response to questions, the following points were noted:

- Public Health colleagues had been working with Licensing and Environmental Health officers on single-use vaping, and had been engaging with young people and schools on messaging around the health risks of using vapes. A further update on this work was requested at a future Board meeting. **(Action: Heema Shukla)**
- The East Berkshire Health Protection forum had been set up successfully but had not yet been receiving the relevant information required due to delays in the data sharing agreement. Nicola Airey agreed to update at the next Board meeting on the transfer process. **(Action: Nicola Airey)**
- The Board requested further detail on Priority 5 Action 48 around rates of obesity. It was commented that there was lots of partnership work ongoing with the Healthy Weights programme. The oversight group was working on population weight management and the wider determinants of this.

With the proviso that the Board would be provided with further quantifiable outcome measures to demonstrate impact of work in a suitable timeframe, it was **RESOLVED** that

- 1 The amended governance structure for the HWB strategy delivery with the establishment of a joint oversight group be approved
- 2 The draft dashboard for monitoring the progress of the delivery of the strategy by the HWB Board be approved
- 3 The progress against the actions as set out in the dashboard be noted

CAMHS presentation

Louise Noble, Service Director, Children, Families and All-Age Services at Berkshire Healthcare Foundation Trust presented an update on CAMHS in the context of the Health and Wellbeing Strategy.

The Board noted the NHS England definitions on what access and waiting times for CAMHS services should look like.

Louise presented some CAMHS data on an ICB level including waiting time for contact, definitions of assessment and treatment. The data was divided between mental health and neurodiversity referrals, which indicated a rise in assessments for potential neurodiversity but a plateau in mental health service referrals.

It was noted that there was a lot of quality improvement and transformation work ongoing within CAMHS, including a pilot in Royal Borough of Windsor and Maidenhead on alternative referral processes and supporting young people through other services before they reached crisis. The CAMHS website and referral process had also been reviewed, to signpost people to appropriate help earlier in the process.

It was noted that 75% of presentations at acute units had been the young person's first contact with CAMHS, and the vast majority of these young people did not present with a diagnosable mental health disorder. CAMHS were investigating how these young people could be supported at an earlier point.

CAMHS were undertaking some research together with the University of Reading on a number of projects, including improving safety for young people and models of care for young people who required intensive support.

In response to questions, the following points were noted:

- Referrals for mental health services did appear to be plateauing despite numbers of front door contacts continuing to increase dramatically. The Board requested this data to be broken down on the basis of Frimley Park and each Local Authority area. **(Action: Louise Noble/Heema Shukla)**
- The pilot with RBWM had been put in place to address the high numbers of young people coming through the BHFT frontdoor who were presenting with needs which could be supported by Mental Health Support Teams in schools, by the GEMs service or by universal counselling or youth work. The pilot project with RBWM had triaged referrals through the frontdoor to the appropriate service within 24 hours, and had found that the vast majority of referrals could be supported through early help services. The pilot had also found that the Local Authority front door triage process had meant that young people had received help more quickly than they did if they came through the CAMHS front door. CAMHS had been working with local authority colleagues to improve the information about referral processes on all agencies' websites. It was commented that this pilot may be rolled out to Bracknell Forest in the future.
- Berkshire Health Foundation Trust had been increasing their own research portfolio for CAMHS in recent years, and it was likely that collaborative work would be undertaken with Bracknell Forest partners particularly on tackling equality and diversity issues.
- Board members commented on a lack of visibility at a Bracknell Forest footprint level and while it was recognised that the locality level data may not be not meaningful from a Berkshire perspective, it was very important for Bracknell Forest Council staff to be able to monitor the impact of all services on residents and for planning purposes. It was also important that regulators could see this data on a local authority basis when they visited.

It was important for Bracknell Forest to have datasets and mapping for areas of the borough where the risk is higher, in a similar way to that which had been presented at previous Board meetings for adults' services.

28. **Bracknell Forest Partnership Plans**

Nicola Airey and Grainne Siggins presented the Health and Care Plan and the Children and Young People's Plan.

Health and Care Plan

The Health and Care Plan was the first joint two-year plan across Bracknell Forest and the Frimley ICB, which documented the priority areas the partnership was committed to working on together. It was commented that clarity on the priorities would become increasingly important as other partners were brought in to support the plans. The Plan aligned with all the other relevant strategic plans including the Council Plan, the ICB Strategy and the Health and Wellbeing Strategy. The Health and Care Plan would change and adapt as these overarching plans were changed over time.

Children and Young People's Plan

The Children and Young People's Partnership was a formal subgroup of this Board, and some of the Health and Wellbeing Board priorities had been reflected through the Children and Young People's Plan. The previous plan had finished in 2022, and the new version had been created to include ambition for care leavers and to address health inequalities.

The Plan had been widely consulted on with various stakeholder groups. The Partnership Board received regular updates on the SEND improvement plan.

In response to questions, the following points were noted:

- With regard to the Core20PLUS5 approach, the ICS had introduced two plus areas to cover carers and individuals with learning difficulties. The plus areas would aim to reduce inequalities for people with additional needs to access services. This work would include deep dive into deprivation areas and individuals in Bracknell Forest who were carers and those who had learning difficulties.
- The Integrated Carers strategy had been presented to the Council's Executive in September 2023 and was now out for consultation, and it was explained that this strategy brought together Health and Care services which were sometimes seen as separate services.
- While Bracknell Forest was not in the bottom percentages of the index of multiple deprivations, the distinct characteristics of Bracknell Forest as a population. It was suggested that income deprivation should be monitored through the data, as it was likely that people with income deprivation were more likely to fall into the five disease groups.
- Board members requested that both the Health and Care Plan and the Children and Young People's Plan should be designed as accessible documents. **(Action: Nicola/Grainne)**
- Board members were pleased to recognise that both plans complement the Health and Wellbeing Strategy well.

29. **Sexual Reproductive Health Needs Assessment**

Rebecca Willans, Consultant in Public Health presented the Sexual and Reproductive Health Needs Assessment findings.

The Board noted the national context around sexual and reproductive health. Benchmarking for Bracknell Forest indicated that chlamydia testing for young women aged 15 to 24 was below the benchmark, screening of young people was below the national average, and the HIV diagnosis rate was below the national benchmark of having 25% of new HIV diagnoses diagnosed late.

The current Sexual and Reproductive Health service was delivered by Berkshire Healthcare Foundation Trust and this contract had been renewed to June 2026. A Health Needs Assessment had been conducted to inform the service specification of the new contract.

Rebecca presented the Health Needs Assessment and highlighted the following findings:

- Regarding contraception, the main finding was that ethnicity was the main population characteristic which most affected women's access to services, and uptake amongst Asian women was much lower overall. It was critical to ensure that women who wanted to access contraception felt able to do so.

- Regarding reproductive health outcomes, it was disproportionately more likely that Black and Black/British women would have a termination. It would be important to understand the pre-conception care offer to women from Ethnic Minority populations.
- Regarding long-acting reversible contraception (LARC), the majority of GPs in Bracknell Forest offered the service but the total percentage of those accessing the service was lower than in areas with a similar deprivation index.
- The Health Needs Assessment had explored the Specialist Reproductive Health clinic sites, and had found a significant increase in online sexual health care since the COVID pandemic which offered STI testing, and an increase in those accessing the clinic in Slough. It was suspected that this might be because those who needed to be seen in person were in need of Tier 3 services which were only offered in Slough. It was noted that the current online offer only provided online STI test kits, but may in future provide contraception.
- Regarding STI test rates, Bracknell Forest had seen a gradual increase in STI testing rates but had not got back to pre-COVID rates. The percentage of people testing positive was broadly in line with those accessing STI testing.
- Regarding HIV, it had been found that of people living with HIV in Bracknell Forest, 62% were male, 90% were White or Black African. Of those who were white and living with HIV, 89% were men, and of those who were black African and living with HIV, 77% were female. There were queries whether access to **PrEP** (pre-exposure prophylaxis) was equal across demographic groups as 90% of prescriptions across Berkshire were for gay or bisexual men.

Rebecca explained that the priority areas for development going forward would be:

- the digital sexual and reproductive health offer
- sexual and reproductive health promotion for young people, people who were neurodiverse, ethnic minorities, refugees and asylum seekers
- developing an engagement strategy
- developing a local sexual and reproductive health network
- greater focus on women's health and pre-conception care
- HIV prevention.

Arising from questions, the following points were noted:

- The Skimped Hill Sexual Health clinic was open for two days a week on limited hours. The service specification for the new Sexual and Reproductive Health service had asked specialist providers to explore suitable opening days and times to ensure service users could get access when and where they wanted it. A digital offer would also be explored.
- Sexual Health clinic staff were well trained in signs of exploitation and safeguarding issues.
- There was a broad pattern of lower uptake of Sexual and Reproductive Health services amongst Asian women, however this data and the reasons behind this trend needed further exploration.
- The data needed further interrogation to understand the decline in numbers accessing services at Skimped Hill and in Reading, but it could be that these service users were accessing online services instead.
- To investigate the inequalities around accessing Sexual and Reproductive Health services, Public Health colleagues had worked with young people, the British Pregnancy Advisory Service and the Frimley Park Maternity Voices Partnership to explore national themes. Reproductive autonomy had not come through as a theme from the consulted groups, and there had been more

reference to beliefs around contraception. Further work and engagement with specific groups around issues including contraception was planned.

30. **Safeguarding Board Annual Report**

Brian Boxall, Chair of the Bracknell Forest Safeguarding Board presented the Safeguarding Board Annual Report.

The Safeguarding Board arrangement was working well with a good engagement from a number of partners. A peer review in 2022 had confirmed that the joint adult and children's Safeguarding Board was working well. The recent Ofsted on Children's Services had received good feedback on partnership working.

Brian commented that the main problem across services was the pressure on finance, staffing and recruitment which was now affecting all agencies.

The Board were working on a number of learning points arising from reviews. Brian agreed to take back the advice on accessibility of the annual report for future years' reports.

Brian thanked all partners for the work they have done for the Safeguarding Board, and the Business Team for their continued work to support the Board.

It was noted that it was important for the various partnership Boards such as this Board, the Safeguarding Board and the Community Safety Partnership to continue to work together to reduce duplication of work across the structure.

Arising from discussion, the following points were noted:

- Primary and Secondary headteachers were included in the Safeguarding Board structure to represent education colleagues, and Grainne Siggins, Executive Director: People represented Education at the Board level.
- It was noted that some partners such as Probation and South Central Ambulance Service were under significant and increasing pressure and were sometimes difficult to engage.
- Board members were pleased to see the work of the Child Death Overview Panel reflected in the Safeguarding Board's work and Annual Report, including addressing issues such as safe sleeping, water safety and fabricated and induced illnesses.

31. **Forward Plan**

It was suggested that the Domestic Violence Strategy could be shared at a future Health and Wellbeing Board.

The Board asked Nicola Airey to advise when the right time to update on the new structure for the Integrated Care Board would be. **(Action: Nicola Airey)**

32. **Agency Updates / AOB**

Andrew Hunter directed Board Members to the consultation for the new Frimley Park Hospital at [Frimley Park: New Hospital Project \(ntropydata.co.uk\)](https://www.ntropydata.co.uk)

Nicola Airey advised that the Frimley Integrated Care Board was going through a consultation on their structure going forward, and paperwork had gone out to all key partners. An outcome was expected towards the end of January 2023.

CHAIRMAN