

HEALTH AND WELLBEING BOARD

19 MARCH 2021

ADDITIONAL INFORMATION

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READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

19 MARCH 2021

QUESTION No. 1 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Place-Based Planning

The recent NHS White Paper envisages statutory reshaping of Integrated Care Systems such as BOB, including absorbing CCG functions.

Section 5.11 states:

"The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa). ICSs will also want to think about how they can align their allocation functions with place, for example through joint committees, though we are leaving this to local determination. NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies with their functions and duties broadly as they are in the current legislation."

At present the detailed knowledge, resource and skill to be a "place-based planner" for health resides with Berkshire West CCG rather than with the Reading HWB. If the Reading HWB or the grouping of Berkshire West HWBs are to take on the role of 'place-based planners' of health a completely new level of working with NHS capacity, usage and finance data will be needed as well as close cooperation with the main NHS providers for Reading.

How do you foresee the Borough Council taking on these new functions and resources?

Will there be a place within the new Health and Wellbeing Board for local GPs, who have driven much innovation in the lifetime of the CCGs, not least in their own primary care arena?

REPLY by the Chair of the Health and Wellbeing Board (Councillor Hoskin):

Thank you for your question Mr Lake. First of all, we do need to remember that we are still talking about a white paper, a report that lays out the government's proposals for future legislation. Whilst there maybe thing we like or don't like in the White Paper we will have to await the government's 1st draft of legislation and further guidance to get a better understanding of more specifically what the future reorganisation of the NHS will look like.

The Health and Care White Paper sets out proposals for future partnership working between the NHS and local government through Integrated Care Systems (ICSs). The stated intention is that local authorities will be involved in both ICS NHS Bodies and ICS Health and Care Partnerships, to support health and social care integration and encompass preventative approaches.

The ICS NHS Body will take over the functions and funding of CCGs, and will be able to delegate funding to place level. The ICS Health and Care Partnership will have responsibility for developing a plan to address the system's health, public health and social care needs.

Further national guidance is expected on how the new ICSs will operate, including how to align partners' practices and cultures. However, there is local experience of collaboration and planning which we will be able to draw on in Reading. For example, the production of a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy is currently a shared responsibility of the CCG and the local authority through the Health and Wellbeing Board. Through these functions, and also from our experience of collaborating on Better Care Fund plans, Reading Borough Council has established a strong foundation for collaborating with the NHS to share data and expertise.

Reading is currently working with our Berkshire West neighbours on the production of a new Health and Wellbeing Strategy. This aims to recognise cross-border travel and use of services within the Berkshire West area whilst also reflecting the particular issues relevant to each of the three boroughs.

In addition to the feedback gathered through the recent public engagement exercise to shape the new Health and Wellbeing Strategy, there is additional feedback we can draw on regarding local views on place-based planning for health. The CCGs within the BOB ICS established an Architecture Oversight Group, which oversaw an engagement exercise with a broad range of stakeholders towards the end of 2019. Through this exercise, people were invited to comment on how different structures would support delivery on commitments in the NHS Long Term Plan, provide appropriate oversight and accountability, and take advantages of opportunities to share expertise and resources between organisations. These will remain important considerations in designing the new ICSs for this area.

Our own Health and Wellbeing Board does, of course, include strong GP representation in the form of our Vice Chair. The question also refers to new joint committees, which are referenced in the White paper, and suggested members of these committees include primary care networks and GP practices, as well as community health providers, local authorities and voluntary sector representatives. Again, further detail is awaited at a national level on how these will operate.

READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

19 MARCH 2021

QUESTION No. 2 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Berkshire West CCG

After the fiasco of the tender for primary care services at Circuit Lane and Priory Avenue won by One Medical Group, the local CCGs issued no further such tenders but worked to encourage GP practice renewal through consolidation, through mergers and through bringing in new partners and encouraging development, with positive results.

After the dissolution of Berkshire West CCG how will such detailed and constructive oversight be maintained?

REPLY by the Chair of the Health and Wellbeing Board (Councillor Hoskin):

NHS partners will be reviewing arrangements for the delegated commissioning of primary medical services as part of the further development of the ICS. This work is still at an early stage however it is intended that decisions on local primary care services will continue to be made at 'place' level and with the continued involvement of appropriate stakeholders.



Agenda Item 5

Reading Health & Wellbeing Board 19 March 2021

Impact of Covid-19 in Reading













Covid-19 Update Health and Wellbeing Board

March 2021





Latest Data

Situational awareness indicators from the 25/02/2021 to 03/03/2021

- in comparison to previous 7-day period https://www.berkshirepublichealth.co.uk/covid-19-dashboard is updated daily. "Information Centre" weekly report

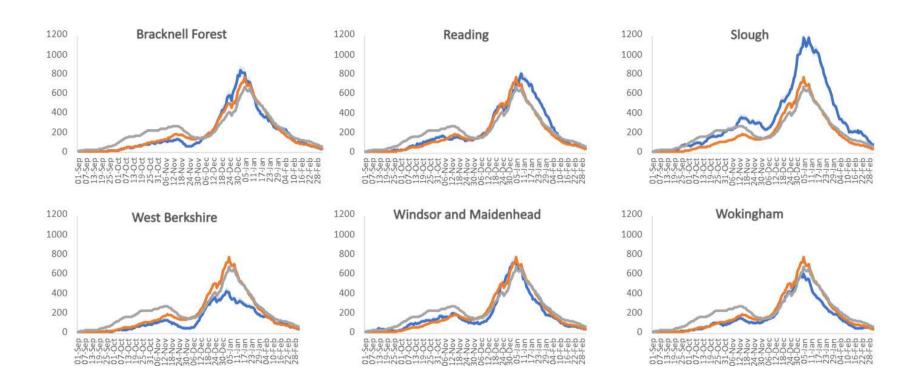
Area	Individuals tested per 100.000 population (7-day moving average)		Percentage individuals test positive (weekly)		Cases per 100.000 population - all ages (weekly)		Cases per 100.000 population - 60+ (weekly)	
Bracknell Forest	306.9	+	2.1	+	35.9	+	28.5	
Reading	439.7	+	1.7	+	46.4	+	18.4	+
Slough	369.2	+	4.5	+	88.9	+	55.9	+
West Berkshire	309.3	+	2.1	+	39.8	+	37.3	+
Windsor and Maidenhead	334.4	1	2	+	40.9	+	30.2	•
Wokingham	286.2	+	2.5	+	43.8	+	15.2	
South East	352.5	+	1.9	+	41	+	28.5	
England	362.4	+	3	+	66	+	42.0	+



Case rate per 100,000 by age group - PHE LA Report - 08.03.2021 (The red dashed line denotes the 4 most recent days that are subject to reporting delays.)

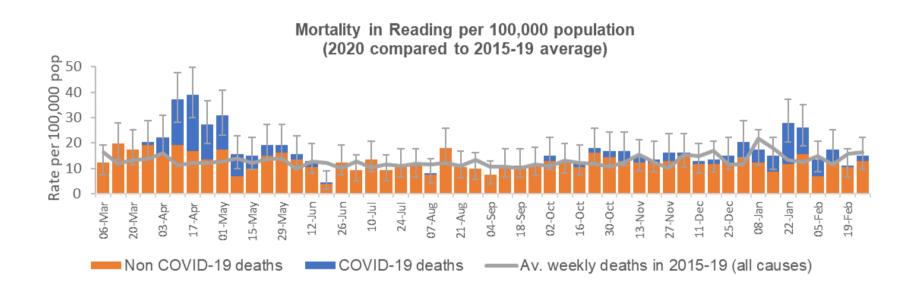
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Comparative Data





Mortality Rate in Reading





STEP 1 8 March

29 March

STEP 2

No earlier than 12 April

At least 5 weeks after Step 1



8 MARCH

- · Schools and colleges open for all students
- Practical Higher Education courses



EDUCATION

· As previous step



SOCIAL CONTACT

8 MARCH

- Exercise and recreation outdoors with household or one other person
- Household only indoors

29 MARCH

- · Rule of 6 or two households outdoors
- Household only indoors



SOCIAL CONTACT

- · Rule of 6 or two households outdoors
- · Household only indoors



BUSINESS & ACTIVITIES

8 MARCH

 Wraparound care, including sport, for all children

29 MARCH

- Organised outdoor sport (children and adults)
- · Outdoor sport and leisure facilities
- · All outdoor children's activities
- · Outdoor parent & child group (max 15 people, excluding under 5s)

BUSINESS & ACTIVITIES

- · All retail
- · Personal care
- Libraries & community centres
- · Most outdoor attractions
- Indoor leisure inc. gyms (individual use only)
- · Self-contained accommodation
- All children's activities
- Outdoor hospitality
- · Indoor parent & child groups (max 15 people, excluding under 5s)



TRAVEL

8 MARCH

- · Stay at home
- · No holidays

29 MARCH

- · Minimise travel
- No holidays



TRAVEL

- Domestic overnight stays (household only)
- No international holidays



EVENTS

- Funerals (30)
- · Weddings and wakes (6)



EVENTS

- Funerals (30)
- · Weddings, wakes, receptions (15)
- Event pilots

STEP 3

No earlier than 17 May

STEP 4

No earlier than 21 June

At least 5 weeks after Step 2

At least 5 weeks after Step 3

All subject to review



· As previous step



EDUCATION

As previous step



SOCIAL CONTACT

- · Maximum 30 people outdoors
- · Rule of 6 or two households indoors (subject to review)



†¶ SOCIAL CONTACT

No legal limit



BUSINESS & ACTIVITIES

- Indoor hospitality
- · Indoor entertainment and attractions
- Organised indoor sport (adult)
- · Remaining accommodation
- · Remaining outdoor entertainment (including performances)



BUSINESS & ACTIVITIES

· Remaining businesses, including nightclubs



TRAVEL

- · Domestic overnight stays
- International travel (subject to review)



• TRAVEL

- · Domestic overnight stays
- · International travel



EVENTS

- · Most significant life events (30)
- Indoor events: 1,000 or 50%
- · Outdoor seated events: 10,000 or 25%
- Outdoor other events: 4,000 or 50%



EVENTS

- · No legal limit on life events
- · Larger events

Local Roll-out

- GP offer to care home residents and staff
- Delivery via Primary care networks;
 - -Tilehurst Village Surgery Watlington House
 - -Circuit Lane Surgery Emmer Green
 - -University Health Centre
- Hospital Hubs for Health and Social care staff
 Wokingham and Royal Berks Hospital sites- to soon be stood down
- Pharmacy for all eligible group
 Triangle pharmacy live since Feb, 2 further Reading pharmacies joining by end of March
- Mass vaccination site- went live 22nd Feb 10,000 capacity per week at full roll out



Priority groups- as per JCVI

- 1. Residents in a care home for older adults and their carers
- 2. All those 80 years of age and over and frontline health and social care workers
- 3. All those 75 years of age and over
- 4. All those 70 years of age and over and clinically extremely vulnerable individuals
- 5. All those 65 years of age and over
- 6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- 7. All those 60 years of age and over
- 8. All those 55 years of age and over
- 9. All those 50 years of age and over
- 10. Groups 10-12 will be in 10-year age bands from 49 to 18 years of age



Vaccination numbers in Reading

Up to 28th February 2021

		Vaccinations						
LTLA Code	LTLA Name	Under 65	65-69	70-74	75-79	80+	Total	
E06000036	Bracknell Forest	12,457	5,010	4,729	3,395	4,612	30,203	
E06000038	Reading	16,669	4,607	4,964	3,768	5,599	35,607	
E06000039	Slough	16,527	4,279	3,428	2,255	3,587	30,076	
E06000037	West Berkshire	16,696	6,847	8,309	6,158	7,961	45,97 1	
E06000040	Windsor and Maidenhead	16,620	6,505	6,905	5,325	7,999	43,354	
E06000041	Wokingham	18,826	6,721	7,814	5,971	8,416	47,748	

Lateral Flow Testing Update

Testing for the presence of the viral antigen

Works in a similar way to a pregnancy test, result within 30 mins with not lab processing

Primarily used for those without symptoms

Less accurate than the lab based PCR swab test

Has an important role in "case finding" and when other mitigations remain in place

Widely available in Reading via Community Testing sites and Community Collect;

University of Reading

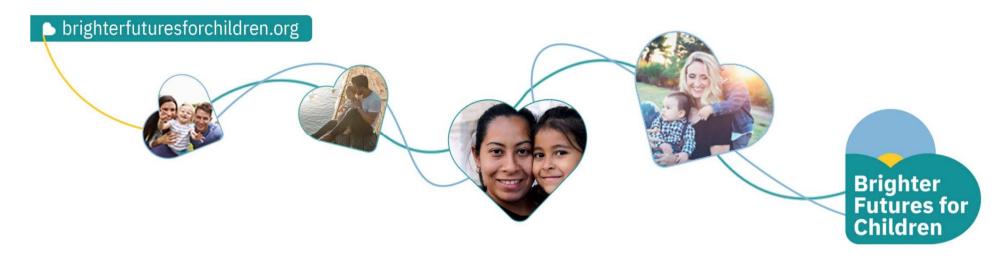
Schools and Colleges- for pupils, staff and pupil's household

Nurseries

Health and social care settings

For those unable to work from home





Schools overview

March 2021





Reading Schools' Attendance Dashboard

08 March 2021

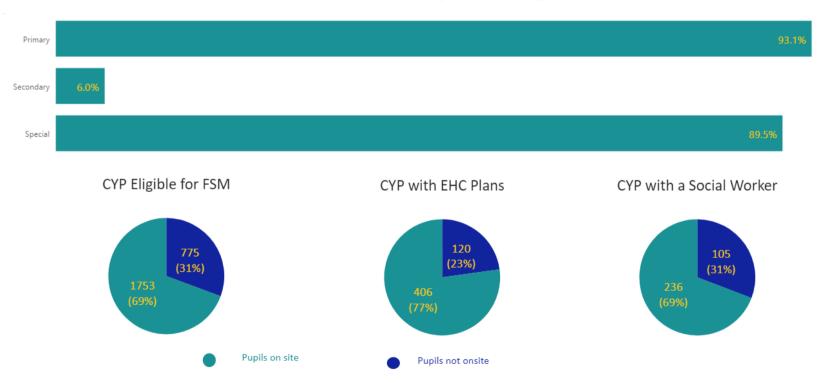
67.5%

Number of Reporting Schools

34

Total Pct Attending on Site

Total Percentage Attending on site



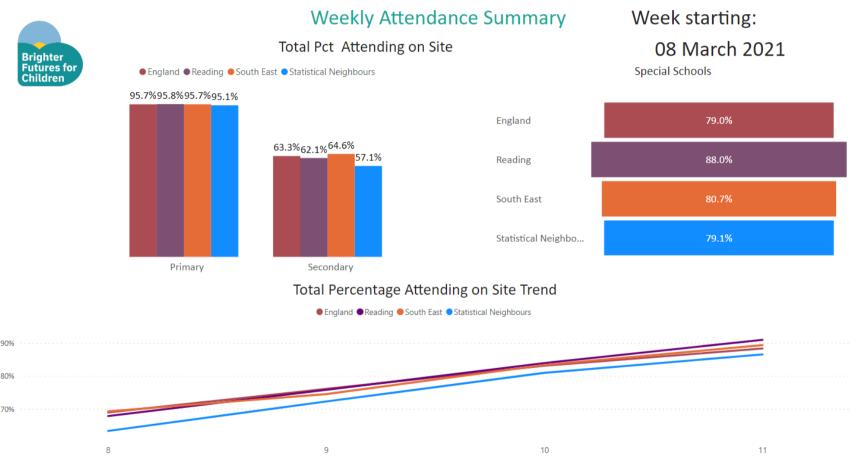
Reopening schools



- All primaries for everyone from 8 March
- Secondaries from 8 March, with testing conducted in schools, 3 times and then home testing (not mandatory) LFT v PCR
- Face coverings in secondary schools (not mandatory)
- Discussions about 'catch up' and holidays (HAF)

Attendance Data for Reading Schools and Early Years Settings – w/c 8 March 2021

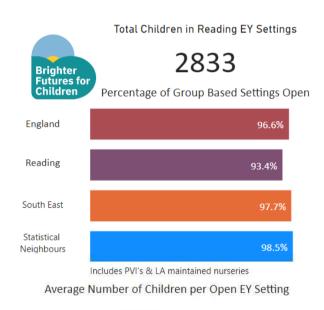


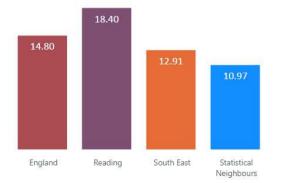


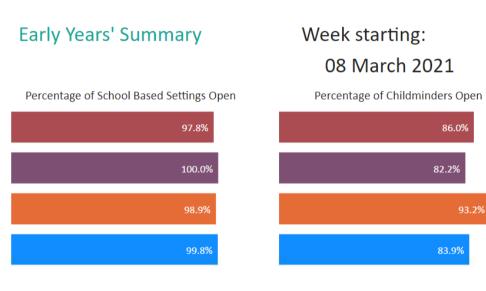
The total percentage attending on site trend is calculated as the average proportion of the total number on roll that attend lessons on site for the week starting on the date shown in the table.

Attendance Data for Reading Schools and Early Years Settings – w/c 8 March 2021









Type of Settings	Children of Key Workers	Children with a Social Worker	Children with an EHCP	All other Early Years children	
Childminders	104	2	0	79	
Maintained Nursery Settings	138	10	0	73	
Private, Voluntary & Independent Settings	465	34	7	1324	
School Nursery Settings	113	15	1	474	

50

Reading Children affected by lack of places

Attendance Data for Reading Schools and Early Years Settings - 17 March 2021





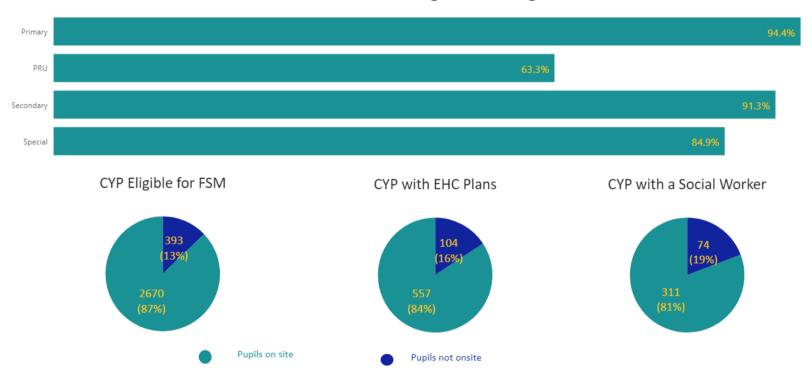
Reading Schools' Attendance Dashboard

40 **Number of Reporting Schools**

Total Percentage Attending on site

17 March 2021 93.1%

Total Pct Attending on Site





Covid 19

Impact on Primary Care and Acute Hospital Services



Covid 19

Impact on Primary Care Services

- Access routes to GP services have changed (Remote triage and remote consultation)
 - Practices now triage patients remotely in advance through telephone or online process. Remote triage determines most appropriate consultation method (telephone, video, face to face)
 - 'Hot' and 'cold' streaming arrangements established to support safe face to face consultations. 50% consultations provided face-to-face in December 2020 compared to 73% in December 2019
 - Arrangements support safe care for staff and patients and improve capacity to manage on-the-day demand. Total consultations similar to previous year
 228,999 per month on average Oct-Dec 2020 compared to 227,259 same period of previous year
 - Reading Walk-in Centre service suspended initially, then moved to bookable via NHS 111. Currently operating below capacity

- COVID-19 / Respiratory Hub established
 - Assessed pts. with COVID-19 symptoms unable to be managed remotely by GP Practice
 - Focussed expertise to care for Covid-19 positive patients requiring face-toface assessment – flexible capacity to see up to 100 patients/day however actual activity lower
 - Reduced risk of practice closure / staff exposure
 - Supported continuation of other GP services
 - Reduced burden to wider health system, e.g. 111, A&E

- · Oximetry @home introduced
 - Pulse oximeters issued to COVID positive pts. within agreed cohort, i.e. aged over 65
 - Allows oxygen levels to be monitored at home
 - Pts. either contact Hub or GP Practice if oxygen levels drop below agreed level or receive daily checkin phone calls
 - Clinical care plan changed based on result of oxygen levels

- COVID vaccination programme in place
 - Majority of vaccinations to date provided by primary care-led Local Vaccination Sites
 - 5 sites in Reading area
 - To 15th Feb focus was on vaccinating Cohorts 1-4 (Over 80s, health and social care workers, 75-79 year olds, 70-74 year olds and clinically extremely vulnerable (shielded) patients. >90% uptake achieved amongst older age groups
 - Primary care now focussing on Cohort 6 (under 65s in at-risk groups).
 Working alongside mass site (Madjeski) and pharmacy site which focussing on Over 60s with 50-59 year olds to be invited in coming weeks. On track to deliver this phase of the programme by mid April
 - Working group in place focussing on inequalities and addressing lower uptake amongst some population groups

· Recovery and future plans established

- Step down of Respiratory Hub arrangements from end of March with all patients to be managed within practices
- Further work to embed new models of access to primary care and support patients to engage with these
- Planning for next phase of vaccination programme
- Backlog of routine appointments addressed and focus on ensuring chronic diseases are appropriately managed
- Improvements seen in routine vaccinations and immunisations / screening rates
- Focussed work to support vulnerable patients / address inequalities e.g. increase in learning disability health checks and physical health checks for patients with severe mental illness



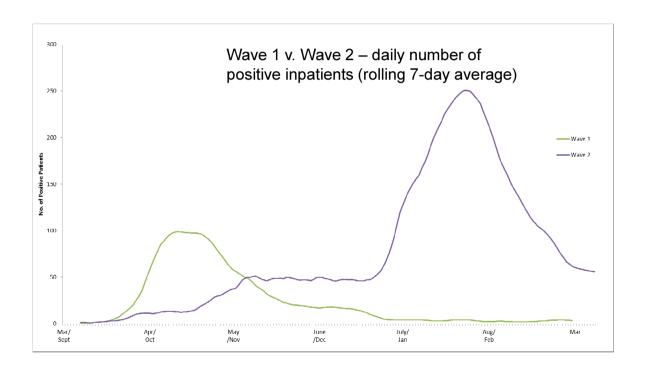
Covid-19 update

Reading BC Health and Wellbeing Board Thursday 19th March





Current trend in cases





Compassionate Aspirational Resourceful Excellent



Impact of wave 2 on RBFT

- Significantly greater escalation required compared with wave 1 – almost 3 times usual ICU capacity at peak;
- ED attendances 25-30% lower than usual seasonal level
- Sustained all emergency and urgent surgery throughout as well as diagnostic services;
- Maintained outpatient clinics by using all sites and increasing virtual and phone consultations;
- · Continued to take GP referrals throughout;
- Worked effectively with local authority and BHFT partners to ensure safe and timely discharge of patients
- Continued support from community local businesses, schools, University of Reading – has also been valuable



Compassionate Aspirational Resourceful Excellent



Current position

- Seeing very few Covid positive patients each day now;
- Hospital capacity for Covid patients has largely reduced to a minimum;
- Sustained efforts on infection prevention and control;
- Continued focus on supporting staff wellbeing;
- Staff vaccination programme phase 2 starts 22/03 (almost 5,500 staff vaccinated in first phase);
- Focus on ensuring all services back up and running efficiently, and particularly on running all routine diagnostic and surgery work across all sites
- Ensuring learning is assimilated and applied



Compassionate Aspirational Resourceful Excellent



BHFT Update on Recovery

Update to Reading Health and Wellbeing BoardJanuary 2021

Dr Kathryn MacDermott, Acting Exec Director of Strategy SRO for Recovery









COVID-19 Recovery programme

The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services.

The programme aims are:

- Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19.
- Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period
- Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations, including oversight of Implementation of Phase 3 of the NHS response to the COVID-19 pandemic
- Provide reassurance to our patients regarding their care and reconnect displaced populations with essential physical and mental health services
- Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

The programme is underpinned by a Recovery Strategy approved by the Trust Board in May 2020. The existing Recovery Strategy will be updated to reflect the impact of Wave 2 of the pandemic on Recovery.



Adult Community Health services

Wave 1 - BHFT ceased non-urgent community service provision in line with national guidance for community health services. This included: Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, MSK, Sexual Health, Community and Specialist Nursing, ARC, TVN, Lower Limb, Heart Function, and AIRS.

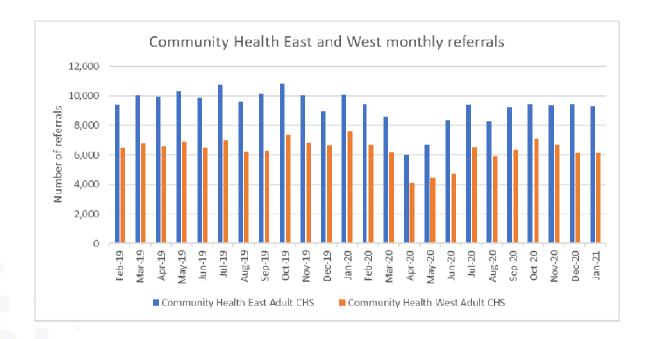
All services moved to remote consultations with face to face appointments only for those that are urgent and appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged. All of these changes were in line with national directives (COVID-19 Prioritisation within Community Health Services, and COVID-19 Hospital Service Discharge Requirements).

Wave 2 - Many of the services models that were put in place in Wave 1 continued through Recovery and into the 2nd wave, such as the increase in in-reach on the frailty pathway, wrap around community services and support to intensive community rehab team (ICR). The diversion of capacity in MSK services into inpatients and community flow pathways has been instigated in wave 2 as it was in wave 1. In West Berks staff continue to support the Hospital Discharge Service which is now operating 7 days a week and later into the evenings.

BHFT have taken on a small number of additional staff to continue with the pathways that commenced in Wave 1. We are currently modelling the capacity needed to provide the COVID Vaccination for those who are housebound. Corporate services staff have been redeployed into in patient areas and are assisting with discharge and liaison with families, freeing up ward staff to carry out patient care.



Community Health referrals pre and post COVID





Children's Community Health Services, including Children's and Young Persons' Mental Health

Wave 1 - BHFT suspended some elements within Children's Services, both community physical and mental health. The services affected were: School Nursing; CYPIT (Children and Young People Integrate Therapies); Autism (including Autism Berkshire and The Autism Group); ADHD; CAMHS; Health Visiting; Young People in Care; Children's Community Nursing Team; Kooth; Number 22; Youthline; Parenting Special Children.

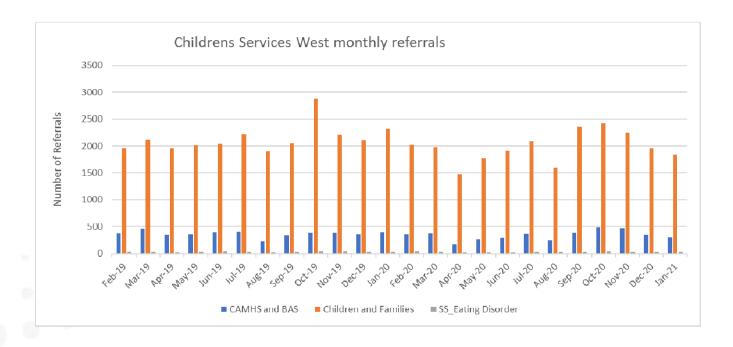
The services suspended all face to face appointments, unless there was an urgent need. In all other cases patients where contacted and notified that their appointments had changed to either a telephone or an online consultation. For some patients the most appropriate option was to be given self-care management advice.

In Autism the third sector continued to run a restricted and/or modified service and the use of SHaRON was increased. In Health Visiting the service was reduced to new birth visits and postnatal checks at 6 weeks only; and most of these visits were not face to face except for the most vulnerable. The Children's Community Nursing Team paused delivery of respite care at Manor Green due to the difficulties of complying with IPC guidelines. Safeguarding duties and functions remained in place. All of the changes made were in line with national guidance.

Wave 2 - Children's respite at Manor Green has been stepped down. The vaccination team is redeployed into COVID vaccination until the end of February; and gaps in this team are being covered with temporary staffing. Otherwise services remain largely unchanged offering a virtual and face to face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore we are not limiting the service offer at this stage – this is based on the learning from wave 1. School nursing is currently not stepped down (unlike in Wave 1 following national guidance that this service must not be stepped down).



Children's Services referrals pre and post COVID





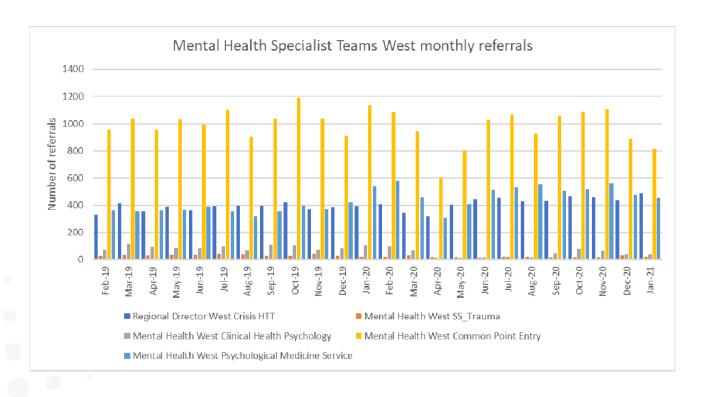
Adult Mental Health services

Wave 1 - The majority of services continued as business as usual but for some; CMHT, OPMH, this included a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only. All of the service changes were in line with national guidance.

Wave 2 – The service offer remains largely unchanged. We have redeployed corporate staff into PPH to assist in ward areas to support discharge facilitation and provide support to the ward functions. We have also enhanced our CPE and PMS services to support MH and Acute hospital flow. We are also utilising Winter pressures MH funding to increase capacity to services and the local systems.



Adult Mental Health referrals pre and post COVID





Serious Incidents (SI) and Duty of Candour

Wave 1 – During wave 1 on receipt of national guidance, the requirement to carry out full SI investigations and to report these investigations within 60 working days was suspended. We continued to log SIs on STEIS and the SI reporting focused on the more severe incidents. BHFT continued to undertake rapid SI reviews to identify any immediate and urgent actions. A plan for completing harm reviews when we return to business as usual was formulated and a draft shared with operations. The principles of Duty of Candour continued to be upheld. Statutory and regulatory obligations (e.g. requirements of HM Coroner) were also upheld. The Quality Impact Assessments required as part of the Recovery process list the mitigations in place to monitor and uphold patient safety.

Wave 2 - All serious incident reporting/ investigation and Duty of Candour has continued in line with regulatory and statutory requirements.



Impact on Staff

Several corporate staff have been redeployed to support clinical services in December. We have also redeployed some staff from services classified as medium and low priority to support the critical and high priority services as described above. The CYPF Vaccination Team that are supporting COVID Vaccines will return to CYPF as the schools open. The IPC team and CYPF teams have worked together and developed a local plan that provides the necessary cover to support CYPF and COVID Vaccinations.

The March Recovery Programme Board will be considered our approach to Recovery of services and what Recovery means for the staff teams that have been working under enormous stress for several months.



Reducing health inequalities

The Phase 3 guidance includes a commitment to understand and minimise the impact that COVID has on certain groups and its potential to increase existing health inequalities. As a provider of community and mental health services we are required to have in place an action plan that sets out how we are minimising the impact of COVID-19 on BAME communities, people living with diabetes, cardiovascular disease and respiratory disease and we have this action plan in place. We have a BHFT plan in place that delivers the eight actions set out in the Phase 3 guidance. We are also currently working with BOB and Frimley ICS to develop a more strategic approach with other key partners including LAs, education, housing, employers to contribute to the bigger picture of how we collective work together to tackle health inequalities.

Separately BHFT have agreed to develop a Reducing Health Inequalities action plan that is not COVID-19 specific. A workshop in February has provided a strong start to this. A project plan is in place with project management support, draft priorities have been agreed by the Exec and will be considered at the March Trust Board discursive and a steering group is in the process of being established.



Thank You Any questions?







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