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NOTICE OF MEETING

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HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 17TH JULY, 2018

At 3.00 pm

in the

COUNCIL CHAMBER - TOWN HALL,

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (CHAIRMAN), DR ADRIAN HAYTER (CCG) (VICE-CHAIRMAN), COUNCILLOR NATASHA AIREY, COUNCILLOR STUART CARROLL, ALISON ALEXANDER (RBWM), DARRELL GALE (PUBLIC HEALTH), HILARY HALL (STRATEGY AND COMMISSIONING (RBWM)), JOHN LISLE (ACCOUNTABLE OFFICER), KEVIN MCDANIEL (CHILDRENS SERVICES (RBWM)), ANGELA MORRIS, JACKIE MCGLYNN (NHS BRACKNELL AND ASCOT CCG), MARK SANDERS (HEALTHWATCH BRACKNELL FOREST), TERESA SALAMI-ORU (PUBLIC HEALTH (RBWM)), FIONA SLEVIN-BROWN AND DR WILLIAM TONG

Karen Shepherd Service Lead- Democratic Services Issued: 09/07/18

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Nabihah Hassan-Farooq** 01628796345

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AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>WELCOMES, INTRODUCTIONS AND APOLOGIES</u>	Cllr David Coppinger	5 mins	-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any Declarations of Interest.	Cllr David Coppinger	-	5 - 6
3.	<u>MINUTES OF THE MEETING HELD ON THE 13TH MARCH 2018</u> To confirm the Part I minutes of the previous meeting.	Cllr David Coppinger	-	7 - 12
4.	<u>UPDATE ON THE INTEGRATED CARE SYSTEM (ICS)</u> To receive a verbal update from Helen Coe, Director of Operations, Frimley Health.	Helen Coe, Director of Operations, Frimley Health	5 mins	Verbal Report
5.	<u>UPDATE ON THE BETTER CARE FUND (BCF)</u> To receive a verbal update from Hilary Hall, Deputy Director- Strategy & Commissioning (RBWM).	Kevin McDaniel, Director of Childrens Services, AFC	15 mins	Verbal Report
6.	<u>ANNUAL PUBLIC HEALTH REPORT</u> To receive a presentation from Tessa Lindfield Strategic Director of Public Health for Berkshire (RBWM).	Tessa Lindfield, Strategic Director of Public Health for Berkshire, RBWM	15 mins	13 - 16
7.	<u>JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 9: FACILITATE PARTICIPATION IN EDUCATION, TRAINING, WORK AND SOCIAL AND COMMUNITY ACTIVITIES- EMBEDDING INCLUSION INTO THE BOROUGH</u> To receive a presentation from Kevin McDaniel, Director of Children's Services (Achieving for Children).	Kevin McDaniel, Director of Childrens Services, AFC	15 mins	Verbal Report
8.	<u>JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 12: PROMOTE AND ENABLE GREATER INDEPENDANCE FOR PEOPLE- CARE HOME QUALITY.</u> To receive a presentation from Lynne Lidster, Head of	Lynne Lidster, Head of Commissionin g – Adults and Children, RBWM, Vernon Nosal,	15 mins	17 - 30

	Commissioning- Adults and Children RBWM, Vernon Nosal- Head of Statutory Services, Optalis and Shiley Joseph- East Berkshire Care Homes Quality Lead, East Berkshire CCG.	Head of Statutory Services, Optalis and Shirley Joseph, East Berkshire Care Homes Quality Lead, East Berks CCG		
9.	<p><u>UPDATE ON THE STRATEGIC BOARDS: PROGRESS REPORT: THE HEALTH AND WELLBEING BOARD, SUB BOARDS.</u></p> <p>To consider a report on the above by Kevin McDaniel, Director of Children's Services (Achieving for Children), Angela Morris- Director of Operations, Optalis and Teresa Salami- Oru- Consultant in Public Health (RBWM).</p>	<p>Kevin McDaniel, Director of Childrens Services AFC</p> <p>Angela Morris, Director of Operations, Optalis</p> <p>Teresa Salami- Oru, Consultant in Public Health</p>	10 mins	31 - 40
10.	<p><u>QUESTIONS FROM THE PUBLIC</u></p> <p>To receive any questions from the public.</p>	Councillor Coppinger	10 mins	-
11.	<u>ANY OTHER BUSINESS</u>	Councillor Coppinger	5 mins	-
12.	<p><u>FUTURE MEETING DATES</u></p> <p>The dates for the future meetings are set as follows:</p> <ul style="list-style-type: none"> • 16 Oct 2018 • 15 Jan 2019 • 9 April 2019 			

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE</u> <u>NO</u>
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MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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

13 March 2018

PRESENT: Councillors David Coppinger (Chairman), Dr Adrian Hayter (Vice-Chairman), Councillor Natasha Airey, Councillor Stuart Carroll, Alison Alexander, Darrell Gale, and Mark Sanders

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

PART I

129/15 APOLOGIES FOR ABSENCE

Apologies were received from Dr William Tong and Jackie Macglynn.

130/15 DECLARATIONS OF INTEREST

Councillor 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.

131/15 MINUTES FROM THE MEETING HELD ON THE 12TH FEBRUARY 2018

Resolved- That the minutes of the meeting held on the 12th February 2018 were agreed and signed as a true and accurate record.

132/15 UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

John Lisle, Accountable Officer for East Berkshire CCGs gave a verbal update to the Board on the Sustainability and Transformation Plan. The CCG Annual Operating Plan summary version was currently being written and would become available in April. The CCGs in East Berkshire were merging with approval from NHS England and as of 1st April, the three CCGs would be dissolved and would operate as one CCG across East Berkshire.

A Memorandum of Understanding (MOU) for the Frimley System and how it would operate as a set of partners had been drafted. Additional text was being reviewed and would be added to the MOU for circulation which would show the way in which Local Authorities acted as a partner and would define ways in which they were part of the system. It was noted that there would be a review of the MOU in six months with integrated actions and outcomes.

The Board were informed that as a result of the latest planning guidance in health, the former Sustainability and Transformation Partnership had now moved to be known as an Integrated Care System (ICS). Mark Sanders (Healthwatch) had been involved with public engagement events to discuss the ICS and emerging ideas. There had been a substantial number of answers and questions which were currently being collated and answered

133/15 UPDATE ON THE BETTER CARE FUND (BCF)

Hilary Hall, Deputy Director Strategy & Commissioning updated the Board on the progress of the Better Care Fund (BCF). The BCF had been approved and an update on the four main

performance measures were as follows;

- Non-elective admissions were currently 8% ahead of the target that had been set. Non-elective admissions from care homes and admissions due to falls were on a downward trend.
- Delayed transfers of care was currently 2.5% and currently on target.
- Admissions to care homes had a target of 170 and current performance showed 130 actual admissions.
- Residents re-admitted to hospital 91 days after discharge had a target of 87.5% and as of February were at 86.8%. There was work being done to ensure that the target was met.

Questions from Members included whether there had been any highlighted work for care homes around the quality of work for re-admissions. It was confirmed that there was a post that had been funded through the BCF which was supporting residents who were at risk of non-elective admission and in receipt of benefits and that further work was being carried out to improve the quality of care homes. The Board was also informed that care home providers were being encouraged to provide support to those homes where more assistance and support was required.

134/15 HEALTH PARTNERSHIP BOARD REVIEW- FINAL REPORT

Hilary Hall, Deputy Director Strategy & Commissioning updated the Board on the progress of the Partnership Boards Review. The ambition of the restructure was to streamline the current number of boards/meetings and provide better communication to and from the main Health and Wellbeing Board. It was proposed that the main Board would be supported by three sub-groups and that other groups/sub-groups would feed into these. The submitted terms of reference were currently in draft form as representatives and membership for each Board had not been finalised. It was noted that the theme for 2018 would be loneliness and isolation which linked with the overall Joint Health and Wellbeing Strategy and which built on the previous year's theme around mental health.

The board agreed the model and next steps which included convening the three sub groups, agreeing membership, adopting terms of reference and planning as per the Joint Health & Wellbeing Strategy.

135/15 JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7: SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS- OPPORTUNITY RECOVERY COLLEGES

Susanne Yeoman, Locality Director for Slough and Mental Health East gave a presentation on the Opportunity Recovery College.

Key points from the presentation included;

- A steering group had been formed in 2016 with service user and carer representation. There had been engagement with service users with a series of focus groups. The Opportunity Recovery College (ORC) had been launched in October 2017 by RBWM CMHT (BHFT/Optalis).
- There had been a greater co-production between service users, carers and staff with opportunities for co-facilitation and delivery of courses.
- The ORC allowed individuals to become experts in their own recovery through self-management.
- There were four pathways through the provision of courses which included; recovery, life skills, working towards recovery and peer support.
- There had been two published prospectuses, (Term 1 Autumn 2017, Term 2 Spring 2018 and Term 3 in May 2018.)

- Referrals came directly from CMHT. The ORC team then contacted the individual within seven days of receiving the referral and would discuss learning pathways and courses with them. After this a commitment meeting would follow to establish readiness for attendance and individuals would remain registered until engagement.
- Updates on Term 1 included, delivery of increasing confidence/self-esteem, managing anxiety and mindfulness.
- It was noted that levels of commitment varied and that progress monitoring of attendance and actual completion were kept. There were two focus group sessions to enable co-production to take place and two further drop in sessions to facilitate information to prospective students.
- At present feedback from students of the ORC was that they had increased confidence and self-esteem, that they were able to manage their anxiety and that their mindfulness had strengthened.
- Term 2 updates included the provision of new courses based on co-production and external providers; looking glass project, WRAP with new provider (Reading Compass), Managing medication (BHFT) and tracing family history (co-produced with carers). In addition there would be two drop ins and one focus group per month. Additional courses were being developed which included, food & mood, five ways to wellbeing, employment and hearing voices.
- The ORC currently worked with organisations and partners which included; Art Beyond Belief, Ways into Work, service users and carers, and Compass College.

The Board were informed that next steps included continuation of strengthened partnership working, further development of peer mentoring, development of a volunteering recruitment and training programme, further development of the term 3 prospectus and continued co-production and evaluation. At the end of the presentation, members discussed a range of topics which included; further work around better access to the ORC for working individuals, ways in which the ORC had positively impacted mental health and increased life expectancy and outcomes.

136/15 JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7: SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS- BUILDING RESILIENCE IN PRIMARY SCHOOL CHILDREN CONFERENCE, JAN 17TH 2018

Teresa Salami-Oru, Consultant in Public Health gave a verbal update on the Building Resilience in Primary School Children conference held in January 2018. The Board was reminded that the 2017 Year of Mental Health action plan had three core pillars: embedding mental health in policies, building resilience in children & young people and strengthening communities through an asset based approach.

Building resilience in children and young people was important as it enabled them to remain mentally well and stable. By being resilient they were able to bounce back from adversity and confidently respond to difficult situations.

Putting this into further context the Public Health Consultant explained that in an average class of about thirty students, three would have a mental health problem, seven would be experiencing bullying and six self-harming. By being resilient young people stood a better chance of dealing with these challenges.

Evidence shows that schools have key opportunities to build resilience in children and young people, and there are a number of ways they can do this. Over the last year, partners had worked to build resilience in young people by offering Mental Health First Aid training to local schools, Pep Care training, strengthening the PHSE network and through the work of the Wellbeing Teams. However it was felt that in order to fully understand what else could be done to build resilience in young people, parents, carers and teachers needed to be consulted.

The Royal Borough facilitated the conference to host discussions with stakeholders and

present good practice. Out of this conference it was found that there was a greater need for an “all schools” approach to promote resilience in children. The Board were informed that a theme that proved to be very helpful was the link between physical education and wellbeing.

The Board were informed that Cookham Rise School had discussed at the conference details and benefits of the “daily mile” which had proved to be a key factor in improving the mental wellbeing of their students. Both students and teachers were able to support and promote mental wellbeing through the promotion of physical exercise.

ACTION- For the Cookham Rise School, “daily mile” video link to be circulated to all members.

Next steps included the identification of funds for schools in the Royal Borough to have tracks within their schools to encourage the daily mile as a standard. A targeted approach was discussed, focusing on primary schools in areas of relatively high excess weight. The board was advised that there was an upward trend in year six excess weight. Members queried what would happen with areas that had limited or no funding and what could be done to promote the “daily mile” in these schools. Further work would be carried out within the Developing Well sub group. Board Members discussed that consideration to alternative options to the dedicated tracks be given as the individual cost of a track was £16,000 and could prove to be prohibitive.

While each track was £16,000, the Consultant in Public Health reminded the board that this was relatively less than the current costs of treatment for children and young people with weight related diseases. Members discussed the need for ambassadors within schools for example promoting the nomination of a staff member or pupil for continued uptake of the daily mile.

ACTION- That a letter be written to local employers encouraging physical activity or a commitment to a similar physical activity.

137/15 JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 6: SUPPORT PEOPLE TO HAVE AN EARLY DIAGNOSIS OF DEMENTIA- DEMENTIA UPDATE

Doctor Adrian Hayter, provided an update on the work within practices surrounding the clinical diagnosis of dementia. The Board were informed of the symptoms of dementia which included, memory loss and ways in which individuals think, problem solve and ways in which their language changes. Two main conditions were Alzheimer’s dementia and vascular dementia. 1 in 14 people ages 65 or over would develop dementia in their lifetime, but it was noted that 40% of people over 90 would suffer with dementia. Work around understanding and trying to diagnose dementia had been carried out over the past few years, which had undertaken ways in which patients could be diagnosed earlier. Dementia diagnosis had increased and this was due to ways in which practices had used various tools and clinical championing work. Over the past 12 months dementia diagnosis rates had risen from 68% to 73% and that there were currently 1200 patients across RBWM who suffered with dementia. It was expected that there should be approximately 2000 individuals with dementia across the borough.

Currently work was being carried out with the three CCGs to address the need for earlier diagnosis of dementia and ways in which this could be addressed by providing support to each other. There was evidence currently to suggest that more support around individuals and medication could slow down the progression of the disease. The Board were informed that an earlier diagnosis of five years could result in significant savings, approximately £14 million. In 2016/17 work had been carried out with a local clinician to review and adopt tools to better examine patients and allow General Practitioners to assess clients within surgeries within an allocated appointment. One of the factors which had helped uptake was promotion and general awareness of the disease through posters in the GP surgeries which encouraged examinations. Local clinicians and medical professions had also been undertaking work

around ways in which ailments had been coded and this had success in understanding and also highlighting cases for earlier diagnosis.

Nikki Wilcock and Paula King from Nest Home care gave a presentation on the Dementia Action Alliance (DAA). The DAA was an initiative created by the Alzheimer's Society in 2016 and there were currently 366 DAAs nationally. Work with local businesses and organisations were being sought to identify current and future projects, pool resources and raise awareness of dementia within the community. The Board was informed that work to identify and increase the number of 'dementia friends' champions would include sessions in the community. The launch of the WAM DAA had taken place on 5th March 2018 which had approved terms of reference, evidence and research, actions and to set up a Twitter account.

Members discussed that the DAA acted as a focal point for sign posting to volunteer organisations. It was also discussed that the work carried out should be cohesive and not competitive. Members also discussed ways in which awareness could be promoted and that training in PHSE lessons and citizenship studies could be promoted. It was noted that there were information sessions currently being held with success at Windsor Boys and Windsor Girls School. Members also wished for the RBWM logo to be removed from Nest Care publication and that it should be clear that this was a voluntary and for profit organisation

138/15 HEALTH AND WELLBEING PERFORMANCE

Teresa Salami- Oru, Consultant in Public Health updated the Board on performance in relation to the Joint Health and Wellbeing Strategy. The full report would be circulated to the Board in April 2018. The Board heard details of the position summary as follows;

- Prevention and early intervention: there were two indicators under performing in the area of falls and diagnosis of dementia. There was some work to be carried, however it was noted that the data used had been from 2016/17 and there had been significant improvements since which had been analysed from more current data.
- Enabling Residents to maximise their capabilities and life chances: the percentage of NEETs: This had been higher than the South East and England average at 38%. It was noted data was to be reviewed at the Living Well sub group.
- There was a point difference between mental health service users in employment and general working age in employment was 6.8%.
- Supporting a healthy population: it was noted that there had been an upward trend in 10-11 year olds excess weight and there were a number of issues associated which would be discussed at the Developing Well sub group.

After the conclusion of the verbal report, Members discussed the need for alignment of data being reported in various reports. Kevin McDaniel confirmed that 18% of young people who were identified as NEETS were classed as "unknown" and that the Government now included these young people in the cohort for the indicator. The Board were informed that 0.6% of young people in the borough were not in education or employment.

139/15 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE

Darrell Gale (Acting Director of Public Health) gave a verbal update on the Pharmaceutical Needs Assessment (PNA). The PNA was a standing requirement of the Health and Wellbeing Board and that needed to be reviewed every three years. There had been a public consultation which had lasted for 60 days and various comments had been received. There had been another stakeholder and public consultation which had received 14 comments. Members were concerned that there had been very little public engagement with the consultation and that only two of the six comments had been received from members of the public.

The Board was informed that there was limited reference to 24 hour medical services noted

and it was confirmed that after thorough analysis there was enough provision for the current needs of the population. However it was noted that there was a need for some Sunday provision for pharmacies as most were independent and did not have the capacity to be open seven days a week.

Resolved UNANIMOUSLY That: The PNA was noted and agreed for approval.

140/15 A.O.B

Mark Sanders informed the Board that WAM had recently held an event with 130 delegates in attendance. The infrastructure of the new hub structure and the need for adequate bus routes was needed. Three top themes had emerged from the sessions which included discharge of joint working, Mental Health crisis team and General Practitioner appointments.

Members discussed mental health provision in schools and the recent green paper which stated that there was £4m available in potential funding and whether this could be bought to the Young Persons Board.

ACTION- To invite Debbie Workman to attend a future meeting to discuss ‘friends in MIND’.

141/15 QUESTIONS FROM THE PUBLIC

A question from the member of the public was received regarding the levels of obesity in and around the borough. It was discussed that RBWM residents were below the national average and that the Obesity Strategy was to be designed later this year. It was also noted that there were particular pockets of obesity and that further work would be done to tackle the issue in these areas.

A member of the public asked a question in relation to the money subsidised from tobacco industries from the Royal Society and whether there was a case for this money to be used to tackle smoking reduction. John Lisle stated that there had been a significant reduction in smoking prevalence across the borough and that the rates of smokers within RBWM was lower than the national average. There were more targeted services that had dealt with smoking reduction and had proved positive. Councillor Carroll informed the board that the model to reduce smoking had changed and that in recent years there were more options available and an increase in the number of less harmful substitutes such as electronic smoking devices were available to the residents of RBWM.

142/15 DATE OF THE NEXT MEETING

The date of the next meeting was to be confirmed.

The meeting, which began at 3pm, ended at 17:03pm.

CHAIRMAN.....

DATE.....

Subject:	The Royal Borough of Windsor and Maidenhead Annual Public Health Report, 2017
Reason for the briefing note	This report has been prepared to provide the board with an overview of the Strategic Director of Public Health's Annual Report <i>"Creating the Right Environments for Health"</i>
Responsible officer(s):	Teresa Salami-Oru, Consultant Public Health.
Senior leader sponsor:	Tessa Lindfield, Strategic Director of Public Health
Date:	17 th July 2018.

SUMMARY

The Annual Public Health Report 2017, ***"Creating the Right Environments for Health"*** provides information and evidence that can support place-based strategies to realise the potential of green and natural spaces for the health and wellbeing of local residents and communities and showcases local examples of how communities are already using the natural environment to stay healthy or improve their health and wellbeing.

Publishing an Annual Public Health Report is a requirement for all upper tier local authorities. The intention is to stimulate discussion and identify opportunities to improve the health of the public.

1. BACKGROUND

- 1.1 It is a requirement for councils to publish an independent annual public health report from their Director of Public Health. The annual report is the DPH's view on the health and wellbeing of our local communities and the opportunities to improve the public's health.
- 1.2 Since public health moved back into local government in 2013, we have reconnected with many of our valued colleagues in planning, leisure and sports development, parks and recreation, housing and highways (amongst others) to create place-based strategies and deliver actions which bind together these wider determinants of health with our local priorities.

"Creating the Right Environments for Health"

http://www3.rbwm.gov.uk/publichealth/download/downloads/id/127/public_health_annual_report.pdf

- 1.3 aims to reconnect professions, communities and landowners and highlight opportunities for them to work together to support the public's health through creating and maintaining accessible high quality green spaces and natural environments. The report provides information and evidence that can support place-based strategies to realise the potential of green and natural spaces for the health and wellbeing of local residents and communities and showcases examples of how local communities are already using the natural environment to stay healthy or improve their health and wellbeing.

2. KEY IMPLICATIONS

- 2.1 The natural environment is a wider determinant of health and presents a real opportunity to improve our health and wellbeing, both physically and mentally. It is helpful to think of the natural environment as green and blue spaces. Examples of green spaces include open fields and forests, examples of blue spaces include the sky, rivers and lakes.
- 2.2 Both spaces can enable exercise, time in nature, leisure and relaxation. There is evidence that the natural environment has a positive influence on health in a variety of ways.
- 2.3 The ways in which the natural environment can improve health are complex and intertwined with many other factors. There are four broad themes that have appeared from the research in this field, namely,
- **Stress reduction**
It has been known for a long time that spending time in nature can have restorative effects, through relaxation.
 - **Improved environmental quality**
Green spaces are more likely to be biologically diverse, and contribute to improving air quality and reducing the effect of heat concentration in cities.
 - **Greater social cohesion**
Areas of natural environment are places that people can socialise and congregate, places of pride in the community and as a result improve the cohesion of neighbourhoods.
 - **Increased physical activity**
Green spaces are appealing to visit, and typically need to be walked, cycled or played in to appreciate them.

3. DETAILS

- 3.1 There are many factors, or determinants, that come together to affect our health. Of the modifiable factors, some are individual and personal choices such as taking up smoking or choosing to exercise. At a population level, there are the wider determinants of health: a diverse range of economic, environmental and social factors that affect people's health and influence their choices and lifestyles. Difficult to quantify, many of these determinants are shaped by national and local government policies, our environment and the distribution of wealth. They include:
- Income and social status
 - Educational attainment
 - Quality of housing

- Community and social networks
- Activity – the way we live

3.2 It is generally agreed that these wider determinants of health overall have a more significant impact on the health of individuals than direct interventions in health care. Estimates vary, but it is estimated that health care contributes less than 25% of our overall health, with these wider determinants contributing the majority.

3.3 Public health, as a responsibility of local authority, has the opportunity to influence these determinants for the improvement of the health and wellbeing of the population it serves. The benefits may not be quickly realised, but are potentially vast and wide reaching.

4. RISKS

4.1 None identified.

5. NEXT STEPS

5.1 The Board is asked to read and note the DPH Annual Report and its conclusions and to share widely within their respective organisations and local communities.

“Creating the Right Environments for Health” recommends that;

- Local authorities and other 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.
- Authorities consider how existing green space could be improved and how to include high quality green space in current developments. The use of professional design and arrangements to ensure the ongoing management of natural environments are important considerations if spaces are to add value for the long term and be sustainable.
- Opportunities to increase active transport should be considered when designing new green spaces and in the improvement of existing space.
- Planning guidance for new developments should specifically consider the use of green and blue space to improve the health and wellbeing of residents and others using the space.
- Local Authorities and their public health teams should foster new relationships with organisations with a view to improving the natural environment and its use.

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Improving Quality in Care Homes

Vernon Nosal, Optalis

**Shirley Joseph, East Berkshire Clinical
Commissioning Group**

**Lynne Lidster, Royal Borough of Windsor and
Maidenhead**

Working together in partnership for residents in care homes

What are we aiming to achieve?

Residents living in care homes will have the best possible quality of life in a safe, caring and supportive environment.

How are we securing better outcomes for residents?

By focussing on the areas of need with targeted, evidence-based programmes and working together in partnership with:

- Residents and families.
- Royal Borough and Optalis.
- Health and social care across East Berkshire.
- Health and social care across the Integrated Care System.

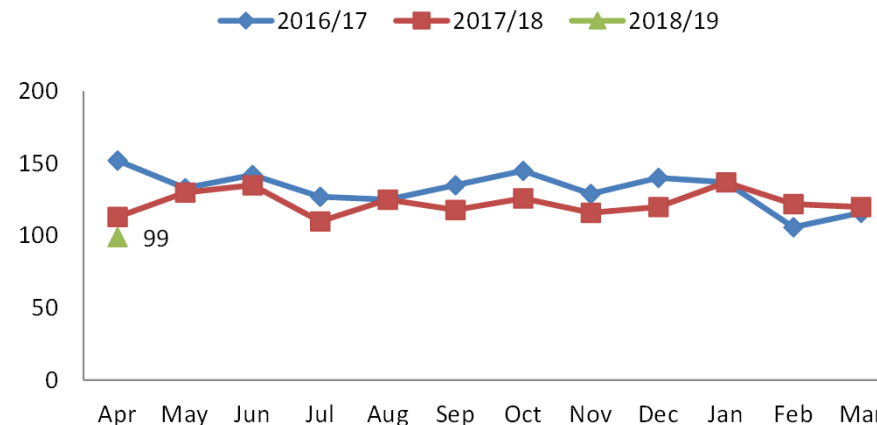


Working together in partnership for residents in care homes

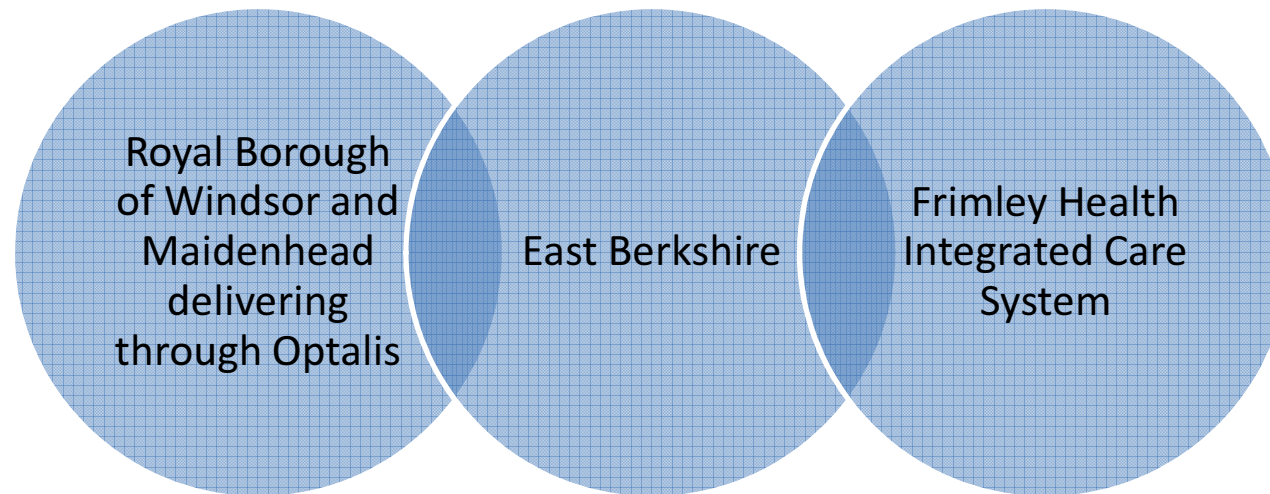
Some examples of the outcomes of partnership working:

- A reduction in non-elective (unplanned/emergency) admissions.
- Reduction in length of stay in hospital.

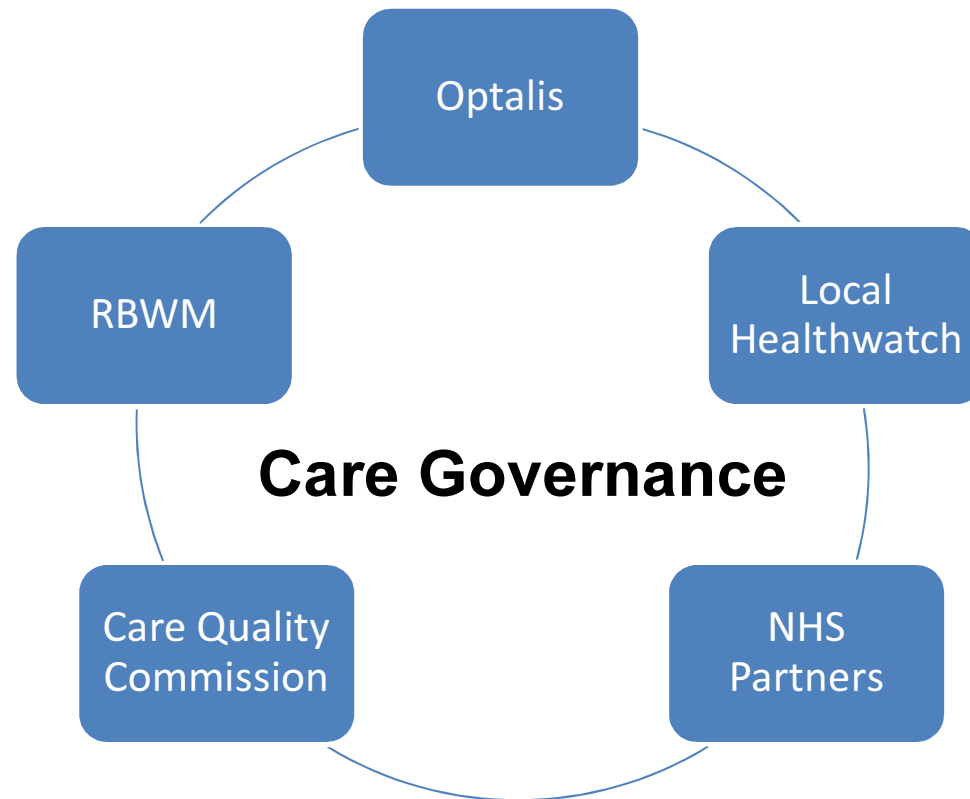
Non elective admissions



A partnership approach to securing better outcomes



Royal Borough of Windsor and Maidenhead delivering through Optalis



Royal Borough of Windsor and Maidenhead delivering through Optalis

Quality Assurance and Improvement:

- Collects intelligence/information about registered care providers in the borough, e.g. safeguarding alerts.
- Provides targeted support for providers that have been identified as needing improvements.



Partnership approach across East Berkshire

A partnership between:

- East Berkshire local authorities.
- East Berkshire Clinical Commissioning Group.
- Berkshire Healthcare Foundation Trust.
- South Central Ambulance Services.
- Local GP.

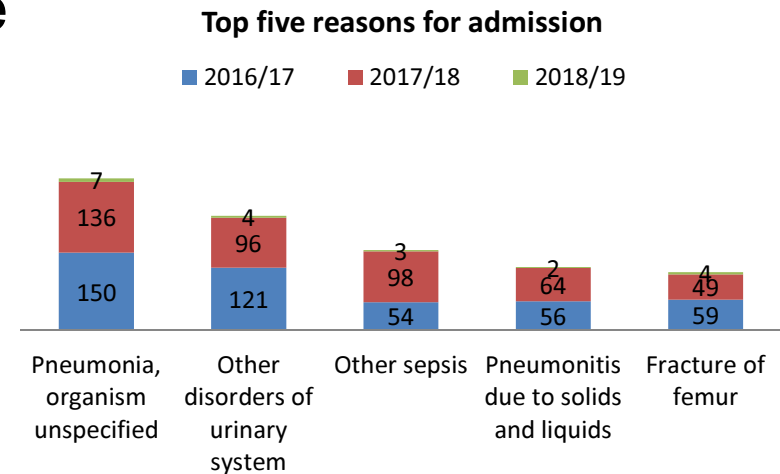
Quality Improvement delivered by a joint post funded by East Berkshire Better Care Funds.



Partnership approach across East Berkshire

How do we understand what is needed?

- Evidence – data e.g. non-elective
- admissions, falls.



How do we decide what to do?

- Evidence based practice e.g. Enhanced Health in Care Homes.
- Best practice, e.g. skin tear project.

Partnership approach across East Berkshire

Examples of improvement support across East Berkshire:

- Hydration and nutrition advice and guidance (award winning).
- Trusted assessor – helping people to return to their care home from hospital.
- NHS mail for care homes to allow patient level data from hospital to care home.
- Specific input to care homes to help resolve issues.



Partnership approach across Frimley Health Integrated Care System

A partnership between:

- Registered providers of care homes through care associations.
- Local authorities from across East Berkshire, Surrey and Hampshire.
- Clinical Commissioning Groups – East Berkshire, Surrey Heath and North East Farnham and Hampshire.
- NHS providers from hospital and the community.

Strength in partnership – joining together means we can engage the support and expertise of specialist practitioners.



Partnership approach across Frimley Health Integrated Care System

How do we understand what is needed?

- Benchmarking with all other areas in England against the Enhanced Health in Care Homes Framework.
- Listen to providers.

How do we decide what to do?

Evidence based practice e.g

- Red Bag Scheme.
- National Early Warning Score.
- Coaching and mentoring for care home staff.



Partnership approach across Frimley Health Integrated Care System

How will we measure success?

- Feedback from residents, staff and provider managers.
- Health data, e.g. non-elective admissions, falls, calls out/request for an ambulance.
- Length of stay in hospitals.
- Lost property.
- Care Quality Commission inspection results.
- Number of safeguarding incidents substantiated.



Questions?



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Subject:	Progress Report: The Health & Wellbeing Board, sub boards.
Reason for briefing note:	To present a progress report on the development of the Health & Wellbeing Board, sub Boards.
Responsible officer(s):	Teresa Salami-Oru, Consultant Public Health. Kevin McDaniel, Director for Children's Services Angela Morris, Operations Director
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning.
Date:	17 th July 2018.

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Royal Borough
of Windsor &
Maidenhead

SUMMARY

This paper has been prepared to present progress made to date, with regards to the implementation of the three new Health & Wellbeing Board (HWB), sub boards as approved by the HWB on 13th March 2018.

1. BACKGROUND

- 1.1. In 2017 proposals for a new delivery model supporting the Health and Wellbeing Board (HWB) were agreed. The proposals aimed to refocus resources around a new delivery model, and ensure the delivery of priorities within a clear governance framework. The HWB is now supported by three sub groups – Developing Well, Living Well and Ageing Well.
- 1.2 For the first 12 months of the new model, the Director of Children's Services, the Director of Operations (Optalis) and the Royal Borough Consultant in Public Health will chair the three sub boards.

2. KEY IMPLICATIONS

- 2.1 The sub board chairs are officers/members of the Health & Wellbeing Board and will provide an update at each HWB meeting.
- 2.2 The new model provides an open line of communication for all forums and groups in the local health and social care and voluntary system.
- 2.3 The new delivery model ensures a more robust system drive to address key strategic priorities identified in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

3. DETAILS

- 3.1 The project leads within the Public Health team have met with all sub board chairs. Draft core and advisory membership have been agreed for all three boards. The Developing Well Board had its first meeting on 12th June 2018. The other two boards plan to meet on 25th and 31st July respectively.

- 3.2 Draft terms of reference and action plans have been written with a view to being discussed and finalised at initial board meetings. These plans are evidence based and aligned with the priorities identified in the Joint Health and Wellbeing Strategy and overarching HWB board theme, Loneliness and Isolation, see appendix 1 for sub board draft plans.

4. RISKS

- 4.1 The successful operation of the HWB sub boards relies on stakeholder ownership and engagement and therefore, ongoing communication will be vital.
- 4.2 Boards will need to be self-managing from June 2018, as project officer support will be unavailable.

5. NEXT STEPS

- 5.1 The next steps are for the Living Well and Ageing Well Boards to convene and confirm governance arrangements and action plans.
- 5.2 For the board to approve sub board updates being a standing item on the Health and Wellbeing Board agenda.

Appendix 1

Developing Well Action Plan – draft

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
1. Prevention and early intervention.	1.Mental Health – better awareness and understanding of anxiety.	<ul style="list-style-type: none"> • Reduce anxiety behaviours that prevent learning through awareness and training. • Investigate PPEP care anxiety model for whole school approach. 	AfC Service Leader – Psychology, Wellbeing & School Support.	September 2018.	
	2. Reduce online harm.	<ul style="list-style-type: none"> • Investigate what is already being delivered to reduce online harm. • Develop strategies to support children affected by online harm and online addiction. 	AfC Community Service Manager.		
2. Supporting a healthy population.	1. Healthy Weight – Promote increased exercise and healthy eating for children and young people.	<ul style="list-style-type: none"> • Support the Daily Mile in Primary Schools. • Increase physical activity opportunities through School Sports Partnership and Sports Development Team 	RBWM PH Service Lead Commissioning & Contracts		
	2. Healthy Lifestyles - Increase drug and alcohol awareness	<ul style="list-style-type: none"> • Audit existing services. • Consult with local young people to get their views and use these to 	AfC Community Service Manager.		

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
	amongst young people and their parents	reinforce national campaign messages. • Work in partnership with Thames Valley Police on County Lines initiatives	RBWM PH Service Lead Commissioning & Contracts		
	3. Health Prevention – Increase uptake of childhood immunisations including flu	Develop a myth busting campaign locally to increase uptake of all immunisations	RBWM PH Service Lead Commissioning & Contracts		
3. Enable residents to maximise capabilities and life chances.	1. Maximise opportunities the SEND strategy provides.	See through the changes of the SEND strategy.	AfC Director of Children's Services AfC Service Leader – Psychology, Wellbeing & School Support.		
	2. Monitor the uptake of the Inclusion Charter.	RBWM, schools and health partners to adopt the Inclusion Charter	AfC Director of Children's Services AfC Service Leader – Psychology, Wellbeing & School Support.		

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
Overarching theme 2018 – Loneliness & Isolation.	Reducing isolation through community outreach.	<ul style="list-style-type: none"> • Run a campaign twinning schools and care homes / day centres to provide intergenerational support and get connected. • Promoting activity through peer support for young people at school such as 'buddy benches'. 			

Living Well Action Plan - draft

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
Prevention and early intervention.	1. Workplace mental health. Legacy of the Year of Mental Health.	ELearning mental health tools.			
		Workplace Health Checks			
		Reviewing work place guidance / evidence and best practice and tapping into regional networks.			
		Summit on how to improve workplace health place.			
	2. Make Every Contact Count (MECC). Embedding prevention in organisational activities.	Training for commissioned services and front facing services.			
Supporting a healthy population.	Reduce the incidence and the spread of disease through immunisations & screening	Increase uptake of adult immunisations and cancer screening, through local communications, assurance reports from NHSE/PHE			

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
		System Flu planning			
	2. Lower risky alcohol intake.	Develop pathways with Wexham Park Hospital Alcohol Nurse.			
Enable residents to maximise capabilities and life chances.	1. Improving self-care and independence.	Residents to access digitalised health care through a digital plan that raises awareness of health apps.			
	3. Use of green spaces.	Embedding of recommendations identified in Annual Public Health Report 2018			
Overarching theme 2018 – Loneliness & Isolation.	Asset Mapping.				

Ageing Well Action Plan - draft

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
Prevention and early intervention.	1. Empower people to engage in self-care	Promote the uptake of Telecare and Assistive technology			
		Develop digitalised healthcare including the promotion of health apps ratified by ORCHA.			
		Develop falls pathway to support residents			
		Support people to have an early diagnosis of dementia and access support services			
		Promote Fire Safety Checks			
	2. Support residents with health needs	Reduce stigma of mental health and support residents to improve their wellbeing			

JHWBS aims	Theme	Action required	Owner	Timescales	Action Updates
Supporting a healthy population.	1. Residents remain active and live independently for longer	Increase uptake of health checks and flu immunisation	Commissioned service across 17 GP practices includes dementia check		
	2. Make Every Contact Count (MECC) concept.	Training for staff commissioned services and front facing services.			
	3. Embed flu plan.				
Enable residents to maximise capabilities and life chances.	1. Support clients with multi-morbidity and frailty (LTC) to support own care	Accessing VCS Appropriate Health Apps Increase use of telecare			
	2. Encourage participation in social and community activities	Social Prescribing DCA WAM GI OPAF			
	3. Support older carers to manage caring responsibilities	Increase support groups across RBWM			
Overarching theme 2018 – Loneliness & Isolation.	1. Mapping.	Digital resources available for residents across the Borough			
		Resources available for professionals and self-funders			

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