

HEALTH AND WELLBEING BOARD
COUNCIL CHAMBER - TOWN HALL AT 3.00 PM

17 July 2018

PRESENT: Councillor David Coppinger (Chairman), Natasha Airey, Hilary Hall, Kevin McDaniel, Mark Sanders, Teresa Salami-Oru and Dr William Tong

Also in attendance: Helen Coe, Neil Dardis, Shirley Joseph, and Vernon Nosal

Officers: Kevin McDaniel, Hilary Hall, Lynne Lidster, Teresa Salami-Oru, Catherine Williams and Nabihah Hassan-Farooq

PART I

143/15 WELCOMES, INTRODUCTIONS AND APOLOGIES

The Chair welcomed all attendees to the meeting. The Chair asked all Members to introduce themselves as there had been some changes to Membership.

Apologies had been received from Councillor Carroll and Dr Adrian Hayter (Vice-Chair).

144/15 DECLARATIONS OF INTEREST

None.

145/15 MINUTES OF THE MEETING HELD ON THE 13TH MARCH 2018

RESOLVED UNANIMOUSLY; That the minutes of the meeting held on the 13th March 2018 be approved.

146/15 UPDATE ON THE INTEGRATED CARE SYSTEM (ICS)

Helen Coe & Neil Dardis (Frimley Health ICS) updated the Board on the above titled item. It was highlighted that the new NHS system would bring all system partners together and would serve the RBWM population (900,000). Emphasis had been placed on locally developed plans and further impetus had been placed on prevention of ill health through the workforce and identifying early ill health triggers through the Integrated Care System (ICS). There had also been a focus on joint health and care services to meet the needs of the population through the ICS delivery plan. It was also noted that the System Operating Plan for 2017-18 had launched and discussions were underway with non-executive and lay members as to where they would sit within the new structure.

Various work streams were outlined to the Board and it was noted that integrated care decision making had better planning of services and now provided a single point of contact for patients. Work had been undertaken by GPs to build resilience and capacity in order to support the workforce and provide a fit for purpose service. It was highlighted that social care was transforming alongside a reduction in clinical variation and better standardised pathway planning along with enabling greater access to care.

Members of the Board were told that the shared care record would help disseminate information across services to provide a better experience for patients and would help mitigate the need for clients to explain their issues more than once to different health care professionals. Benefits of the Integrated Care System included health and care professionals coming together to work together with collaborative force. It was noted that services could also be provided in the comfort of patients' homes and the extension of services into the community was also of great benefit to residents. It was noted that primary care services had been extended to 8am-8pm. Mental health patients would also have greater choice in localised services and there would be less cases of clients having to access services out of area.

At the conclusion of the update Members discussed the following:

- What role did children have within the ICS?
- Challenges with children and accessing mental health services.
- Higher numbers of patients accessing the emergency department and urgent care.
- Further publication and promotion of out of hours and community services was needed.
- It was highlighted that certain groups who accessed emergency services when alternate services were available were being worked with and plans to highlight other services was being carried out
- Concerns from the Health and Wellbeing Alliance Board had highlighted that better communication and education surrounding community services and out of hours services was needed. It was also stated that further education around accessing services was needed in the wider community and that positive messaging should be looked at

147/15 UPDATE ON THE BETTER CARE FUND (BCF)

Hilary Hall, Deputy Director- Strategy and Commissioning updated the Board on the above titled item. It was reported that there had been an decrease in falls but an increase in non-elective admissions of children -and it was noted that there was further work being carried out to understand the reasons for this increase. In terms of residents not being readmitted to hospital 90 days after discharge, the indicator is measured during the period September to December. However, monthly reporting indicates that current performance is at 95% against a target of 97%.. No Q1 data was available in relation to care homes admissions but there had been a decline of the number of admissions to care homes in 2017-2018. (131 admissions versus the target admission of 178).

Members of the Board were informed that cross cutting programmes had received money from the social fund for reciprocal services in Bracknell. Advisory care services had now been rolled out and there had been a new partnership with Healthwatch WAM. It was highlighted that work was being carried out in care homes to raise the quality of care and accommodation. At the conclusion of the update Members noted the work being carried out and progress towards raising quality and standards of care homes.

148/15 ANNUAL PUBLIC HEALTH REPORT

Teresa Salami- Oru and Tessa Lindfield gave a presentation on the above titled item. The presentation outlined the estimated impact of determinants on health status of population and this included physical environment (10%), health care system (25%), biology/genetic make-up (15%) and social and economic environment (50%). The Board were informed that there were multiple benefits linked to greenspaces such as stress reduction, restorative effects through relaxation, improved environmental quality, biological diversity, better air quality, greater social cohesion, cohesion of neighbours and individuals through socialising,

increased physical activity and better utilisation of physical activities such as cycling and walking.

It had been highlighted in recent news that the utilisation of park spaces could save the NHS approximately £111mil per annum and that individuals would need to spend approximately £974 per year to achieve the same level of life satisfaction that they gain from park and green spaces. It was noted that 95% of park professionals were concerned by the overall national lack of investment into park spaces and that 16% of people believed local park spaces to be at threat of urbanised development. It had been recommended to the Board that local authorities and partner agencies should continue to encourage community initiatives that make the most of natural space available, with the aim of improving mental health, increasing physical activity and strengthening communities. It was also recommended that existing green space should be improved along with any new developments including quality green spaces to be designed with active transport in mind. Members were also told that planning guidance for new developments should be specific to consider the use of green and blue space to improve the health and wellbeing of residents and others using the space. It had also been recommended that Public Health and Local Authorities should foster new relationships with organisations to improve the natural environment settings and their uses.

At the conclusion of the discussion members were keen to understand ways in which residents could benefit from park use and ways in which exercise could form part of family life. Members discussed what could be done to encourage parents to utilise green spaces and ways in which physical exercise could be incorporated into daily family routines. Members discussed the good work already in place such as the daily mile, walking groups, pram walks and ways in which exercise could be fun and cohesive as opposed to prescriptive. The Board were reminded that there was a generational change with perceptions of green space and that dangers and health and safety were predominant factors in this. It was noted that more work needed to be done with positive messaging in green spaces and towards the utilisation of spaces for young persons. It was discussed that amendments to 'no ball game' signs deterred green spaces being utilised fully and allowed them to become abandoned or acted a barrier to accessing these green spaces. Members were also told that further asset mapping of areas was being carried out locally.

At the conclusion of the presentation, Members noted the contents.

149/15 JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 9: FACILITATE PARTICIPATION IN EDUCATION, TRAINING, WORK AND SOCIAL AND COMMUNITY ACTIVITIES- EMBEDDING INCLUSION INTO THE BOROUGH

Kevin McDaniel, Director of Children's Services, gave a presentation on the above titled item. The presentation outlined outcomes that had been achieved one year on from Ofsted inspection and it was stated that there were 107 outcomes that had been highlighted as part of the findings. All actions has been completed and future reporting actions would be recorded as 110 as there had been an increase in actions from 24 to 27 in theme 2.

It was highlighted that there had been changes to services which included an additional resource who was able to work on the most complex cases to deliver ECHP's. It was also noted that 50 new autism assessments had been undertaken for East Berkshire. The Board were told that there had been a revision to the Achieving for Children (AfC) structure and that there was now a single Head of Service for inclusion for the new academic year. It was reported that there were also better connected SENCO networks. Much improvement in engagement had been made through the Parent and Carer Forum who had embarked on over 90 hours of co-production which was a significant increase from last year. Members had also been told of the significant financial pressure and that it did not differ from the national pressures faced by most authorities.

Members were shown a short clip created by children at Churchmead School and how

inclusion affected them and why it was important. It was highlighted that the delivery of the Action Plan was underway and that the ambition was for the Inclusion Charter to be adopted by full Council later in the year. The Board were told that inclusion assemblies in schools would take place in the autumn term. It was reported that the Department for Education would continue to monitor impact and that planning for the Inclusion Summit 2019 (scheduled for 2nd April 2019) was underway.

ACTION- That Kevin McDaniel circulate the online link to the videos shown throughout the presentation to all Board Members.

150/15 JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 12: PROMOTE AND ENABLE GREATER INDEPENDANCE FOR PEOPLE- CARE HOME QUALITY.

Vernon Nosal (Optalis), Shirley Joseph (East Berkshire CCG) and Lynne Lidster (RBWM, Head of Commissioning- Adults and Children) gave a presentation on the above titled item. The focus of partnership working was to provide residents living in care homes with the best possible quality of life in a safe, caring and supportive environment. It was noted that better outcomes for residents were being achieved by having a focus on the areas of need with targeted, evidence based programmes and by working in partnership with residents/families, Optalis, Health and Social care across East Berkshire and the Integrated care System (ICS).

It was highlighted that there had been a reduction in non-elective (unplanned/emergency) admission and greater reductions in the length of hospital stays. Members of the Board were told that there had been a paternalistic approach in the past and that providers had provided respite care. The emphasis was on having conversations with providers and ensuring that standards were of a high quality. Royal Borough of Windsor and Maidenhead had been delivering services through the care governance partners which consisted of Optalis, Local Health watch, NHS Partners and the Care Quality Commission. There had been work carried out in quality assurance and improvement which included collecting intelligence about registered care providers in the borough and providing targeted support for providers that had been identified for improvements.

Partnership work had been carried out between East Berkshire local authorities, East Berkshire Clinical Commissioning Group, Berkshire Healthcare Foundation Trust, South Central Ambulance Services and local general practitioners. It was noted that quality improvement have been delivered by a joint post which had been funded by the Better Care Fund. Evidence was collected for non-elective admissions, falls and it was noted that the top five reasons for admissions were pneumonia (organism unspecified), urinary system disorders, sepsis, pneumonia (due to solids/liquids) or fracture of femur. Members were informed that improvement support examples included, hydration and nutrition advice, trusted assessors, NHS mail for care homes and specific input to care homes to resolve issues. The Board were told that partnership working across the Frimley ICS included partnerships between registered providers of care homes through care associations, East Berkshire, Surrey and Hampshire Local Authorities, CCGs (East Berkshire, Surrey Heath, NE Farnham and Hampshire) and NHS providers from hospitals and community.

It was highlighted that benchmarking with all other areas in England against the enhanced health in care homes framework had been undertaken and that the views of providers were taken into account with the ongoing delivery of care home quality. There had been a specific focus on evidence based practice, for example, the introduction of the red bag scheme, national early warning score indicators and coaching/mentoring for care home staff. It was noted that success would be measured in a number of ways such as feedback from residents, staff and provider managers, collation of health data into non-elective admissions, falls, ambulance call out requests, lengths of stay for patients in hospitals, lost property. CQC inspection results and the number of safeguarding incidents substantiated.

At the conclusion of the presentation, Members discussed the following;

- That the Keeping Well in Winter Scheme could be utilised to encourage a higher uptake of flu vaccinations.
- Quicker and stronger messaging of vaccinations available for care home staff.
- To include preparation for winter at the next Care Home Forum.

151/15 UPDATE ON THE STRATEGIC BOARDS: PROGRESS REPORT: THE HEALTH AND WELLBEING BOARD, SUB BOARDS.

Kevin McDaniel updated the Board on the progress made by the Health and Wellbeing sub boards. It was highlighted that the three sub groups had been designed to target three particular age groups to meet the needs of all residents. It was noted that the Developing Well Group had met and had discussed the Action Plan moving forward. It was also highlighted that much of the discussions held at the Developing Well group had great synergy with the discussions of the meeting today. The Board were told that the Ageing Well and Living Well Boards were due to meet in the last two weeks of July. It was highlighted that each board would have an action plan and would work together to achieve this through regular meetings. It was noted that progress had been made.

152/15 QUESTIONS FROM THE PUBLIC

A question had been received from Robin Lamsman as follows:

“How could Professionals such as Osteopaths join forces with Health and Wellbeing initiatives for the local population?”

It was agreed that due to time constraints and as the Member of the public had left the meeting that this question would be answered by Teresa Salami Oru in writing.

153/15 ANY OTHER BUSINESS

Mark Sanders updated the Board with details of Healthwatch WAM and that they had published their Annual Report. He also informed the Board of changes to NHS mail and how this had affected or would affect the voluntary sector along with the implementation of GDPR legislation. It was also noted that there had been some domiciliary care questionnaires sent to providers recently which had highlighted some minor concerns. Members were also told that a breakdown into the uptake of learning disability health checks for adults had been commissioned. The Shared Care Record will enable improved communication between health and social care through better access to information.

154/15 FUTURE MEETING DATES

Future meeting dates were noted as follows;

- 16th October 2018 at 3pm
- 15th January 2019 at 3pm
- 9th April 2019 at 3pm

The meeting, which began at 3.03 pm, ended at 4.38 pm

CHAIRMAN.....

DATE.....