

HEALTH AND WELLBEING BOARD
OLD WINDSOR MEMORIAL HALL, STRAIGHT ROAD, OLD WINDSOR, SL4 2RN
AT 3.00 PM

08 August 2017

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll

Also present: Susan Scupham (Talking Therapies), Ann Taylor (Autism Partnership Board), Robin Pemberton (APB Braywick HEATH), Janet Palmer (Cookham Parish Council), Ian Duncan (The Royal Household), Julian Bell (Runnymede PPG) George Notley (Runnymede PPG) and Karen Palser (Crown Estate)

Officers: Andy Carswell and Debbie Dickenson

PART I

99/15 APOLOGIES FOR ABSENCE

Apologies were received from Angela Morris and Dr William Tong. Dr Jackie McGlynn was attending as a substitute.

100/15 DECLARATIONS OF INTEREST

Cllr Carroll – Declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pastuer's business he would abstain from the discussion and leave the room as required.

101/15 MINUTES

The Minutes of the meeting held on April 25th were agreed as an accurate record.

102/15 UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLAN

The Managing Director reminded members that more than 30 statutory bodies were involved with the STP, which catered for the health and social care needs of more than 750,000 residents across Slough, Bracknell and parts of Surrey and Hampshire, in addition to the Royal Borough.

Five key issues had been identified as a result of the partnership work. These were:

- Wellbeing provision and self care: ensuring that residents are able to provide their own care as early as possible.
- Better support for long-term conditions.
- Managing frailty: identifying issues relating to older residents and managing their care.
- Redesigning emergency and urgency care: better planning of patient entry to acute care, ensuring services can be provided in a timely manner, and better management of exit from care in order to prevent delayed discharges.

- Reducing clinical variation: ensuring greater uniformity of services across the STP area so that services can be provided regardless of which organisation within the STP is delivering it.

The Managing Director stated that the Health and Wellbeing Board had identified the priority needs of residents in the Royal Borough and had informed the four other Local Authorities involved within the STP of those priorities in order to establish commonality across the STP area. These discussions had led to the identification of the five key areas listed above. The Managing Director informed members that work to identify priority areas for next year would be taking place soon.

John Lisle informed members that the three CCGs involved in the STP, including the one covering the Royal Borough, had been rated as outstanding. He stated that the STP had been developed as a health and care strategy in order to provide joined-up thinking between service providers, as many strategies elsewhere in the country focused solely on health-driven initiatives. John Lisle informed members that projects were reaching a point where more public involvement was required, and that updates on projects requiring input from the public would be available on the CCG website.

Mark Sanders asked how the future communication strategy would work, stating that concerns had been raised by patients over the STP's public engagement and communication work. John Lisle conceded that this needed to improve and gave assurances that it would. He stated that a great deal of preparatory discussion had taken place between stakeholders in order to develop the strategy, identify shared priorities for communication, and allow for greater public scrutiny.

103/15 ANNUAL PUBLIC HEALTH REPORT

Judith Wright informed members that she would be giving the presentation as Dr Lise Llewellyn had retired and consequently resigned from the Health and Wellbeing Board.

Judith Wright stated that some of the points regarding preventable deaths had been identified through the priorities sent to the STP. The main points of her presentation were:

- It had been noted that levels of premature and preventable deaths in the Royal Borough were lower than national figures.
- However the figures showed that there was a clear link between social deprivation and preventable deaths, with a consistent pattern of unhealthy behaviours leading to preventable deaths – such as alcohol consumption and smoking – identified within the less affluent wards in the Royal Borough.
- There was also a strong link between age, social deprivation and avoidable hospital admissions.
- Cancers were the greatest cause of preventable deaths and higher mortality rates had been identified in men.
- Eight risk factors relating to preventable deaths had been identified: alcohol use; tobacco use; high blood pressure; high BMI; high cholesterol; high blood glucose levels; low levels of fresh fruit intake; and low levels of physical activity.
- Smoking rates were lower in the Royal Borough compared to national figures. In 2012-14 there were 551 deaths attributable to smoking, along with 1,700 hospital admissions per year.
- It was estimated that for every ten people diagnosed with high blood pressure there are seven people undiagnosed and untreated. Encouraging healthier lifestyles to help those with high blood pressure was a key work stream for the STP.
- More than 200 health conditions attributable to excessive alcohol consumption had been identified, which cost more years of life lost than the ten most common cancers. It was estimated that more than 25,000 Royal Borough residents consumed alcohol

above the recommended levels. Treatment for alcohol-related diseases was accountable for three per cent of the NHS budget.

- Levels of physical inactivity were reducing and more was being done to encourage changing attitudes to exercise.

The Chairman stated that public health awareness was now the responsibility of Local Authorities and not the NHS, as councils were seen as being able to effect change more easily.

The Public Health Consultant/Service Leader stated that Public Health was working more with the voluntary sector, and was developing a men's healthcare programme with the Men's Matters group. It was hoped that a bespoke weight management programme could be created by the end of the year. The Public Health Consultant/Service Leader stated that more work was being done to dissuade youngsters from taking up smoking. Intervention work had been expanded to ask patients about their alcohol and smoking habits.

104/15 UPDATE ON CHANGES TO PARTNERSHIP BOARDS

The Public Health Consultant/Service Leader informed members that sustainable Non-Statutory Partnership Boards and terms of reference were in the process of being developed, as part of a review of the proposed model that it was hoped would be implemented from April next year. Proper governance and guidance on how the Partnership Boards would support the RBWM Health and Wellbeing Board was being sought. It had originally been proposed to have six such Boards, but now three were now being proposed to align with the Council's current Joint Health and Wellbeing strategy and allow the Council to offer membership with existing partnership members.

The Public Health Consultant/Service Leader stated that there were a large number of specialist interest groups and forums that did not fit within the remit of the three groups. However the work and support of these groups had been acknowledged and it was proposed that, beyond next April, the Council would be able to offer financial support to them. This financial support would be led by Council Members.

The Public Health Consultant/Service Leader informed members that partners had responded positively to the proposals and it was hoped that the plans could be finalised shortly and Ghost Boards to be developed in September or October. It was acknowledged that a robust communication plan to ensure all partners were aware of the final design and implementation would be required.

105/15 UPDATE ON OUTREACH PROJECT IN OLD WINDSOR

Debra Dulake introduced the item by providing a context on the services provided in Old Windsor and the village's demographic and population profile. A community advisor post had been created, providing a single reference point for residents and carers, thanks to funding from the Better Care Fund. Debra Dulake explained about the referral process, explaining that many people who required referrals either had complex needs and/or family situations, or suffered from terminal conditions. Debra Dulake provided members with a case study example of how the referral process had worked, and also provided examples of the positive feedback on the service that had been provided by residents. She explained that a key aim was to promote self confidence and self determination. Debra Dulake stated that a partnership had been developed with the Old Windsor GP surgery. She added that it was hoped Old Windsor could become a dementia friendly community, and that training could be provided for residents.

The Chairman stated that the project would not have been possible without the input from the

Parish Council, and also from Cllr Lynne Jones from the Royal Borough. He also stated that the outreach project should be extended to other communities, as the example in Old Windsor was working.

106/15 JOINT AUTISM STRATEGY

The Public Health Commissioning Officer introduced the item by explaining the Autism Strategy was developed in line with the National Autism Strategy's Fulfilling and Rewarding Lives scheme, which outlined how public services should better address the needs of adults living with autism. Fifteen priority action challenges had been identified, which had been used as the basis for a recent public consultation.

Members were informed that the strategy will provide a further five housing options for people with autism as part of a pilot project. It was hoped that copies of an autism awareness DVD, which had been developed through the Autism Partnership Board, would be available for GP surgeries and libraries around the Royal Borough.

The Public Health Commissioning Officer explained that autism had only been identified in the 1940s and so the challenges relating to providing care for older patients were still being identified.

A formal launch of the Joint Autism Strategy was scheduled for the end of the year. It was hoped that members would be provided with an update following the event.

The Head of Schools and Educational Services stated that there had been a very successful growth of special schools within the Royal Borough; however the Council needed to be mindful of the potential impact on Adult Services.

107/15 JOINT HEALTH AND WELLBEING STRATEGY SCORECARD

The Public Health Consultant/Service Leader informed members that the scorecard had been developed alongside the Joint Health and Wellbeing Strategy in order to give a clear idea of performance and impact on services. Members were told that the scorecard covered 12 priority topic areas encompassed by four overarching themes, and was effectively a six-monthly review of the Council's performance. The scorecard had been colour coded in order to make it simpler to understand.

Members were reminded that the scorecard included in the agenda was a draft and contained out of date data. The Chairman requested that the scorecard be made bigger.

The Public Health Consultant/Service Leader stated that six monthly updates were more accurate than quarterly reviews as the information contained within it would be more up to date and give a better indication of performance.

Members were shown a short video of the Council's Health and Wellbeing Strategy, which outlined the work the Council had undertaken and its achievements since being launched.

108/15 QUESTIONS FROM THE PUBLIC

The Board was asked about the possibility of arranging annual health checks for adults with autism but not a learning disability. It was explained that many had communication difficulties, but this not qualify as a learning disability and therefore they were not eligible for an annual check up. The Public Health Consultant/Service Leader said a health check programme was available as part of a national strategy, which provided support for those with autism or

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Asperger's who were aged 40-74. It had a particular focus on preventing stroke and/or heart disease. The Public Health Consultant/Service Leader said the Council would work with colleagues in Primary Care to make sure that reasonable adjustments could be made.

Members were given a case study example of a negative experience at a GP surgery for a patient with Asperger's. Dr Jackie McGlynn informed members that trial work had been carried out in Slough to look at improving the case management needs of people with complex needs, particularly as a ten minute GP consultation was often not long enough. She informed members that the outcome of the trial had been positive.

Members were asked to clarify how the Autism Board would fit in with the proposed board structure. The Public Health Consultant/Service Leader said meetings were still to take place with relevant stakeholders to establish the structure.

The Chairman confirmed to members that the date of the next meeting would be November 7th.

The meeting, which began at 3.00 pm, ended at 4.45 pm

CHAIRMAN.....

DATE.....