

READING HEALTH & WELLBEING BOARD MINUTES - 9 OCTOBER 2020

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Andy Ciecierski	North & West Reading Locality Clinical Lead, Berkshire West CCG
Seona Douglas	Director of Adult Care & Health Services, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Terry	Lead Councillor for Children, RBC
Sam Burrows	Deputy Chief Officer, Berkshire West CCG

Also in attendance:

Jon Dickinson	Assistant Director of Adult Social Care, RBC
Andy Fitton	Assistant Director for Joint Commissioning, Berkshire West CCG
Yasmine Illsley	Public Health Programme Officer, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Councillor McEwan	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
David Munday	Consultant in Public Health, RBC
Meradin Peachey	Deputy Director of Public Health Berkshire West
Councillor Robinson	RBC
Nicky Simpson	Committee Services, RBC

Apologies:

Nick John	Reading LPA Commander, Thames Valley Police
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
David Shepherd	Chair, Healthwatch Reading
Peter Sloman	Chief Executive, RBC

1. MINUTES

The Minutes of the meeting held on 13 March 2020 were confirmed as a correct record.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following questions were asked by Tom Lake in accordance with Standing Order 36:

a) COVID-19

By comparison with the suppression of SARS-Cov-2 in Wuhan, Reading would need about 90 public health workers, control of testing and test data, some

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isolation away from home, and of course a comparable situation throughout the country.

Can you compare the current resource with these indications?

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

Since the novel coronavirus was first identified as a potential threat to the health of people in Reading, we have mounted a comprehensive response. Those at the forefront of this work have a range of roles to ensure the response is effective. This includes our Director of Public Health for Berkshire wide and the team of consultants, specialist and data analysts she leads. It incorporates the Public Health England team for the Thames Valley with their dedicated Berkshire West Consultant and team. Within the Council itself we have our local Public Health and Wellbeing team led by our Consultant.

However, others who do not simply have “public health” in their job title have also been and continue to be central to our response. For example, our Emergency Operations Centre Team and our Environmental Health Officers and Regularity Services Team lead on our work to ensure Reading is a COVID secure town. Partners around this Board have also been instrumental in our response work, obviously NHS colleagues, but also the Healthwatch and the voluntary sector in ensuring things like the One Reading Community Hub have operated effectively and the most vulnerable in Reading are supported at this time. I don't think it is possible to do a total head count of these individuals and roles, but I am sure it exceeds 90.

In terms of data and testing- we have daily information available to us on the number of people having tests for COVID-19 in Reading, whether they test positive or negative for the disease, allowing us to track the virus ever more closely. Local testing options for local residents are expanding and despite national challenge, we now have a regular Mobile Testing Unit at Prospect Park, and as I have made previous reference to, are working with the University to establish testing on their campus too - for students and local community alike.

It is true that the national outsourced test and trace system is well deserving of being widely described as a shambles with inadequate capacity for testing and the national contact tracing system now, on the most recent figures, failing to reach 31.4 % of the close contacts it receives of the people who have tested positive. Whilst the national test and trace is working better in Reading than much of the country, I have no doubt that a properly resourced local public health co-ordinated system here would have provided a far, far more effective service.

Contact tracing and isolation is coordinated by NHS Test and Trace and across the UK and in many other countries require people to isolated at home, with their household, if they develop symptoms or test positive for COVID-19. The scientific evidence shows as that this is effective in reducing the spread of the virus and pushing the “R” value down as far as possible. The main issue in my mind is scandalously inadequate financial support for people who have to self-isolate meaning many people cannot afford to and may also lead to people

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being unwilling to pass on contact information for friends and family who they think could have money problems if they have to self-isolate. The government's own SAGE advisory group estimates less than 20% of people in England fully self-isolate when asked to do so.

b) **Waiting Lists**

Could you give an indication of the state of NHS waiting lists, especially in cancer diagnostics and treatment, child mental health, elective orthopaedics?

REPLY by Sam Burrows (Deputy Chief Officer, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

Acute Physical Waiting Lists

For urgent and cancer demand the Royal Berkshire Foundation Trust is returning quickly to pre-COVID numbers being referred/attending the Trust. Throughout the pandemic they have continued to operate services, where safe and sensible to do so. Wait times for cancer appointments, diagnostics and treatments have, and continue to be prioritised and they are returning quickly to their own internal expectations on wait times - which often go further than the national expectation. The longest waits for cancer care and the over-all size of a pathways over two months have been dropping at pace. The size and profile of the Trust cancer waiting list is returning to a more normal shape.

All of the Trusts diagnostic services are open and operating at full capacity. The Trust continues to prioritise Cancer and Urgent diagnostics with routine priority work being seen in chronological order.

Routine treatments, including routine elective Orthopaedics are taking longer and the Trust has a backlog of work that is being prioritised alongside our urgent workload. There are a number of complexities in the routine pathway, largely through patients choosing not to attend and the result of COVID safety guidelines and restrictions. However, the Trust is continuing to maximise the use of capacity to see and treat patients as quickly as possible.

The Trust did not close its doors to new routine referrals throughout the crisis - instead deploying a solution allowing GPs to refer and enable the creation of worklists for clinical triage. With triage in place across the Trust and a huge expansion of digital care delivery, the Trust has been able to continue to manage a level of demand that can be benefited through either Advice and Guidance or virtual/telephone assessment. Considered together this has meant that whilst they do have a backlog of extended waits they are able to focus a larger proportion of their capacity to these patients, particularly in the outpatient setting.

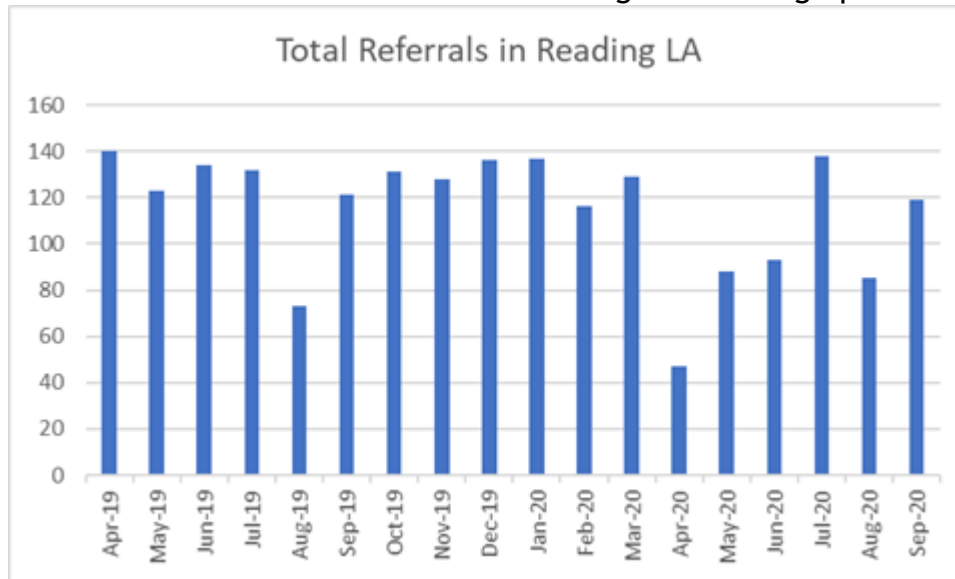
It is expected that the size of the top of the waiting list will continue to grow over the next few months and teams are focused on communicating with their patients to agree appropriate next steps. However with fewer patients moving through the lower parts of the waiting list - either because of reduced demand or as a result of the new pathways that have been put in place in the COVID

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response - there is confidence that this profile will reverse later in the year as they aim to stabilise and recover the waiting list as quickly as possible.

Child Mental Health Waiting Lists:

BHFT Referrals for the last 19 months are given in the graph below:



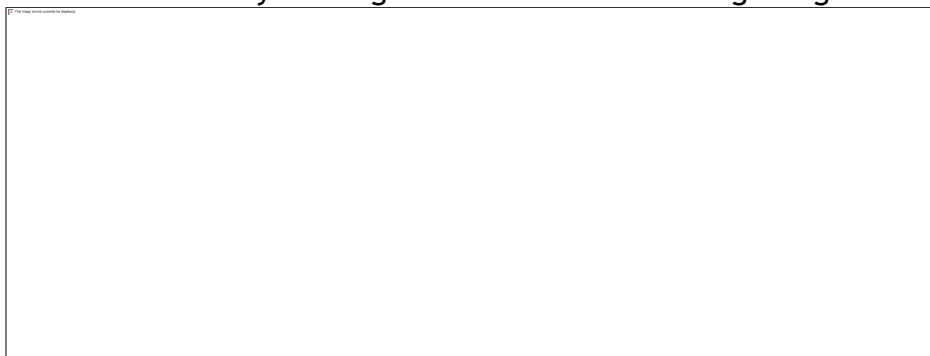
Average waiting times

Average wait to triage in CPE in Sept was 1.2 weeks. For those young people needing a face to face appointment following initial telephone/video triage, the average wait to second contact was 3.2 weeks. We are monitoring CPE (Common Point of Entry) closely and working hard to keep waiting times down as referrals increase.

The table below gives year to date average waiting times for the other teams

Team	First Contact	2 nd Contact
BEDS CYP	1.1 weeks	1.8 weeks
Health & Justice	2.0 weeks	4.3 weeks
A&D	15.7 weeks	26.5 weeks
SCT	6.5 weeks	16.2 weeks

Numbers currently waiting first contact for Reading are given below:



All of those showing as waiting over 7 weeks in CPE are undergoing screening for autism and/or ADHD.

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3. IMPACT OF COVID-19 IN READING

David Munday, Jon Dickinson, Deborah Glassbrook and Rachel Spencer gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded, in light of the national lockdown in March 2020 and the work on recovery since the lockdown. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
 - Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England, mortality per 100,000 population and a weblink to a public dashboard showing all publicly available data
 - A summary of the national trend and Reading patterns in relation to variation in impact by age, gender, ethnicity, deprivation and occupation and a weblink to information about geographical spread.
- Adult Social Care - information on operational and provider/service focus
- Brighter Futures for Children - information on:
 - Impact on Schools, recovery, data and communications
 - Impact on Children’s Social Care and response
 - Impact on Early Help & Prevention and response
- The Reading Voluntary and Community Sector response and winter plan, with statistics included to August 2020.

Resolved - That the presentations be noted.

4. DIRECTOR OF PUBLIC HEALTH BERKSHIRE ANNUAL REPORT 2020 - LOOKING FORWARD TO RECOVERY: 10 THINGS TO CONSIDER FOR COVID-19 RECOVERY PLANNING IN BERKSHIRE

Tessa Lindfield submitted the Annual Public Health Report 2020 entitled “Looking Forward to Recovery: 10 things to consider for COVID-19 recovery planning in Berkshire” and gave a presentation on the report.

The report suggested and gave further details of the following ten areas for all partners in Berkshire to consider in the response to and recovery from the COVID-19 pandemic:

	Key Message	Why is this important?
Setting the Scene:		
Inequalities	COVID-19 has shone a fresh light on existing health inequalities. As it progresses, it is likely these health inequalities will widen further.	Emerging evidence has found some groups are at greater risk of being infected with and being harmed by COVID-19.
Impact on Communities:		
Employment	There are early signs that the harmful impact will be	Employment is a key determinant of health. By

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	Key Message	Why is this important?
	greater on some sectors than others, including those that employ some of the lowest paid workers.	July 2020, the number of employees in the UK on payrolls was down around 730,000 compared, with March 2020.
Children and Young People	Children and young people may be the hardest hit by social distancing and other control measures for COVID-19.	More time at home with family may be a positive experience for many, but for others it may be a difficult time involving loneliness, bereavement, financial hardship, neglect or abuse.
Safeguarding	Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse.	Evidence from previous disasters, all indicate that heightened levels of domestic abuse continue long after the event.
Mental Health	There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake.	There's evidence to indicate the rate of mental health conditions will increase as a result of both the pandemic itself and the measures put in place to control the spread of the virus.
Environmental Impact	A 17% fall in CO2 emissions during April 2020 provides proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies.	Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer.
What will help?		
Engaging Communities	Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems.	Engagement with communities affected by SARS and Ebola pandemics, by asking what matters most to them, saw successful responses to the changing needs of the population
Resilience and Social Cohesion	Community resilience, including strong social cohesion and social capital, is linked with	Socially cohesive communities tend to feel a sense of belonging and community and either

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	Key Message	Why is this important?
	faster and more effective recovery.	share values or a tolerance for one another's differences.
How will we know it's working?		
Building on Assets and Reshaping Society	We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire.	Establishing a new "normal" is the long-term goal for recovery from COVID-19 and it is crucial that we re-build a fairer, safer and stronger community.
Measuring Progress	Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community.	The measurement of our recovery from COVID-19 will be vital to ensure that we are going in the right direction - towards a healthier, fairer and sustainable society.

Resolved - That the Annual Public Health Report 2020 be noted and welcomed.

5. BERKSHIRE WEST ICP SYSTEM RECOVERY APPROACH

Sam Burrows gave a presentation on the Berkshire West Integrated Care Partnership (ICP) System Recovery Approach. The presentation slides had been included in the agenda papers.

He explained that the Berkshire West ICP strategic recovery included its continued response to Covid-19, the restoration of services, and embedding the rapid transformation that had been achieved throughout this time. The oversight of system recovery would continue to be through the ICP governance framework in Berkshire West as set out in the governance diagrams shown.

The ICP would follow the agreed BOB ICS Recovery Objectives and Principles which were outlined in table 1, and the ICP would link into the BOB Integrated Care System (ICS) Recovery Board and clinical oversight work streams when they became active.

The ICP programme boards were reviewing their priorities, undertaking an impact assessment approach to Covid-19 to develop the recovery plan for their sector/area. The impact assessments were looking at capturing new ways of working to sustain and define the focus of their work as the move out of the Covid-19 peak and towards recovery happened.

Sam Burrows noted that, as the move into the implementation of the plans took place, it would be important to be aware of the complex delivery pathways of all partners within the system and do an impact assessment of how restoring services or making changes in care pathways would affect others. A model to ensure this was considered was being proposed which included sections on external impact in internal impact assessments, partnership discussions, use of the ICP Clinical Oversight Group

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as a “fresh pair of eyes” on introduction of new ways of working and clear communication to all parties.

It was noted at the meeting that, in order to build confidence within local communities to attend health services, communication to everyone, not just patients themselves, was needed, through numerous communication channels, and providers also needed to ensure that communication with the public was at a level that the public understood. It would also be important to be clear about the financial challenges and difficult decisions that needed to be made locally in the integrated care system, as there had already been a financial challenge even before Covid-19.

Resolved - That the Berkshire West Integrated Care Partnership (ICP) System Recovery Approach be noted.

6. ANNUAL INFLUENZA (FLU) PLAN UPDATE 2020

David Munday submitted a report giving an update on the performance of the influenza (flu) vaccine campaign in winter 2019-20 to summarise lessons learned and to inform the Board of changes to the national flu programme for the coming flu season and how these would be implemented locally. The report had appended:

Appendix 1 Berkshire Seasonal Influenza Vaccine Campaign; 2019-20 Flu Activity Summary, Final vaccine update figures and plans for 2020-21

Appendix 2 Reading’s draft Flu Communication Plan 2020-21

The report explained how seasonal flu was a key factor in NHS winter pressures and how flu plans aimed to reduce the impact of flu in the population, through a multi-agency approach of engaging and communicating with residents about flu and promoting and encouraging take up of flu vaccinations. The report set out the responsibilities of the different agencies involved, gave details of flu vaccine uptake in Reading in 2019-20, set out learning from 2019-20 and summarised plans for the 2020-21 flu season, especially in light of the Covid-19 pandemic, with key changes including expansion of eligibility criteria, delivery of the vaccination programme and ambition to significantly increase uptake.

Resolved -

- (1) That the multi-agency approach planned for Reading be agreed and endorsed, noting the expanded cohort for the 2020-21 flu vaccination campaign;
- (2) That respective organisations be supported to fulfil their responsibilities as set out in the National Flu Plan;
- (3) That members of the Board act as ‘flu champions’, taking every opportunity to promote the vaccine uptake and debunk myths, encouraging people to accept the offer of a flu vaccination where they were eligible.

7. UPDATE ON MENTAL HEALTH CRISIS REVIEW AND BUILDING A PRIMARY CARE MENTAL HEALTH OFFER

Andy Fitton submitted a report giving an update on two Mental Health transformation projects - a Review of Mental Health Crisis Services for the all age population of Berkshire West and the development of a Primary Care Mental Health Offer.

The report explained that a Review of Mental Health Crisis Services had taken place from July 2019 to March 2020 and set out the reasons for the review, its aims and process, details of its 14 recommendations, information on implementation, highlights of progress already made and the planned next steps.

Key points included:

- The review and recommendations were seeking to improve access to mental health services, including crisis provision access for all ages 24/7 and alternative crisis provision for those in mental health crisis, such as sanctuaries or crisis cafes.
- The review had involved multi-agency co-production and so the 14 resultant recommendations had been shaped by partners and patients.
- The report on the review and its recommendations had been submitted to and approved by the Integrated Care Partnership Mental Health and Learning Disability Board for Berkshire West in April 2020 and a detailed implementation plan had been completed, a project implementation group of partners had been set up and a Project Manager had been employed.
- A new 24/7 All Age Crisis Line had been established and had gone live in April 2020, linked into 111, and it had already had 1,400 calls.
- Approval to commission a Breathing Space Crisis Café had been secured as an alternative crisis provision in Reading, the service specification had been finalised and the procurement process was to begin. Cafes for West Berkshire and Wokingham were hoped to follow in the next five years.

The report also gave details of the work on setting up a Primary Care Mental Health Offer for Berkshire West patients to improve the quality and accessibility of mental health care for the population, as set out in Recommendation 10 of the Mental Health Crisis Review. The report set out the outcomes wanted, the areas of focus for the model of delivery and gave details of the work completed to date and next steps planned. It explained that the work had been delayed by the Covid-19 pandemic but, since lockdown had ended and recovery planning had started, renewed discussion between partners had begun on developing the business case and proposal to fund pilot areas of telephone support and operate the full model in a single pilot Primary Care Network area, with the hope that a fair share allocation of Mental Health transformation funding would be obtained.

Resolved - That the report be noted.

8. HEALTHWATCH READING ANNUAL REPORT 2019/20

Mandeep Bains submitted the 2019/20 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2019/20.

The report explained how, just before the end of the 2019/20 financial year, the Covid-19 pandemic and lockdown had impacted the work of Healthwatch, which had,

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prior to lockdown, been focusing in 2019/20 on how the NHS would implement its Long Term Plan and changes in primary care.

The report set out highlights from the year, and detailed how Healthwatch had made a difference in the following areas:

- Responding to Covid-19, including launching a prescription delivery service
- Helping people to shape the NHS, involving holding surveys and focus groups to get views on the NHS Long Term Plan on behalf of NHS England
- Providing statutory advocacy via the Reading Voice service
- Engaging with local people on five other projects:
 - Log on to Health - workshops on signing up to GP services
 - Enter and View Visits to GP Surgeries
 - Urgent Care survey
 - Survey and focus groups for a maternity project
 - Survey of Student Health and Wellbeing

The report also acknowledged the work of its volunteers, gave details of its finances, and stated that Healthwatch aimed to continue with an agile, imaginative and people-centred approach in 2020/21 as things were expected to continue being uncertain and socially-distanced due to Covid-19.

Resolved - That the report be noted.

9. SAFEGUARDING ADULTS READING & WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORTS 2018-19

Jon Dickinson submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2018-19 and, within that, the Safeguarding Adults Annual Report 2018/19 for Reading Borough Council. The SAB Annual Report was appended.

The report explained that the Care Act 2014 stipulated that each local authority must have a Safeguarding Adults Board (SAB) to lead on adult safeguarding arrangements across its locality and have oversight and co-ordination of the effectiveness of the safeguarding work of its member and partner agencies. The SAB's aim was to help and safeguard adults with care and support needs by ensuring that local safeguarding arrangements were in place, as defined by the Care Act 2014, and that: safeguarding practice was person-centred and outcome-focused; work was collaborative in order to prevent abuse and neglect where possible; agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; safeguarding practice was continuously improving and quality of life for adults in its area were enhanced.

The report stated that the SAB report set out performance and priorities with regard to safeguarding. It highlighted the work that had been carried out in 2018/19 across the multi-agency partnership (Reading, West Berkshire & Wokingham) and included information on safeguarding in Reading Borough Council's Directorate of Adult Care & Health Services in 2018/19.

Jon Dickinson highlighted some of the key points from the report, noting that Reading had seen a 37% reduction in the number of safeguarding concerns in 2018/19 as compared to 2017/18, which had been as a result of a change in practice, but this meant that recording of concerns was becoming more accurate. There had been an

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increase in safeguarding concerns reported by health staff, the majority (58%) of enquiries continued to relate to the 65 and over age group, and the gender breakdown still showed more females than males with enquiries (57% females). In terms of risk being removed or reduced in concluded enquiries, the 78% figure for 2018/19 showed an improvement from 38% in 2017/18, showing that, in the majority of cases, the risk was being lowered for vulnerable people.

Councillor Jones expressed concern at the meeting about the apparent lack of engagement of Asian or Asian British people in the safeguarding process and the resultant underrepresentation compared to their percentage in the Reading population (12.6% in the Reading population but only 6.8% of those involved in a safeguarding enquiry) and he reported that he had started informal conversations with community leaders to discuss how there could be better engagement in a culturally relevant and sympathetic way with people from BAME communities to improve the engagement.

Mandeep Bains requested that figures on the take up and use of advocacy to hear the voices of vulnerable people in safeguarding referrals be included in future reports.

Resolved - That the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2018-19 and the Safeguarding Adults Annual Report 2018/19 for Reading Borough Council be noted.

10. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2020

David Munday submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

11. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 22 January 2021.

(The meeting started at 2.00pm and closed at 4.50pm)