

HEALTH AND WELLBEING BOARD
DESBOROUGH SUITE - TOWN HALL AT 3.00 PM

15 February 2017

PRESENT: Councillor David Coppinger (Chairman), Dr Adrian Hayter (Vice-Chairman), Councillor Natasha Airey and Councillor Stuart Carroll, Dr Lise Llewellyn, Mike Copeland and Angela Morris

Also in attendance: Darrell Gale, Dr Jackie McGlynn, Helen Single,

Officers: Wendy Binmore and Hilary Hall

PART I

78/15 **APOLOGIES FOR ABSENCE**

Apologies were received from Alison Alexander and Dr William Tong.

79/15 **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 Pasteur's business he would abstain from the discussion and leave the room as required. Cllr Carroll confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

Dr Adrian Hayter – Declared a personal interest as he is a member of a GP practice that is part of the Sustainability and Transformation Team affected by the Sustainability and Transformation Plan.

80/15 **MINUTES**

RESOLVED That: the minutes of the meeting held on 30 November 2016 were agreed and signed as a true and accurate record.

81/15 **THE RBWM YEAR OF MENTAL HEALTH**

As part of the Borough's Year of Mental Health, the Chairman agreed to amend the agenda slightly to allow a question from the public to be asked as it fit within the remit of the Year of Mental Health.

Dr Hayter responded to the question from a member of the public regarding Dementia and how treating and looking after those affected was being paid for and if funding was to be made available. Dr Hayter stated that the CCGs had been doing a lot of work around Dementia and had been looking at it as an initiative with partner agencies. Funding proposals were being worked on and the local authority and the CCG were working together. The initiatives included having two Dementia Advisors which complement other services and means the borough was

in a better position than ever when it came to looking after those with Dementia. He added that they were also working with providers in the Borough and had launched a programme for carers of those with Dementia.

Dr Hayter stated that the Borough was leading on developing programmes in 17 practices and had been working on diagnosing Dementia, they had also implemented tests to help identify those with dementia. Dr Hayter confirmed that the CCG was looking to work across the sphere for Dementia and also working on education in homes on Dementia to support nurses. He continued that it was not about one individual and that nurses were on the ground supporting programmes.

Dr Hayter confirmed that the CCG and the Borough were planning to work sustainably and long term on proposals to see how Admiral Nurses could offer wider support. He added that the CCG had also been working with younger people with a diagnosis of Dementia.

Context and overview

Cllr Carroll introduced the item on the Year of Mental Health and highlighted the following main points:

- Context – the Health and Wellbeing Board had already placed mental health as a priority within the JHWS. The priority this year was to build on initiatives.
- Local Authorities had signed up to Brighter Berkshire which was designed to create awareness and best practice.
- It was a dynamic campaign and the Borough was planning to take on an active role within the initiative.
- The initiative would use a communications platform to share ideas.
- An action plan was being implemented.

The Year of Mental Health action plan

Hilary Hall, Head of Commissioning for Adult, Children and Health stated that the Borough had put together the Year of Mental Health Plan and it was not a plan that was restricted to just one year of activity; it would be an ongoing strategy. There were three pillars to the action plan which were listed within paragraph 2.6 on page 18 of the agenda pack.

The Head of Commissioning for Adult, Children and Health stated that there was a whole series of activities undertaken and all Borough managers had taken on mental health awareness training including suicide prevention. The Borough was now more able to signpost services to residents more effectively. She added that all the relevant mental health policies were listed in the appendix and that the screening tool was just a starting point.

The draft Berkshire Suicide Prevention and Self Harm Strategy / Action Plan

Darrell Galle, FFPH gave a brief presentation on the draft Berkshire Suicide Prevention and Self Harm Strategy and highlighted the following main points:

- Berkshire had led the way in the suicide prevention and self harm action plan with work that had been ongoing for two years.
- Suicide prevention was part of the wider mental health service.
- As the new national strategy was introduced, it was likely that localised action plans would need to be updated.
- The Borough wanted a focus on self harm as a sub-section of suicide prevention
- It was well known that all suicides were preventable. However, the strategy would introduce stretch targets. The Sustainability & Transformation Plans was already working towards 0 suicides within the Berkshire area.
- 2015 total suicide figures were just published in December 2016, so it was difficult to see a smoothing of trend lines just yet. The figures would be included within the strategy.

- The local picture showed that the Berkshire area was below the level of suicides for all of England.
- Overarching recommendations included that the Berkshire Suicide Prevention Steering Group revisit their terms of reference and membership; with the aim of providing governance to the strategy and its action plans.
- That organisations represented on the Berkshire Suicide Prevention Steering Group considered nominating a suicide prevention champion from within their membership – that would enable leadership and ownership on policies and act as a spokesperson on suicide prevention.
- The recommendations for high risk groups included to implement the NICE guidelines on self-harm, specifically ensuring that people who present to Emergency Departments following self-harm receive a psychosocial assessment and also to evaluate the Berkshire CALMzone and recommission targeted suicide prevention work for younger and middle aged men.
- Recommendations for specific groups – work to provide and commission interventions which improve the public’s mental health. Assist training in suicide prevention and the BHFT undertaking specific training also.
- Recommendations – reduce access: that local authority public health teams take the leadership for liaison with any escalation process in their area, and report on progress to the Steering Groups – Railtrack had introduced a programme that identified places on the railway lines where suicides occurred to see what could be done to prevent them. Another recommendation was that the Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents; and that local authority public health teams work with other council departments such as car parks and open space services to identify local actions to prevent suicide including staff awareness training – basic reaching out could be enough to prevent suicide.
- Recommendations – support bereaved: ensure bereavement information and access to support is available to those bereaved by suicide; working with Thames Valley Police in specifically reaching out to those around the suicide person to ensure they get support.
- There were also recommendations for support media, support research and the next steps for the action plan.

Hilary Hall, the Head of Commissioning for Adult, Children and Health stated that the recommendation of the report was for a Task and Finish Group to be set up with Councillor Carroll to pull the action plan together so it is specific to activities within the Borough. Dr Hayter welcomed the strategy and queried the difference between male and female suicides. He stated that as a GP, he had two patients commit suicide and a colleague, all of which were male. He felt there was more to be done in getting men talking about suicide and thoughts that led to suicide. There had been an article in a construction news magazine titled ‘Dying to Talk’ which was focused on getting men to talk and promoting talking. Dr Hayter felt that was something that could work well with media reporting.

Councillor Airey said suicidal thoughts among young people were presenting regularly in universities and youth services. She added that transgender statistics of suicide were higher. Darrell Gale confirmed that CALMzone and data received was difficult to separate transgender issues. It was a male oriented group but, further evaluation would be carried out and specific questions would be asked. He had seen higher figures of transgender suicides in the UK and there were groups that could help in Reading but, more people needed to be made aware of them.

Councillor Airey asked if debt issues featured in suicide statistics and if the Borough was receiving anonymised data so that services knew how to meet needs. Darrell Gale responded that the coroner picked up on that and the Borough got information from them. He added that real-time data did not always show reasons for suicide. However, coroners were getting better at more real-time information, perhaps a month after death. Some coroners did not always record deaths as suicide. The most robust information received was captured from an audit. Councillor Airey commented that she was looking to make it a holistic service and she wanted

to work together with community groups and develop a mechanism which helped prevent suicide. Darrell Gale responded that the Borough had an excellent action plan and with the Task and Finish Group, he was hoping that other Local Authorities would follow in the Borough's footsteps.

Mike Copeland, Healthwatch queried the budget for the year of mental health activities. Councillor Carroll confirmed the Borough was planning awareness events but, there were no other budget implications at that time. He added he had been in touch with Crossrail who said they would provide a response on suicide prevention.

RESOLVED UNANIMOUSLY: That the Health & Wellbeing Board noted the report and:

- i. Recognised the Brighter Berkshire Campaign and collaborative role played by the Royal Borough in supporting the partnership**
- ii. Endorsed the Royal Borough's Year of Mental Health plan.**
- iii. Endorsed parity of esteem between mental health and physical health and the need to raise awareness and reduce stigma.**

82/15 END OF LIFE CARE

Councillor Carroll explained to the Board that the Borough received a letter from David Mowat MP, Parliamentary Under Secretary of State for Community Health and Care on 14 December 2016 regarding end of life care and he had brought the letter to the Health and Wellbeing Board for a broader discussion.

Dr Hayter stated the letter outlined the context of commissioning plans. CCGs in East Berkshire were involved in working through end of life care plans and work was ongoing to change and provide better access to advice for end of life care decisions and make services available seven days a week. He added the CCGs were working with community trusts to deliver the work and in terms of the Sustainability and Transformation Plan, there were initiatives looking at shared care and that was embedded in to the vision of care work. Dr Hayter stated that with shared care work, there were better choices at the end of life and a better provision of care. However, his CCG needed to work with other CCGs and partners so people could have a death in a place of choice.

Dr McGlynn stated there had been a significant programme of work to increase education of professionals across the three CCGs and that Frimley Health had been doing a lot of work on end of life care, including a care home package so that those in care homes did not get admitted to hospital when it was not in the best interests of the patient. Dr Llewellyn stated there was a challenge and it was the promotion of conversation between families and carers. Cancer patients often got to have those conversations but, they were less common for those with heart failure or diabetes complications. She added that families needed to have those conversations with older family members to encourage people to find out what they want at the end of their lives. Elder people might not be able to have those conversations when the time came so it was necessary to have them much earlier.

The Chairman stated he would respond to the Minister setting out the work the Borough and CCGs were doing regarding end of life care.

83/15 SUSTAINABILITY AND TRANSFORMATION PLAN - UPDATE ON PROGRESS

Dr Hayter stated that the plan was submitted to NHS England and received positive feedback. The CCG had been doing a lot of work on how organisations worked together on all aspects of care. There were leaders all across the Sustainability and Transformation Plan footprint looking at how to develop and improve together on a local basis. Dr Hayter said it was a good news story and he wanted to think about governance and working relations that could be

embedded in the Plan. He added that work had started on each of the seven work streams, and he would be reporting back to the Board on progress in the future.

The Chairman stated that from residents' perspectives, Frimley STP was in the top five and that was great news. There had been investment into a new hospital and investment in A&E also. He added he was pleased with progress and looked forward to the next update.

84/15 DELIVERING DIFFERENTLY - UPDATE ON THE LOCAL CHANGES

Hilary Hall, Head of Commissioning for Adult, Children and Health stated the Borough had agreed to enter into a partnership with Richmond and Kingston councils to deliver children's services through Achieving for Children; and a partnership with Wokingham Borough Council to deliver adult services through Optalis. The target date for transfer was April 2017 and the Borough was on schedule with the transfers. The Borough wanted to ensure there was no impact on service delivery and a lot of work had been done to ensure a smooth transfer. The Head of Commissioning for Adult, Children and Health added that all the Human Resources implications were being worked on and there would be further information on that aspect in March 2017. An information leaflet on the changes to the service was being sent out to all residents with their council tax letters.

Angela Morris, Deputy Director Health and Adult Social Care stated the project team was looking at key elements to ensure the services transfer safely. It was very much a partnership with CCGS and the police, ensuring continuation of services and work was being done to ensure customers were reassured of the changes and that service levels were not going to dip.

Councillor Airey stated it was just to improve service delivery as the Borough was a small authority and it wanted to grow and deliver a better service. Nothing was changing as staff would still be there and questions from residents were welcomed.

The Head of Commissioning for Adult, Children and Health confirmed there were very minimal staff turnover as staff had been very engaged with the transfer. There was only a single figure of staff not wanting to transfer over to the new service delivery model. The Chairman commented that he had attended drop-in sessions for staff and had seen the benefits for them and for residents.

85/15 BETTER CARE FUND

Hilary Hall, Head of Commissioning for Adult, Children and Health stated that Non-elective Admissions were very close to target but, the target had not been achieved. The messages nationally were that the Better Care Fund initiative was not working; however, it had been of huge benefit in the Borough. The BCF meant that the Borough could do campaigns that it would not have been able to do were it not for the BCF being in place.

Other key points noted by the Board included:

- 0 – 4 year old non-elective admissions – not done as well as last year (2016).
- Continuing with same campaigns and proactive work – that had paid dividends previously but not as much this year (2017).
- Delayed transfer of care – the Borough was a midway performer, local care homes had a number of issues and was an area of focus:
 - Residents at home 90 days after discharge from hospital
 - Residents moving into care homes was positive
 - Integrated carers delivery plan – the strategy was being reviewed and needed to understand the definition of a carer.

Dr Hayter welcomed the confidence around the STSTR work and added that could be a good opportunity to get the Health and Wellbeing Board to highlight the work of people being supported in their own homes. That could be something for a future Board meeting.

Angela Morris, Deputy Director Health and Adult Social Care said she was going to organise a team meeting to what else could be done about potential discharges and then weekly meetings would follow to facilitate discharges by identifying spaces and by looking at how independent a person was. She stated they constantly had to see if there were any spaces available on a daily basis. By way of example, she stated that the team met every Thursday where there could be three delayed discharges, and by the Friday, that would go down to one delay but then early the following week, the delays start climbing up again. The Deputy Director Health and Adult Social Care said it was a fluctuating picture and they were always looking to increase capacity and work with CCGs and care home providers so they can increase the right capacity but, nationally, it was a very challenging situation.

86/15 ANY OTHER BUSINESS

Mike Copeland, Healthwatch stated that Healthwatch had held an emergency general meeting that morning to discuss the intention for Healthwatch to be managed as a joint service across Windsor and Maidenhead and Bracknell. They had received good representations from the public but no one from the Royal Borough attended. Following the merge, it was decided that any residual funding should be used for charitable causes. Mike Copeland said there had been a lack of consultation to wind up Windsor and Maidenhead Healthwatch and residents were not too happy. He added he had not been given an option to carry on valuable work and he did not feel Bracknell could serve the needs of Windsor, Maidenhead and Ascot in the way Healthwatch did when based in the area.

The Chairman stated he was not sure where any residual funding could go and he took on board Mike Copeland's points and would respond in due course.

87/15 QUESTIONS FROM THE PUBLIC

The Chairman opened the item referring to an article on the front page of the Maidenhead Advertiser which might have been of concern to residents. The statement said there was a £13m black hole in the finances to run adult social care services. He confirmed that headline was incorrect and that budget monitoring took place for every service area and was a necessary document required to ensure there was funding for every service area. The Chairman added that there was no need for any of the Borough's residents to be concerned. There was no issue and the Council had to balance the budget by law.

Sheila Holmes of the Older Persons Partnership Board stated she found it interesting how the Health and Wellbeing Board never targeted older people specifically. She felt very strongly that older people don't have a role within the Older Persons Partnership Board (OPPB) to report back and inform the Health and Wellbeing Board. Sheila stated the OPPB had a very good publication on end of life care which was informative and encouraged people to speak to family members on the issue. The OPPB had a lot of input from other services and they, as a group, wanted to contribute. The Chairman stated the Board would discuss it and look at ways the Board could include the OPPB.

Sheila Holmes stated the members of the OPPB had no idea about Windsor and Maidenhead Healthwatch being merged with the Bracknell branch and they were not asked opinions on plans for Healthwatch.

George Fussey asked if there was any room for the voluntary sector to have a role in families

realising burdens placed on the system in Accident and Emergency Departments. Dr Llewellyn replied that yes, there were roles in explaining what to expect, how long things could take and filling those roles by volunteers would be very helpful. Dr Hayter stated there was a role in supporting mental health and wellbeing within the NHS.

The Chairman said he had received a query on social media asking why all the Health and Wellbeing Board meetings took place during the day. He asked the Board for a view on that and asked if they wanted to consider holding the occasional meeting in the evening. Dr Llewellyn stated that the evening meetings of the Health and Wellbeing Board in Wokingham were the least attended by members of the public. The Chairman stated he would check across Berkshire and see how well other authorities Board meetings were attended in the evenings and consider a response. Dr Hayter stated the Council used Periscope regularly and suggested that could be a solution. Councillor Carroll said he was happy to take that back and see what could be done to arrange Periscope at Health and Wellbeing Board meetings.

A member of the public said that Royal Berks Hospital had a disability liaison nurse and asked if there would be one within the Frimley Trust. Dr Llewellyn confirmed there would be a disability liaison nurse or the equivalent within the Frimley Hospitals Trust.

88/15 FUTURE MEETING DATES

Members noted the following dates of future Health and Wellbeing Board meetings:

- 25 April 2017
- 8 August 2017
- 7 November 2017
- 13 March 2018

The meeting, which began at 3.00 pm, ended at 4.40 pm

CHAIRMAN.....

DATE.....