



**HEALTH AND WELLBEING BOARD**  
**8 JUNE 2021**  
**2.00 - 3.38 PM**

**Present:**

Fiona Slevin-Brown, Frimley Clinical Commissioning Group (Vice-Chairman, in the Chair)  
Councillor Dr Gareth Barnard  
Philip Bell, Involve  
Alex Gild, Berkshire Healthcare NHS Foundation Trust  
Jane Hogg, Frimley Health NHS Foundation Trust  
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)  
Sonia Johnson, Bracknell Forest Council (Children's Social Care)  
Dr Martin Kittel, Primary Care Networks  
Rafal Nowotynski, Healthwatch  
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)  
Charlotte Pavitt, Bracknell Forest Council (Public Health)  
Jonathan Picken, Bracknell Forest Safeguarding Board  
Grainne Siggins, Bracknell Forest Council (People)  
Heema Shukla, Bracknell Forest Council (Public Health)  
Timothy Wheaton, Bracknell Forest Council

**Apologies for absence were received from:**

Councillor Dale Birch

**Also Present:**

Sam Morrison, Bracknell Forest Council (Commissioning)

**1. Election of Chairman**

**RESOLVED** that Councillor Birch be elected Chairman of the Health and Wellbeing Board for the municipal year 2021/22.

**2. Appointment of Vice-Chairman**

**RESOLVED** that Fiona Slevin-Brown be elected Vice-Chairman of the Health and Wellbeing Board for the municipal year 2021/22.

**3. Declarations of Interest**

There were no declarations of interest.

**4. Urgent Items of Business**

There were no urgent items of business.

**5. Minutes from Previous Meeting**

The minutes of the meeting held on 25 February 2021 were approved as a correct record.

**6. Matters Arising**

There were no matters arising on the minutes.

## 7. **Public Participation**

There were no items of public participation.

## 8. **Better Care Fund 2021/22**

Board members considered the Better Care Fund Year End Report 2021/22.

The Better Care Fund had to be approved annually, on a formal structure. Partners recognised that the Fund had presented opportunities to accelerate joint working locally. Some work through the Fund had been put on hold for COVID, and much of the budget planning had been rolled over from the previous financial year.

Officers had continued to monitor key metrics locally, which had indicated good performance across non-elective admissions, permanent admissions to residential homes and effectiveness of reablement. Work on the delayed transfer of care had been paused during COVID.

There had been lots of work done on discharge to assess provision, and the joint work had been supported by the hospital discharge fund. The additional hospital discharge funding for the first 6 weeks post-discharge would continue until the end of June 2021, and funding for up to 4 weeks post-discharge would continue until September 2021.

Locality Access Points had been a focus of the past year under the Better Care Fund.

The priorities going forward would be based on national guidance which was not yet available. Sam commented that Board members would be informed of the future priorities as pertinent guidance was released.

Sam commented that the High Impact Change Model was continuing, and a new Better Care Fund Delivery Board had been established to look at new opportunities.

Having considered the matter, it was **RECOMMENDED** that the Chief Executive:

- 1 approve the Year End Report for the Bracknell Forest Better Care Fund 2020/21.
- 2 note the emerging priorities for the 2021/22 Better Care Fund.

## 9. **Voluntary Sector Investment**

Melanie O'Rourke, Assistant Director: Adult Social Care presented the proposed Voluntary Sector Investment.

Bracknell Forest Council would be investing £250k as a one-off payment into the Voluntary and Community Sector to support mental health and wellbeing. It was clarified that this payment would not replace statutory services but aimed to address issues arising from the Resident Survey and the Overview & Scrutiny Panel on Social Isolation and Loneliness.

Involve would be administering the fund on behalf of the Council, and would be allocating grants of up to £5k and £20k for groups to reinvest in the community, or to

start new support groups. £35k of the fund had been allocated to Involve to fund the administration and management of the grant.

It was noted that the bidding process would be held on a monthly basis, and all the money needed to be spent by the end of the financial year.

Arising from discussion, the following points were noted:

- Board members supported the work, and commented that it would be useful to get feedback about the type of applications being submitted.
- The Health and Wellbeing Board would be kept informed of the work through regular reporting.
- The mapping of existing groups would make progress on work already done. It was acknowledged that while the Council and Involve had a good awareness of the voluntary and community sector groups in the area, there may be some which were not yet known to services.
- The fund aimed to support older children to adults.
- Board members recognised the excellent voluntary and community sector groups already in existence in Bracknell Forest.
- While the fund and bidding process could not be too prescriptive around its remit, officers were mindful of the social isolation priority from the Health and Wellbeing strategy.

## 10. **Health and Wellbeing Strategy Update**

Heema Shukla presented an update on the Health and Wellbeing Strategy.

The Health and Wellbeing Board had held a workshop in March 2021 to discuss the strategy and agree sponsors for the priorities, and Heema had met with Involve to agree voluntary community sector sponsors for each priority. All sponsors and representatives had met to discuss the next steps. Task groups had been established, and initial meetings had been held.

Heema reminded partners about the Health and Wellbeing framework, including its vision cross-cutting themes and priority areas. The task groups had come up with focuses for their priority areas.

Stakeholder workshops were being planned, which aimed to develop a shared understanding of the nature and impact of COVID-19, discuss the health inequalities, map the current local offer, agree outcomes for the strategy and agree measurements for success.

Board members discussed the oversight, accountability and progress reporting on the Health and Wellbeing Strategy.

Arising from discussion, the following points were noted:

- Each workshop would use evidence packs of factual data to inform discussions.
- Priority sponsors agreed to bring updates on their areas to future Health and Wellbeing Board meetings.
- Members recognised the timeliness of the Safeguarding Board's memorandum of understanding which would link in with the Health and Wellbeing strategy's priorities.

## 11. **COVID update**

Charlotte Pavitt, Consultant in Public Health presented an update on the COVID situation locally.

Since the last meeting where local rates of COVID had been low and declining, the rate had increased and continued to increase. At the time of the meeting, Bracknell Forest had 94.7 cases per 100k people, which represented a 360% increase on the previous week. However, cases amongst the over 60s remained stable at 4.1 per 100k which demonstrated that the vaccine was working amongst those with two doses.

The community transition was coming from the secondary school population and spreading to other age groups within households. Schools had done everything they could to prevent the spread.

Members noted that the rates of severe illness and death had not significantly increased, and mortality was lower than the 5 year average. However, health services were seeing an increase in demand around primary care and hospitals.

The vaccine programme was continuing successfully; however it was noted that there was still work to do to get 95% of the population double-vaccinated and Bracknell Forest was below the England average in this regard.

Bracknell Forest Council had entered into discussion with government and Public Health England around the sharp incline in cases, and a range of measures were being discussed to prevent further transmission.

Arising from discussion, the following points were noted:

- 95% of the population needed to be vaccinated to achieve herd immunity, and this had always been the target for vaccination coverage.
- Board members thanked school staff for their work, and were glad to note that routine testing was now a normal part of the school day.
- Partners noted that infection prevention and control needed to remain a priority.
- It was noted that the increase in demand for hospital care was not COVID related.
- It was noted that there remained several thousand people in the priority vaccination groups who had not taken up their vaccines.
- The Public Protection Partnership was responsible for supporting local businesses in their risk assessment work, along with business support and enforcement around COVID security measures.

## 12. **Frimley ICS Boundary discussion**

Jane Hogg, Transformation Director at Frimley Integrated Care System updated members on the ICS boundary review.

The regional team were reviewing the proposed boundaries, and would be providing a report to the Secretary of State for Health via the Minister for Health and NHS England. A decision was expected about the boundary of the Frimley ICS at the end of June or early July. The report from the regional team supported the status quo of the Frimley ICS in recognition of the benefits of partnership working locally. Local politicians had also submitted representation to the Secretary of State to support the status quo.

Arising from discussion, the following points were noted:

- It was noted that the local politicians had made representation on the basis of quality of care for patients rather than any political grounds.
- Partners recognised that Frimley ICS was one of the highest performing systems in the country, and all partners had made significant investment into getting good working relationships across the system.
- 29 GPs had also signed a petition to the Secretary of State to support the Frimley ICS. It was noted that the existing system would face significant restructure if the boundary was to change.
- It was suggested that the Chairman of the Health and Wellbeing Board write to the Secretary of State for Health to reiterate the Board's support for the Frimley ICS.

### **13. Access to GP services**

Katerina Nash, Associate Director for Primary and Community Care, Frimley CCG and Dr Martin Kittel presented an update on Primary Care services.

Katerina highlighted the ambitions and priorities for Bracknell Forest's primary care services.

Bracknell Forest had a population of 119,358 spread across 10 GP practices organised into three primary care networks. During the pandemic, the capacity of primary care appointments significantly reduced but had since improved to normal.

The Big Conversation had been held pre-pandemic to consult residents on the transformation of urgent care services. Residents had reported that they felt confused by the multiple entry points to access NHS services, and by the variation in existing services. Recent feedback since the pandemic had been that residents experienced long waiting times on GP phone lines, a lack of clarity around which services were open, and a lack of clarity around the variation in services.

During COVID, local services had been reviewed and developed to build on changes implemented during the pandemic including an Integrated Urgent Care Pathway, 111 integration with local services, additional appointment capacity for urgent and routine care at primary care. Communication and engagement had improved to be clear where residents should access services. Work to understand patient feedback with Healthwatch was ongoing.

Prevention and self-care was a key area of messaging, for residents to understand how to look after themselves and how to navigate services. The five access points were care at home, pharmacy, NHS 111, GP surgery, or Emergency Department (999).

In response to questions, the following points were noted:

- The integrated urgent care pathway offered support from 8am to 8pm, and used redeployed staff from the urgent care centre. If a patient had a phone call with a GP which required a same day assessment, they would be referred to this clinic.
- It was commented that the urgent care pathway was a different service to that previously offered at Brants Bridge, so the data was not comparable. Partners requested to see the data behind urgent care access points.
- It was clarified that the minor injuries unit at Brants Bridge was open on an appointment basis, rather than walk in.

- The infographic ‘where to go when you’re feeling unwell’ had been cascaded through all practice websites, along with the Bracknell Forest and CCG websites.
- It was noted that the 111 phone service had changed to include a clinical assessment from a GP and health professionals. Partners raised concerns around misdiagnoses or safeguarding matters being missed over the phone, but were reassured that the process had been reinforced.
- Partners commented on the improved offer for early help and holistic support, particularly for people who were feeling anxious.

**CHAIRMAN**