

**HEALTH AND WELLBEING BOARD
8 SEPTEMBER 2021
2.00 - 4.00 PM**



Present:

Councillor Dale Birch (Chairman)
Fiona Slevin-Brown, Frimley Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard
Philip Bell, Involve
Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Stuart Lines, East Berkshire Public Health
Rafal Nowotynski, Healthwatch
Jonathan Picken, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Timothy Wheadon, Bracknell Forest Council

Apologies for absence were received from:

Jane Hogg
Sonia Johnson
Melanie O'Rourke
Neil Bolton-Heaton
Karen Buckley

Also Present:

Nurul Aimi Zain, F2 Placement doctor (Public Health)

14. Declarations of Interest

There were no Declarations of Interest.

15. Urgent Items of Business

There were no Urgent Items of Business.

16. Minutes from Previous Meeting

The minutes of the previous meeting held on 8 June 2021 were approved as a correct record.

17. Matters Arising

There were no matters arising from the minutes.

18. Public Participation

A resident, Sarah Peacey, attended the meeting to ask a question around a particular incident of a resident who was struggling to access mental health services via their GP practice

Fiona Slevin-Brown encouraged Sarah and the resident in question to contact her directly to discuss the matter. To address the question of GP and mental health service access, Fiona commented that Primary Care and General Practice was currently extremely busy. Primary Care practitioners were providing the best service possible and were not making services deliberately difficult to access. Conversations were ongoing with GP surgeries around access issues, and how to make this easier for residents.

Alex Gild, BHFT commented that lots of investment was going into mental health support in the primary care sector. Wexham Hospital had also established a psychiatric liaison service to address the increase in cases presenting to acute services.

It was also recognised that as part of the Frimley ICS changes, the mental health commitment would be reviewed and consulted on. Sarah and any other interested residents were encouraged to take part in the relevant consultation processes.

19. **Actions taken between meetings**

Cllr Birch reported that the Government had confirmed that the status quo of the Frimley ICS footprint would be maintained. Cllr Birch thanked all involved in the consultation process.

20. **Healthwatch survey results**

Raf Nowotynski presented Healthwatch's What Matters Most survey.

The survey had asked residents for any feedback on health and social care services they had used in the last 12 months. There had been 155 responders, who had given 206 positive experience examples and 133 negative experience examples.

The best performing services were vaccination centres, ambulance services, opticians and pharmacies. The worst performing services had been mental health services (both adult and child), sexual health services and the care of older people. Raf presented a few examples of the reasons why residents had found services easy, normal, or difficult to access.

As a result of the survey, the Healthwatch priorities would be GP services, mental health services, elderly care and dental care. The next steps would be to speak to GP practices to hear about patient access from their point of view.

Raf commented that Healthwatch were looking forward to speaking to GP practices and residents face to face as COVID restrictions allowed.

In response to questions, the following points were noted:

- Partners recognised the importance of having a good front door experience, before patients get to medical treatment.
- It was noted that patient access was a high priority in the CCG.
- The CCG had started work with practices to address challenges raised in the report, however it was noted that there were significant workforce challenges including recruitment and retention of frontline administration and reception staff. Retention of these staff was made more difficult by the increasing levels of abuse experienced by reception staff at GP practices.
- Patients should be reminded to be sure that the GP was the correct service to contact, and to check whether a pharmacy could meet their need.

- It was noted that the different demographics and cohorts within the population would have different needs, and it was important to recognise the differing needs within the community especially when considering patient access. This would include different preferences in accessing services, for example those who were more or less digitally able.
- The CCG would be recruiting health champions to hear the voice of communities who may be underrepresented.
- Partners queried why there had been such varied experiences across GP services, and hoped that the detail of why different practices were easier to access would come out in the work going forward.

21. **Berkshire Suicide Prevention Strategy**

Heema Shukla presented the Berkshire Suicide Prevention Strategy.

The strategy was being written based on a full data report including suicide demographics, a suicide prevention audit, an NHS 0-25 suicide prevention audit, a deep dive into female suicide, and information on the impact of COVID on mental health and self harm.

The areas of focus for the report were children and young people, self-harm, economic pressures, and the bereaved or those affected by suicide. Overarching actions cover all areas of focus were to conduct a Berkshire suicide audit, hold a multi-agency conference to raise awareness of suicide and suicide prevention, monitor the impact of COVID and the wider trends of COVID on mental health, work with other partners to improve cross-topic working, and set up subgroups informed by local intelligence.

Partners noted the draft actions relating to each specific area of focus.

22. **Health and Wellbeing Strategy Update**

Heema presented the Health and Wellbeing Strategy update.

The draft strategy covered six priority areas:

- Give all children the best start in life and support emotional and physical health from birth to adulthood
- Promote mental health and improve the lives and health of people with mental-ill health (term TBC)
- Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares
- Keep residents safe from COVID and other infectious diseases
- Improve years lived with good health and happiness
- Collaborate, plan and secure funds for local and national emerging new health and wellbeing priorities

The draft strategy had been discussed at stakeholder workshops through the summer, and the key outcomes, actions and indicators for each priority had been developed out of the workshops. The draft structure of the report had been proposed in consultation with the task and finish groups.

Partners noted that the strategy would be taken to members for their feedback. The complete draft strategy would be available for partners in mid-October, and would be published for public consultation in November 2021.

23. **Joint Strategic Needs Assessment Briefing**

Heema presented on the East Berkshire Joint Strategic Needs Assessment which was in development. The Health and Wellbeing Board was responsible for the JSNA, which identified future health and care needs and looked for any gaps in local provision.

The East Berkshire JSNA would cover three local authorities, with specific summaries for each local authority. An East Berkshire JSNA steering group would deliver the work, overseen by an East Berkshire Management Group who would feed into each Health and Wellbeing Board.

The JSNA would be produced in the form of an interactive website, and it was hoped that the website could be launched by the end of the year.

Board members welcomed the update on the JSNA website, and agreed that good data was critical.

24. **COVID update**

Stuart Lines updated Board members on COVID, influenza and RSV.

The Bracknell Forest COVID case rates were at 318 per 100,000 which was broadly in line with the South East and national levels. West Berkshire and Reading had slightly higher rates. Partners were reminded that COVID was still being spread in the community. The testing rate remained reasonably high in Bracknell Forest.

Stuart commented on the cost-benefit to schools being open, as although it would likely lead to increased COVID rates in the borough, the socialisation of children would be critical to their development. The JCVI had recommended against vaccinations for 12 to 15 year olds, but the final decision was due to be made by the Chief Medical Officer. The NHS were ready to implement such vaccinations if agreed.

The death rates were low, with no recent recorded COVID deaths in Bracknell Forest. The number of total deaths was in line with the expected rate in a normal year.

There had been a strong take-up of the vaccine in Bracknell Forest, and younger age groups were now taking up their vaccines. Public Health were working to combat any anti-vax messaging.

Public Health were encouraging the uptake of the seasonal flu vaccination, however it was noted that there was some uncertainty over the nature of the flu season due to relative isolation of the population during COVID. Stuart encouraged Board members to make sure healthcare and frontline staff were flu vaccinated, in preparation for winter. It was noted that while it would be useful to co-ordinate flu vaccines with COVID booster vaccinations, the logistics of this may prove challenging.

Stuart also drew partners' attention to the potential spike in RSV (Respiratory Syncytial Virus) amongst young children. Public Health colleagues were aware of the risk due to the sudden increase in social mixing, and were working with colleagues to model all eventualities. Public Health England had created infographics for parents to raise awareness of the virus.

In response to questions, the following points were noted:

- Councillor Birch reminded colleagues that he was the flu champion for the Council, and would be photographed getting his vaccine.

- Partners were encouraged to share any initiatives they had around vaccinations with the Board, so that other partners could promote.
- Public Health England was monitoring the RSV rates, and there was no need for local authorities to monitor this closely on a local level yet.

25. **Winter Planning**

Fiona Slevin-Brown reported on the CCG's winter planning process.

It was noted that health care colleagues were already under a lot of pressure, with high demand and low capacity due to a fatigued workforce. There remained around 80 patients in hospital with COVID across Wexham and Frimley Park hospitals.

Fiona highlighted the following winter planning considerations for partners to be aware of:

- Impact of pandemic and the associated backlog
- Workforce resilience and fatigue
- Conflicting and competing demands
- System recovery and progress
- COVID and flu vaccination programme
- Population health and health inequalities
- Learning, sharing and building on good practice

Fiona also explained the key risks and mitigations faced by the CCG.

In preparation for winter, Fiona recommended that all partners ensure they had clear co-ordinated messaging and communications and refreshed information on their websites.

26. **Frimley ICS update**

Fiona Slevin-Brown and Timothy Wheadon gave an update on the Frimley ICS boundary.

The Government had confirmed that the current Frimley ICS boundary would be retained which was welcome news. The government's whitepaper on ICS' gave further clarity to the scope of the ICS going forward, and the work done so far aligned with the framework included in the whitepaper.

Adverts for Chairs and the Chief Executive roles had gone out and applications were being received.

Partners were reminded that guidance on place-based partnerships was being released regularly from the government, and that the new ICS arrangements were likely to be an iterative process.

27. **Agency Updates**

There were no agency updates.

CHAIRMAN

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