

**HEALTH AND WELLBEING BOARD
10 SEPTEMBER 2024
2.00 - 3.46 PM**



Present:

Councillor Megan Wright, Bracknell Forest Council (Chair)
Nicola Airey, NHS Frimley ICB (Vice-Chair)
Philip Bell, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Charlotte Pavitt, Public Health
Dave Phillips, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)

Apologies for absence were received from:

Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Nicholas Durman, Healthwatch Bracknell Forest
Sonia Johnson, Bracknell Forest Council (Children's Social Care)
Councillor Michael Karim, Bracknell Forest Council
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
David Radbourne, South Central Sub Region NHS

Also Present:

Shamarke Esse, Bracknell Forest Council
Alex White, Programme Director Frimley Park
Cain Thomas, Interim Programme Director Frimley Park
Robyn Jarrett, Assistant Director for Engagement, Frimley Park Hospital
Michelle Ross, South East Dental Commissioning Hub
Hayley Edwards, ICB Dentistry Senior Transformation Manager

13. Declarations of Interest

There were no declarations of interest.

14. Urgent Items of Business

There were no urgent items of business.

15. Minutes from Previous Meeting

The minutes of the meeting held on 4 June 2024 were approved as a correct record.

16. Matters Arising

There were no matters arising.

17. Public Participation

There were no submissions of Public Participation.

18. Health & Wellbeing Delivery Strategy - Priority 4 update

Heema Shukla, Interim Director of Public Health presented an update on the Health and Wellbeing Strategy, and a deep-dive into Priority 4: Keep residents safe from infectious disease.

On the wider Health and Wellbeing Strategy, Heema updated the Board that there was good work going on across all priorities, and there were lots of good actions reflected in the dashboard across partner organisations. A key area of focus remained the self-harm prevention toolkit. The Berkshire-wide suicide prevention strategy was progressing well, but it was not clear what the local iteration of a self-harm prevention toolkit would look like.

Board members raised the following points on the Health and Wellbeing Strategy:

- Nicola Airey highlighted that it was World Suicide Prevention Day. It was noted that this year's theme aims to raise awareness about the importance of reducing stigma and encouraging open conversations to prevent suicides. It hopes to create a shift from a culture of silence and a lack of understanding to one of openness, empathy, and support. Nicola offered to share a brief training link (20mins) that had been shared with ICB staff produced by Zero Suicide Alliance (**Action: Nicola Airey**)
- Officers were looking into an interactive tool to assess granular data on eating disorders across the borough.
- Board members queried how the success of mental health schools teams was being measured.
- Following an unsuccessful bid by Youthline to pursue the Happiness Hub work, officers were investigating how mental health support for children could be improved. Ideas included using South Hill Park arts centre or similar to support neurodiverse children.
- Officers sought to achieve equality across all lifestyle services, such as smoking cessation.

Heema continued on to cover a deep-dive into Priority 4: Keeping residents safe from infectious diseases, including pregnancy and newborn immunisations, adult immunisations and screening services. Overall, there was positive assurance for the Board on local immunisation and screening services.

Bracknell Forest was performing well on its pregnancy and newborn programmes compared to national, South East and East Berkshire data. The timeliness of newborn and infant physical examination was the only area of note, and this was improving.

Some adult screening programmes were only just meeting the lower threshold but were still performing better than national standards.

Heema commented that it was important to remember that if cancer screening services caught cancer early by bringing in the at-risk populations, it could reduce the impact of cancer later on.

On childhood immunisations, Heema commented that if 95% of the population were vaccinated, herd immunity would be attained.

There were plans for a new RSV vaccination for 75 to 79 year olds and pregnant women from 1 September 2024, which would be delivered by GP surgeries and maternity services respectively.

Heema commented on the need to focus on flu vaccinations for those with co-morbidities. The flu vaccination rate was low in Bracknell Forest and could be improved.

Work was underway with Frimley ICB to establish how certain communities could be better engaged to reduce vaccination and screening uptake inequalities.

In response to questions, the following points were noted:

- It was commented that working collaboratively would be key in coping with winter pressures. Board members suggested that a plan should be developed to further promote the flu vaccination.
- Officers were looking into gathering GP practice or ward level data to better understand the geographies of take-up on immunisations and screening services. Public Health officers were working with the six largest minority groups in Bracknell Forest to understand their knowledge of various health issues, and to raise awareness of services available to them.
- It was noted that those with learning difficulties also often had a lower take up on cervical and breast screening, and whether this group could be better supported to take up such opportunities.
- Heema commented that text messaging would be key in supporting young people to take up screening services, and that young people should be encouraged to rebook appointments if they were not able to attend.
- It was recognised that in some schools in Berkshire, the uptake of immunisations was so low that herd immunity would not be achieved. Charlotte Pavitt agreed to raise the issue of granular data with the Health Protection Board. **(Action: Charlotte Pavitt)**
- It was commented that assurance from providers should be sought where figures were orange or red in the dashboard that non-attendees were targeted to encourage attendance.
- Public Health officers would participate in the ICB group on health inequalities.
- It was noted that the risk of MPox was low locally, and there was currently no local response required. However, the issue had drawn attention to the public health budget lines and the importance of ensuring health protection contingency for any outbreaks in a sustainable way.

It was therefore **RESOLVED** that

- 1 The Board noted the nature of the joint work with UKHSA, NHSE, ICB and partners to keep residents safe and delegate it to the health protection forum.
- 2 The Board noted the ad-hoc nature of health protection incidents, the reactive response required and ensure system capacity to respond.
- 3 The Board noted the work with the warm, safe and well programme to reduce the impact of cold homes in vulnerable populations.
- 4 The Board noted the performance on screening and immunisation in Bracknell Forest and recommend that the programmes aim to maintain national standards and reduce inequalities in uptake.
- 5 The Board requested a report at lower (GP/neighbourhood/ethnic) level to identify any inequalities in screening and immunisation uptake.
- 6 The Board noted the arrangements for adverse weather planning.

Shamarke Esse, Public Health gave a demonstration of the data dashboard. The dashboard captured outcomes and progress against each of the five Health and Wellbeing Strategy priorities over time.

In response to questions, the following points were noted:

- Shamarke agreed to include a section on actions being undertaken against any indicators which were not on target in a single view. **(Action: Shamarke Esse)**
- Board members celebrated the work and asked if a 'how to use' could be added to the front page.
- While most data would be publicly accessible, some indicators would be kept private. Board members commented that as much data as possible should be published publicly.
- The vision was that partners would be able to use the data proactively to inform their own decision making.

19. **Dental Access paper**

Hayley Edwards, ICB Dentistry Senior Transformation Manager and Michelle Ross, South East Dental Commissioning Hub joined the meeting to update on the role of Frimley ICB in provision of dental services.

The Health and Wellbeing Board had initially asked whether Children Looked After had sufficient access to dental services. The matter had been investigated with key officers from Bracknell Forest Council and was no longer an issue.

Pharmacy, Optometry and Dental (POD) services had passed over from NHS England to ICB remit in July 2023 to give a greater focus on local needs. In the Frimley footprint, attendance at dental appointments was improving since COVID. Dental contracts had a combined budget of £35m. Dentists would sometimes hand back their NHS contracts to only undertake private work. In Frimley, there had only been two hand-backs in four years, and the majority of this activity had been reprocured. Dentist recruitment challenges locally were reflective of the national picture.

The government had launched a national dental recovery plan to focus on increasing capacity, however it was stressed that not all of its elements would apply to Frimley where dental access and recovery is better than some other parts of the country. National schemes to increase capacity included the Golden Hello Scheme which encouraged dentists to join areas of historic recruitment challenges, resilience support packages and a 10% over-performance payment.

The picture of patient access in the Frimley system was improving across the board, including amongst Children Looked After. Work was being undertaken with general dental practitioners to target areas where the need was greatest, including addressing urgent access.

In response to questions, the following points were noted:

- Board members queried how local providers could learn from national programmes to apply any learning in a targeted approach, and what the relationship was between local and national programmes. It was clarified that the small local dental public health team had lots of input into procurement processes. The team were reflecting on the way general dental services were commissioned and were looking for ways to use data to better plan services. Transformation work on dental services across the ICB area was ongoing. It

was agreed that connections between local public health teams and the dental public health team should be strengthened.

- It was challenging to ascertain the number of residents who did not have access to dental treatment, as many people accessed private dental provision.
- Patients were asked to complete a form when they saw their dentist, however this form did not include any questions on risk factors or co-morbidities to undertake preventative work.
- Internal meetings had been held to address issues raised around Children Looked After and children with disabilities accessing dental care. The discussion had shown that the capacity was there for these children, and any issues were due to lower uptake amongst older children 15 and over.
- Work on an oral needs assessment of older adults was going on with the dental team.

20. **New Frimley Park Hospital build**

Cain Thomas, Interim Programme Director for the new Frimley Park Hospital and Robyn Jarrett, Assistant Director of Engagement at Frimley Health presented an update on the site selection progress for the new hospital.

The new government had recently announced a full review of the new national hospital programme, however while the review was underway, priority hospitals with RAAC would continue to be delivered, including Frimley Park.

Around 65% of the hospital building was built with RAAC, which was deteriorating. Since 2019, extensive work had been undertaken to keep the hospital safe for staff and patients to a total cost of £30m by the end of this financial year. High-risk areas such as ICU and operating theatres had already been dealt with, and paediatric wards were being completed in the Autumn. Operational continuity would be ensured while building the new hospital.

The new hospital on the new site would be in excess of 130,000sqm, and would cost over £1 billion to build. The new hospital was required to be ready for 2030. Health colleagues were working to determine the number of inpatient and community beds which would be required to support the new hospital.

The site selection process had begun in Summer 2023 when a land agent had been engaged to look for possible sites. The long list of sites had been appraised, alongside an engagement exercise with staff, patients and the community on what was important to them. The preferred sites were now being assessed against particular criteria, and the key risks and opportunities on each site had been identified. Local planning and highways authorities had been engaged on the preferred sites. The preferred sites remained confidential while existing land use was assessed.

The next steps for the process would be to further develop the equalities impact assessment on each site, and to undertake further ecological and environmental work on the preferred sites.

In response to questions, the following points were noted:

- While an indicative timeline was being followed, it was not possible to confirm how long the site selection process would take.
- The project was currently at the land purchasing stage and not yet considering design for the new hospital.

- While the significant areas of the hospital had been addressed, there remained a significant amount of remedial work to undertake.
- It was clarified that RAAC schemes were exempt from the review being undertaken by the government.

Robyn advised Board members of the engagement work which was being undertaken. Health colleagues were committed to engaging with staff, patients, volunteers and communities and had developed equality and inclusion principles to gather the views of under-represented communities. Healthwatch colleagues were supporting with co-design work and were having conversations with communities with English as Additional Language, patients with additional communication requirements, carers, and service users in deprived areas. All the output of this work would feed into a communications and engagement programme and had fed into the site selection process for the priority sites.

The site selection process had also taken account of the current workforce needs, and several engagement initiatives were underway to encourage staff to have their say on the requirements of a new hospital.

In response to a question, it was noted that a discussion needed to be had about out-of-hospital work, to ensure that the hospital only treated the patients who needed to be there. It was also noted that in addition to Frimley Healthcare Foundation Trust staff, other NHS staff across the system (ICB and providers) had expressed an interest in being more informed about the new hospital build programme.

The Board thanked Cain and Robyn for their presentation.

21. **New Place Governance arrangements**

Nicola Airey and Grainne Siggins presented an update on the Place Governance arrangements.

Following a restructure within the ICB, a review of governance across the Place geography had been undertaken in July 2024.

In Bracknell Forest, officers were grateful that ICB colleagues agreed to retaining a unique governance structure albeit at a reduced capacity. This decision meant the retention of a Bracknell Forest Children and Young People's Board including a Children and Young People's plan, a Place Board and a local Health and Care Strategy. Implications for the Place Committee, and the Health and Wellbeing strategy were being discussed.

Nicola and Grainne offered to provide further update on this at the next Board meeting. **(Action: Nicola / Grainne)**

22. **Healthwatch Annual Report**

This item was deferred to the next agenda as there was no representative from Healthwatch present.

23. **Agency Updates**

Board members were reminded of Self Care Week at the end of October 2024.

CHAIRMAN