

**HEALTH AND WELLBEING BOARD
7 SEPTEMBER 2022
2.00 - 4.00 PM**



Present:

Councillor Dale Birch (Chair)
Nicola Airey, Frimley CCG
Councillor Dr Gareth Barnard
Philip Bell, Involve
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Stuart Lines, East Berkshire Public Health
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
Dave Phillips, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Timothy Wheadon, Bracknell Forest Council (Chief Executive)

Apologies for absence were received from:

Andrew Hunter
Sonia Johnson

64. Declarations of Interest

There were no declarations of interest.

65. Urgent Items of Business

Election of Vice Chairman:

- Resolved that Nicola Airey be elected for the rest of the municipal year.

66. Minutes from Previous Meeting

The minutes of the meeting held on 7 June 2022 were approved as a correct record.

67. Matters Arising

There were no matters arising.

68. Public Participation

There were no items submitted for public participation.

69. Frimley Update on the ICS and the ICB Process

It was noted that the ICS (Integrated Care System) Strategy was in the process of being refreshed.

The Integrated Care System included health partners, local authorities, and others. ICB was the Integrated Care Board.

It was noted that the strategy was first published in 2019. It was stated that despite the refresh, the strategy was not expected to be changed fundamentally as it was likely that there would be the same outcomes such as improving healthy life and reducing inequalities which would mean that the strategic ambitions would stay the same. It was noted that the strategy would need to be refreshed by December 2022.

It was highlighted for consideration whether there would be any further opportunities for more Section 75 arrangements which would improve relationships.

It was understood that one of the focus points for the strategy over the next few months would be research into the work completed along with the strategic ambitions and questions regarding how they could be enhanced.

It was noted one of the big roles of the ICP was the development of the ICS strategy. It was also mentioned that the ICP would not meet regularly but they would hold meetings when necessary. It was noted that there was an additional requirement for the ICS to share its capital resource plan.

A roadmap of key dates for the ICP was also produced and would be shared. It was noted as of 6 September 2022, the ICP itself had met twice and all the directors of the ICS had been appointed which essentially meant that the leadership team would be in place as of the next week.

In response to questions, the following point had been noted:

- One of the challenges for the board was to ensure that those organisations that were not represented on the board would still be engaged and that information would still flow through to them. It was suggested that two different routes may be used; the first route would be through the borough representative feeding information through the borough get-togethers and the second route would be through Nicola Airey getting briefed from the point of view of an NHS executive.

70. Health & Wellbeing Strategy - Priorities 2, 3 & 4

It was noted that the update was regarding the delivery of the outcomes from the Health and Wellbeing Strategy.

Appendix one showed the number of outcomes provided from the Health and Wellbeing Strategy across the 6 priorities and their collaboration in terms of funding. It was noted that there had been a total of 37 outcomes.

It was noted that the research into how the improvements and outcomes could be delivered had been coproduced by all partners.

It was noted that as seen in many of the outcomes, the first year had focused on establishing the targeted milestones which would help achieve the outcome measures.

In response to questions, the following point had been noted:

- When researching the Health and Wellbeing Strategy, there had been sponsors allocated to each of the priority groups. It was noted that all priority groups had a core group which consisted of partners, who would then report to members of the board.

71. **Healthwatch Review of Access to GP Practices**

It was noted that Healthwatch was used to listen to and obtain the views of the residents to then report back on the findings.

It was noted that the Access to GP Practices Project merged during Covid-19. The reason for this project was many residents found it difficult to access primary care. Due to this, the Healthwatch managers had decided this was a sensitive issue and wanted to create a measured and balanced approach.

It was understood that the team had noticed there was a negative media sentiment and that the GPs were busy with the vaccine programme along with there being a backlog of treatments which was why it was important to recognise a collaboration was essential when understanding the bigger picture.

The Regional Working Group provided support to establish the programme. This included liaising with GPs, Practice Managers, CQC, Reception Staff and more across the Frimley footprint and other Healthwatch's.

It was noted that a practice staff survey had been circulated with 250 responses received. The public facing survey had resulted in several thousand responses with 1,000 responses across East Berkshire and 347 responses from Bracknell Forest.

The main issues found were the following:

- Long telephone queues as there had been a large amount of feedback received regarding the time it took to speak to the surgeries as well as the availability of consultations.
- There had also been mixed responses regarding telephone consultations as some members stated they preferred consultations over the phone because it was quick and efficient whereas others stated they preferred a face-to-face approach.
- Regarding the online services, some members preferred the convenience of accessing the services online. However, others preferred the personal approach along with digital inclusion being a factor.
- It was noted there was an issue with triaging as many patients were not aware of the term triaging.

Regarding the frontline staff, there had been 112 staff members who had responded, and they stated that patients should be aware of the following:

- GP practices were pressured and overwhelmed.
- It would be easier to try alternative routes before contacting the surgeries such as contacting pharmacies and 111.
- Be prepared to give a clear description of symptoms over the phone.
- How triage works which meant knowing that receptionists would ask questions.
- Booking appointments online and over telephones and the time it could take.
- Behaviour towards staff.

Based on information gathered, the patients' recommendations were:

- New phone systems or increase the number of call handlers to take the number of incoming calls.
- Phones that would have access to a third person in the consultation.
- Dedicated phonenumber for diabetic nurses in the surgeries.
- Dedicated line for registered carers.

- Continue to review pre-recorded messages.
- Implement phone queue systems as not all surgeries had this.
- Staggered lunch time breaks so staff members of the surgery would be always available.
- Research into the efficiency of call handling to prevent queues in the future.
- Appointments in consultations – more specific timeslots such as an hour window instead of stating morning or afternoon.
- Patients being offered the choice of whether they would prefer a face-to-face meeting.
- Alternative methods to cancelling appointments rather than calling.
- Review the online forms as most questions were repetitive.
- Communication – inform patients as soon as possible about changes to practice staff and more.

The full report had been published in July 2022. Different reports had been collated from Healthwatch. After collecting the information from the patients and staff, a communication toolkit would be created to support the GP practices.

Healthwatch had also reviewed all the Frimley websites as well as contacting all the contact numbers provided. The recommendations based on their research were:

- Telephone messages could be more welcoming and shorter.
- Websites would need a standardised template as they were all very different, and some websites were difficult to navigate.
- Websites needed to explain the importance of triaging.

It was noted that the local NHS managers had decided to implement the following to support patients:

- 8,854 additional appointments added for urgent care practitioners had been made across Bracknell Forest as well as providing home visits.
- Additional GP nurse capacity during the weekends.
- Enhanced care and prevention.
- Additional 1,825 appointments for high-risk patients who had not been able to be seen in primary care in the past six months.
- Health checks for anxiety and depression in young adults.
- Improving uptake of surgical screening.
- Develop communication with the public.
- Develop wellbeing and self-care booklets.

Further information could be found in the report.

It was noted that the next review would be taking a look at dentistry.

72. **Better Care Fund End of Year Report 2021/22**

It was noted the first paper was to bring to the attention of the board, the 2021/22 end of year report for the Better Care Fund. The recommendation was for the Health and Wellbeing Board to approve the report as it had already been signed off by the Executive Director: People.

It was noted that in 2021/22, there had been a requirement to report against five metrics and the first one was avoidable admissions at the time of reporting as there was no available data. However, it was understood that the target of 630 had been achieved with a measure of 583 avoidable admissions. For 2022/23, there were

targets of 9.4% for 14 days and 4.5% length of stay for 21 days or more. This target had not been met for Bracknell along with many other regions. The figures achieved were 10.5% for 14 days and 5.6% for length of stays. It was understood that the reason was due to staff absence due to Covid-19 and additional complexity of cases.

It was noted that key successes that were attributed to driving the enablers for integration was the opening of the new Heathlands Intermediate Care Service which allowed for a step up, step down facility where the therapist from the Bracknell ICS would be able to support Heathlands and link in with wider teams to support smooth and timely discharge and flow and the effective partnership working across from the ICS Bracknell Forest Council and Frimley Health Care Foundation Trust to develop and mobilize the integrated care home for dementia, nursing and intermediate care.

It was understood that there had been key challenges which were staff absences due to Covid-19 sickness as well as recruitment to vacant posts across the workforce. There had been difficulty in recruiting in reach Matron role as well as reablement support workers and therapists along with issues around complex discharge. It was noted there was an increase in complex cases such as delirium and confusion.

In response to questions, the following point had been noted:

- The length of stay would not be recorded. It was noted no rationale had been given behind the metrics. It was understood that it was advised to monitor the metrics but there was no requirement to officially report against those metrics as the metrics were discussed between NHS and ADAS.

It was noted that the report had been signed off and approved.

73. Update of the development of the Better Care Fund Plan 2022/23

It was noted that the plan was in draft form. It was noted that there had been feedback provided from the regional quality assurance process. Based on the feedback, most parts were reasonably comprehensive, and the strong partnership working had additional requirements which would need to be expanded, such as the impact the Better Care Fund had on protected characteristics and highlighting how the aging well forum and better care fund worked well together. It was noted that the high impact change model self-assessment would be due on 30 September 2022 which would be brought into the narrative of the plan.

It was noted that the purpose of the paper was for the Board to note the development of the 2022/23 plan and to feedback any comments along with the board to give delegated authority to the Executive Director: People to sign the Bracknell Forest Plan, which would need to be submitted by the 26 September 2022.

74. Annual Public Health Report

It was noted that the annual public health report was a report that the Directors of Public Health and their predecessors had provided on local areas, for 120 years or more. It was understood that in the Victorian era, annual reports were often used to describe illnesses and symptoms along with issues and challenges that were faced at the time. These would have been issues such as infectious diseases, tuberculosis, or cholera, for example.

It was noted that with the advent of the joint strategic needs assessment, much of the data on various diseases of local areas had been provided through that route. It was

understood that this then enabled the annual public health reports of the Director of Public Health to focus on different areas.

It was understood that the overriding aim of the report was to provide an opportunity to highlight issues and if relevant to local communities, make recommendations to improve overall health and wellbeing.

The decision to focus on climate change was understood to be multifactorial. It was noted that at the time the report was being developed, the climate crisis was in the news and still would be in terms of the cost of living crisis and the energy costs. It was noted that this was also relevant to Bracknell Forest because of the Bracknell Forest Climate Strategy, which had been published earlier.

It was noted that the focus on food was where individuals and organisations could contribute to climate challenges, and so there was a collaboration across all of Berkshire which meant that there were three authorities in the east and three in the West to produce a joint report. It was understood that the purpose of the title of the report, which was helping tackle climate change, one meal at a time was to emphasise the actions created at different levels to contribute to the area. It was noted that there was also relevance to the time in which the report was produced to the recovery from Covid-19 and the ongoing challenge regarding overweight and obesity, particularly in childhood obesity. It was understood that these points had been mentioned within the report.

It was understood that a key aim was to make the report engaging, accessible and relevant. It was noted that this had completed through the use of case studies and videos on local projects. The case studies provided examples of local initiatives being undertaken through various organisations. There was also the stop and think logo which would direct to areas where there would be an increased focus along with prompting areas where individuals and organizations would want to take further action. It was noted that many of the examples used in the report direct ways in which collective action could be undertaken whilst providing useful templates.

It was noted this was a scheme whereby food waste was minimised by ensuring food was donated by supermarkets to support people who may be in need. It was also understood that composting food waste could divert it from landfill.

The document was published annually and may take different forms. The intention going forward would be to have more of an East Berkshire focus which would reflect the new setup of the public health system which had split into east and west areas with directors covering each area where there had previously been a single director covering the whole of Berkshire.

75. **Agency Updates**

It was noted that the pharmaceutical needs assessment (PNA), which was a statutory requirement for the Health and Wellbeing Board, came to the board as a draft. However, a copy had been finalised which would need to be signed off and one of the suggestions was to circulate the PNA to the members of this board. It was requested for all members to view the document, provide any feedback and if members were satisfied with the PNA, then to virtually sign the document.

It was agreed that the document should be circulated and virtually signed by the board members.

CHAIRMAN