

NOTICE  
OF  
MEETING



**HEALTH AND WELLBEING BOARD**

will meet on

**TUESDAY, 16TH OCTOBER, 2018**

at

**3.00 pm**

in the

**COUNCIL CHAMBER - TOWN HALL,**

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (DEPUTY CHAIRMAN OF CABINET AND CABINET MEMBER FOR PLANNING AND HEALTH (INCLUDING SUSTAINABILITY)) (CHAIRMAN), DR ADRIAN HAYTER (WAM CCG CLINICAL CHAIR AND LEAD FOR WINDSOR) (CCG) (VICE-CHAIRMAN), COUNCILLOR NATASHA AIREY (CABINET MEMBER FOR CHILDREN'S SERVICES), COUNCILLOR STUART CARROLL (CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH), TESSA LINDFIELD (STANDING DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), ALISON ALEXANDER (MANAGING DIRECTOR/ DIRECTOR ADULT SERVICES) (RBWM), DARRELL GALE (DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), HILARY HALL (DEPUTY DIRECTOR STRATEGY AND COMMISSIONING) (STRATEGY AND COMMISSIONING (RBWM)), KEVIN MCDANIEL (DIRECTOR OF CHILDREN'S SERVICES) (CHILDRENS SERVICES (RBWM)), ANGELA MORRIS (DEPUTY DIRECTOR - HEALTH AND ADULT SOCIAL CARE), JACKIE MCGLYNN (NHS BRACKNELL AND ASCOT CCG) (NHS BRACKNELL AND ASCOT CCG), MARK SANDERS (HEALTHWATCH BRACKNELL FOREST), TERESA SALAMI-ORU (SERVICE LEADER - COMMISSIONING / CONSULTANT IN PUBLIC HEALTH) (PUBLIC HEALTH (RBWM)), FIONA SLEVIN-BROWN (DIRECTOR OF STRATEGY AND OPERATIONS, CCG'S EAST BERKSHIRE) AND DR WILLIAM TONG (NHS)

Karen Shepherd  
Service Lead- Democratic Services  
Issued: 08/10/2018

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](http://www.rbwm.gov.uk) or contact the Panel Administrator **Nabihah Hassan-Farooq** 01628796345

**Fire Alarm** - In the event of the fire alarm sounding or other emergency, please leave the building quickly and calmly by the nearest exit, situated through the Mayor's Parlour (opposite the Chamber), and proceed down the back staircase. Do not stop to collect personal belongings and do not use the lifts. Congregate on the cobbled area, outside Hamptons Estate Agents and do not re-enter the building until told to do so by a member of staff.

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## AGENDA

### PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PRESENTER</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE</u>  To receive introductions and apologies for absence.	Cllr David Coppinger	5 mins	-
2.	<u>DECLARATIONS OF INTEREST</u>  To receive any Declarations of Interest.	Cllr David Coppinger	-	7 - 8
3.	<u>MINUTES OF THE MEETING HELD ON THE 17TH JULY 2018</u>  To confirm the Part I minutes of the previous meeting.	Cllr David Coppinger	-	9 - 14
4.	<u>STANDING ITEM: UPDATE ON THE INTEGRATED CARE SYSTEM (ICS)</u>  To receive a verbal report on the above titled item.	Jane Hogg, Integration and Transformation Director, Frimley Health	5 mins	15 -16
5.	<u>STANDING ITEM: UPDATE ON THE BETTER CARE FUND (BCF)</u>  To receive a verbal update on the above titled item.	Hilary Hall, Deputy Director Strategy & Commissioning, (RBWM)	5 mins	Verbal Report
6.	<u>JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE</u>  To receive a presentation on the above titled item.	Teresa Salami-Oru, Consultant in Public Health	10mins	17 -26
7.	<u>THE IDENTIFICATION OF SELF FUNDERS AND PLANNING FUTURE DEMAND</u>  To receive a presentation on the above titled item.	Mark Sanders, Project Lead, Health Watch	15mins	27 -32
8.	<u>SYSTEM FLU PLANNING</u>  To receive a presentation on the above titled item.	Jo Greengrass Assistant Director Nursing; Jo Jeffries Consultant in Public Health	15mins	33 -42

9	<p><u>STANDING ITEM: UPDATE ON THE STRATEGIC BOARDS; PROGRESS REPORT: THE HEALTH AND WELLBEING BOARD, SUB BOARDS</u></p> <p>To receive a report on the above titled item.</p>	<p>Kevin McDaniel, Director of Children's Services, (AFC); Angela Morris, Director of Operations (Optalis); Teresa Salami-Oru, Consultant in Public Health (RBWM)</p>	10mins	43 -44
10.	<p><u>QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>To receive questions from Members of the Public</p>	<p>Cllr David Coppinger</p>	20mins	-
11.	<p><u>AOB</u></p> <p>To discuss any other business</p>	<p>Cllr David Coppinger</p>	5 mins	-
12.	<p><u>FUTURE MEETING DATES</u></p> <p>Future meeting dates as follows:</p> <ul style="list-style-type: none"> <li>• 15<sup>th</sup> January 2019</li> <li>• 9<sup>th</sup> April 2019</li> </ul>	<p>-</p>	-	-

## 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 AT 3.00 PM**

**17 July 2018**

PRESENT: Councillor David Coppinger (Chairman), Councillor Natasha Airey, Tessa Lindfield, Mark Sanders, 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 13<sup>th</sup> 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 2<sup>nd</sup> 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;

- 16<sup>th</sup> October 2018 at 3pm
- 15<sup>th</sup> January 2019 at 3pm
- 9<sup>th</sup> April 2019 ay 3pm

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

CHAIRMAN.....

DATE.....

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# Frimley Health and Care

Agenda Item 4



Newsletter - Issue 4

## Happy 70th Birthday NHS!

Local people and staff who are helping to shape the health and social care services of the future in our local communities, celebrated the NHS' 70<sup>th</sup> birthday on Thursday, July 5.

It is a key milestone in a long journey that began when the NHS' creator, Health Minister Aneurin Bevan, walked into Park Hospital in Manchester on July 5, 1948 to launch the ambitious project.

A special short film has been released, produced by NHS England, with the support of Sainsbury's, to support the NHS 'Big 7Tea' celebration. The film features staff from across the Frimley Health and Care, including from Wexham Park Hospital, in Slough, Frimley Park Hospital, in Frimley, Surrey, and from Surrey's social care team. Public volunteers also took part, as did a local GP, some of the area's new paramedic practitioners, and Healthwatch Hampshire. The film can be viewed here: <https://www.youtube.com/watch?v=xFHM9hPwkiU&feature=youtu.be>

Sir Andrew Morris, who leads Frimley Health and Care, said: "Everyone in this country has a reason to love the NHS. This film celebrates the community spirit that surrounds the NHS to thank all the staff and volunteers for their continued hard work that helps save lives and create healthier communities.

"The NHS performs outstanding work every single day and we should all feel very proud to have such an incredible and hardworking workforce pioneering the best health and care outcomes for people. We are delighted that Sainsbury's have supported the making of this film, working with our staff and volunteers, helping us celebrate a landmark achievement for our country – the 70th birthday of our NHS."

Lots of events took place across the system including celebratory tea parties and family events. Frimley Health hosted Radio Berkshire for the day at Wexham Park Hospital and talked about many of the services and new ways of working across health and care and celebrated the babies born on the NHS's birthday.

You can listen again here <https://www.bbc.co.uk/programmes/p069xwsg>



## Helping People to stay independent and live at home

Lots of work has been going on across the Frimley Health and Care system to ensure health and care services provide support to allow people to stay healthy and independent in their own homes for as long as possible.

Plans are coming together to have a single telephone number which will allow professionals to make just one call to access co-ordinated support for the people they are working with. This will provide access to teams of health and social care professionals who will tailor support to the needs of those whose health or independence is likely to worsen. The teams will also include mental health workers and people from the voluntary sector. The telephone line will be launched across the localities in North East Hampshire and Farnham in October and in East Berkshire in November. To start with this telephone line will only be available to people working in health and care. In time local people will be able to call directly to access help and support and benefit from co-ordinated care.

Surrey Heath has been piloting a frailty panel which brings together a range of experts to review the cases of people diagnosed with frailty. The panel will pull together a plan to keep the person as well as possible. This model is also being developed in North East Hampshire and Farnham.

Across the whole Frimley Health and Care area, GPs are being encouraged to identify people whose health and care needs are likely to increase. The idea is that measures can be put in place to help to keep people well, so they can stay as independent as possible and remain in their own home for as long as possible.

## Improving access to training within our Care Homes



A new role in Frimley Health and Care is helping to co-ordinate and improve training across the system, helping care home staff to feel supported and confident in their roles.

Mandy Holdstock explains more about her work. "My role as Training Coordinator is varied with my main focus being working with Care Homes to assess their training requirements and co-ordinate consistent provision. I have asked Care Homes to tell me what their priorities are with regards to training and how they access what they need, whether that be internally provided or from an independent training provider. I'm working with a smaller number of care homes as a pilot but the aim is to role this out across the whole system.

I also organise the new Care Home Forum which covers the whole footprint. This Forum aims to bring together Care Home Managers and Clinical Leads from the care homes across the three locality areas to allow sharing of best practice and networking

opportunities with homes that they wouldn't necessarily have had access to. It will also allow members of the forum to understand what Frimley Health and Care is working to achieve and introduce initiatives that will have a positive impact on the homes moving forward.

There is also work to be done with care homes and medicines management around continence care, and a catheter passport will be introduced very soon. The passport aims to provide all of the information that a home will need about their resident and the reasons behind having an indwelling catheter. We will be providing training for this so there is full understanding of what and why it has been implemented. We hope the passport will help to provide better more co-ordinated care for the resident."

## #MovingCan...bring lots of benefits for everyone

In August organisations across Frimley Health and Care have joined together to support #MovingCan, a campaign promoting the many health benefits of leading a physically active life.

This campaign mainly uses social media messages to link to a wide range of supporting materials, showing how moving can boost physical and mental health and reduce the risk of many serious health conditions, from cancer to stroke. You can visit <http://health.bracknell-forest.gov.uk/moving-can/> to find out more about ways to get moving in your local area.



<b>Subject:</b>	RBWM Joint Strategic Needs Assessment 2018- 2021
<b>Reason for briefing note:</b>	To update the Health & Wellbeing Board on progress made to date on the development of the Joint Strategic Needs Assessment, 2018 - 2021.
<b>Responsible officer(s):</b>	Teresa Salami-Oru, Head of Public Health/ Consultant in Public Health.
<b>Senior leader sponsor:</b>	Hilary Hall, Deputy Director, Strategy & Commissioning
<b>Date:</b>	16 <sup>th</sup> October 2018

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Royal Borough  
of Windsor &  
Maidenhead

## SUMMARY

The Joint Strategic Needs Assessment (JSNA) is a process which assesses local needs, assets and service demand. Its purpose is to provide evidence to health and social care commissioners to support the commissioning process. The requirement for all local areas to produce a JSNA is set out in The Health and Social Care Act 2012 ('the Act'). Under the Act, local Health and Wellbeing Boards are responsible for producing the JSNA and keeping it regularly updated. The Royal Borough's Public Health Team are leading the development of the JSNA 2018 -2021 on behalf of the Health and Wellbeing Board.

## 1 BACKGROUND

- 1.1 The requirement for all local areas to produce a JSNA is set out in the Local Government and Involvement in Public Health Act (2007).<sup>1</sup> The Health and Social Care Act 2012 ('the Act') amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWSs).<sup>2</sup>
- 1.2 The JSNA is a process which assesses, needs, assets and service demand<sup>3</sup>. It has a three year cycle and is reviewed annually. The purpose of the JSNA is to support commissioning, the development of the Joint Health & Wellbeing Strategy and all local and system strategies. It also provides partners with the opportunity to understand needs at ward level, identify differences in health outcomes and the impact of the wider determinants of health on residents. Products from the process will include the development of an online document underpinned by an intelligence repository.
- 1.3 It is anticipated that the main audience for the JSNA will be health and social care commissioners; however plans are in place to ensure the JSNA is co-produced with partners and uses up to date intelligence identifying epidemiological, corporate, comparative and resident need. Evidence of service outcomes will also be collected where possible from local commissioners, providers and service users to inform the JSNA.

<sup>1</sup> Local Government and Public Involvement in Health Act 2007, <https://www.legislation.gov.uk/ukpga/2007/28/contents>

<sup>2</sup> Department of Health and Social Care: Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

<sup>3</sup> Department of Health and Social Care: Care and support statutory guidance, updated 12 February 2018

## 2 KEY IMPLICATIONS

- 2.1 The findings and recommendations identified by the JSNA report will provide:
- An evidence base for system health and wellbeing decision making and commissioning.
  - Evidence for return on investment, value for money and efficiency.
  - Evidence for the development of key system plans and strategies
- 2.2 Initial findings from the JSNA process suggest that:
- Although about 56% of our residents live in the 20% least deprived areas in the country, the Royal Borough is the home to four of the 20% most deprived LSOAs in Berkshire, namely Clewer North, Belmont, Furze Platt and Oldfield.
  - The council's population profile is similar to the national picture, there are however some age specific differences. For example the council has a lower proportion of adults aged 20-34 and a higher proportion of adults aged 35-59. There is also a slightly higher than average percentage of school-age children (5-19 years).
  - The slightly higher than average percentage of school-age children and planned local regeneration may have implications for service demand and utilisation.
  - The higher general fertility rate in less affluent wards such as Horton and Wraysbury, Datchet, may have implications for the preconception health agenda and service provision (children centres, health visitors).
  - The Royal Borough has a larger than average number of adults aged between 35 and 59yrs, depression has doubled since 2013/14, happiness scores are on a downward trend, with a slight upward trend noted for self-harm. There are also upward trends in cardiovascular diseases (diabetes and dementia).
  - Dementia prevalence is projected to double (approximately 9.1%) by 2030. Actions which prevent or delay the onset of dementia such as physical activity, obesity and smoking in the under 65s have both local and national drivers.
  - Priority areas identified in the 0-19s include, immunisations, excess weight, autism, mental health and poverty.
  - Approximately 18.2% of the population are over 65yrs. The Royal Borough is ageing in line with England, not above. The Royal Borough has the large number of older people compared to the rest of Berkshire. Early findings suggest shingles, flu, age related macular degeneration, dementia, falls and cancer are challenges.

## 3 DETAILS

- 3.1 The JSNA is being collaboratively developed, led by Public Health and supported by a multi agency task and finish group. The task and finish group (TFG) was established to provide operational support for the delivery of the JSNA, specifically to review development stages and to quality assure data and its application, see appendix 1 and 2 for further details.
- 3.2 Qualitative and quantitative data sources have been used to develop the JSNA. A life course approach has been taken with only local priorities planned for inclusion in the finished product. Local need is being identified through the interrogation of relevant data sets, semi structured interviews with stakeholders and a stakeholder event, see appendix 4.
- 3.3 Priorities identified across the life course by the JSNA TFG include, mental health, immunisations, prevention, cardiovascular disease, obesity, cancer and health inequalities. A recent survey conducted with the voluntary sector revealed that over 80% of partners agreed that these needs were local priorities. Stakeholders at the recent JSNA event identified prevention, service accessibility and integration as key local issues.

#### 4 **RISKS**

Effective communication between partner agencies. Plans to mitigate include one to one meetings and planned stakeholder events.

#### 5 **NEXT STEPS**

- The Health and Wellbeing Board to note the progress made to date and receive updates in January and April 2019.
- The Health and Wellbeing Board to sign off the JSNA, 2018-2021 by July 2019.
- The Health and Wellbeing sub boards to prioritise local needs based on the findings to date.

## Appendix 1: T&FG Membership: Roles and Responsibilities

Teresa Salami-Oru, Consultant in Public Health/Head of Public Health	Strategic Project Lead
Sam Claridge, Shared Team, Health Intelligence	Health Intelligence shared function
Anna Robinson, Strategy & Performance Manager	Facilitate data infrastructure and dashboard creation
Dan Brookman, Business Architect	Facilitate data infrastructure
Lin Guo, Public Health Specialist, JSNA	Public Health JSNA Lead Collate and prepare chapters Coordination of steering group
Simon Arthurs	Live data upload, public facing. Mapping
Mark Jordan, Public Health Practitioner	Public Health support for uploading of chapters onto microsite.

## Appendix 2: JSNA Timetable

The timetable for the JSNA project is as follows:

- Project to run from June- March 2019
- Monthly TFG meetings.
- The first JSNA draft is to be completed at the end of December 2018.
- Ongoing stakeholder meetings throughout process.
- JSNA stakeholder workshop 17th September
- A JSNA feedback event in March, 2019.
- Digital JSNA to be completed by July 2019
- Signoff for JSNA by HWB by July 2019

## Appendix 3: JSNA Outline

### 1. Executive summary

### 2. Glossary

### 3. Data Visualisation: visualisation of data using infographics and real time updates.

### 4. Introduction

- Aim and purpose of this JSNA report
- Definition of health and health inequality, social care
- Dahlgren and Whitehead's rainbow

### 5. Understanding our place

This chapter will comprise of seven summaries and infographics. All seven chapters will be put into JSNA library with web links to further data sources. In this section, we will outline the population profile and wider determinants of health. This section will include:

- Our population
- Employment and income
- Crime and disorder
- Housing and homeless
- Road safety
- Air quality
- Our Environment
- Community Assets

### 6. Deprivation in the Royal Borough

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources. People who live in the more deprived areas are associated with poorer health and well-being outcomes. This section will use a map to visualise differences in deprivation in the Royal Borough based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area.

### 7. Life expectancy in the Royal Borough

Life expectancy is a frequent used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the difference in life expectancy is a key part of reducing health inequalities. This chapter will also address leading causes of mortality: heart disease, stroke, heart disease and stroke, lung disease, liver disease, lung cancer, breast cancer, colorectal cancer, injuries. – Longer Lives Tool (visualisation).

### 8. What are the risk factors for children in the Royal Borough?

This chapter will focus on seven areas of challenge identified through our Exploring Children's Health, rapid needs assessment. These areas are:

- Autism
- Child Obesity
- Child Poverty
- Low Birth Weight
- Self-Harm
- Immunisations
- Non Elective Admissions in 0-4s

### 9. What are the risk factors for adults of working age in the Royal Borough?

This chapter will focus on five areas of challenge identified through our Exploring Adult's Health, rapid needs assessment. These areas are:

- Cancer
- Cardiovascular Diseases
- Mental health
- Alcohol related road traffic accidents
- Inequalities (access to green space, smoking in routine & manual groups)

**10. What are the risk factors for older people in the Royal Borough?**

This chapter will focus on five areas of challenge identified through our Exploring Older People's Health, rapid needs assessment. These areas are:

- Falls
- Dementia
- Flu/Shingles
- Age-related macular degeneration
- Cancer

**11. Equipping ourselves for the future**

- What works?
- Cost-effectiveness or return on invest for services
- Recommendations for Commissioning (Developing well, living well, and ageing well)

**12. Key contacts**

**13. Chapter References**

## Appendix 4 – Executive Summaries

### What are the risk factors for children in the Royal Borough?

#### *Executive summary*

Children in the Royal Borough experience good health. However, children living in some parts of the Royal Borough experiencing poor health. About 56% of our residents live in the 20% least deprived areas in the country, however, the Royal Borough is the home to four of the 20% most deprived LSOAs in Berkshire, namely Clewer North, Belmont, Furze Platt and Oldfield.<sup>4</sup> The table below represents a summary of need:

In 2016, there were 44 live births (2.80%) with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks in RBWM. This was similar to the England average (2.79%), but higher than the deprivation decile comparator group's (IMD 2015) of 2.20%.	There is an upward trend of overweight and obese children in Year 6 in the Royal Borough. The proportion was substantially increased from 25.8% in 2015/16 to 30.8% in 2016/17.	In 2015, 2,463 children (8.4%) locally were living in poverty. This was increased by 0.82% to a total of 2,756 children (9.22%) over 2 years. In real terms, this means an increase of 293 children living in poverty.
In 2011, 4,448 (7.8%) households experienced fuel poverty in the Royal Borough. This was increased by 0.4% to a total of 4,976 (8.2%) households in 2015. In real terms, this means an increase of 528 households experienced fuel poverty.	411 children with autism known to schools in the Royal Borough at a rate of 15.0 per 1,000 pupils in 2017. This information tells us that there is a large number of children in the Royal Borough with autism known to schools and is higher than the national average (12.5 per 1,000) and the deprivation decile comparator group's rate of 11.8 per 1,000.	

<sup>4</sup> The Better Care Fund: Windsor & Maidenhead Better Care Fund Narrative Plan 2017-19.

## What are the risk factors for adults of working age in the Royal Borough?

### *Executive summary*

The Royal Borough benefits from high levels of connectivity via its strategic road networks. Maidenhead is due to become a significant stop for Cross rail during 2019-20, the new fast, high frequency, high capacity railway linking the City of London with the South East. It will reduce journey times between Maidenhead and Canary Wharf to 55 minutes. More households are employed in either professional or managerial/technical occupations compared to the national average.<sup>5</sup> The table below represents a summary of need.

In the Royal Borough, the prevalence of dementia is 4.7% in people aged 65 and above in 2017. It is higher than the England average of 4.33% and the deprivation decile comparator group's (IMD 2015) of 4.16%. Dementia care is likely to be an increasing challenge for health and social care services, considering the ageing population, service capacity and costs.	The prevalence of depression in people aged 18 years and over in the Royal Borough has almost doubled over the past 4 years, from 3.8% in 2013/14 to 7.1% in 2016/17. Prevalence overall is however lower in the Royal Borough than in England (9.1%) and the South East region (8.8%) in 2016/17.	In England, there was a rate of 26.0 per 1,000 population alcohol related road traffic accidents between 2013-15, where at least one of the drivers failed a breath test. In the Royal Borough, the rate was significantly worse than England's at 38.9 per 1,000 population.
In 2015/16, approximately 5% residents in the Royal Borough used outdoor space for exercise or health reasons. This is the lowest in the South East region (18.2%), and lower than the England average (17.9%).	In the Royal Borough, the number of people living with diabetes aged 17 years and above is on the increase, from 4.9% to 5.2% over the past 5 years, although the trend is lower than the national average and the comparator's group.	

<sup>5</sup>Royal Borough of Windsor and Maidenhead Electoral Review Stage One - Council Size, June 2017

## What are the risk factors for older people in the Royal Borough?

### Executive summary

Increased longevity in many high-income countries has transformed old age. Life expectancy in the UK continues to increase by two years per decade, although recent data reveal this is not the case in more socio-economically deprived areas nationally.<sup>6</sup> Life expectancy in the UK for males is 79.2 years, and for females was 82.9 years. Compared with national average, the life expectancy was higher in the Royal Borough, 81.6 years for men and 84.6 years for women.

The population in the Royal Borough continues to age with 18.2% of the population aged 65 years and over in 2016. This is similar to the England figure of 17.9% but the highest proportion in Berkshire. This age group is predicted to increase to 22% by 2030. The table below represents a summary of need.

In 2016/17, the total number of emergency hospital admissions for falls amongst people aged 65 and over in RBWM was 701. This was a standardised rate of 2390 per 100,000. This was worse than the rate of admissions in the South East region (2134.6 per 100,000) and the England average (2113.8 per 100,000).	In the Royal Borough, the prevalence of dementia is 4.7% in people aged 65 and above in 2017. It is higher than the England average of 4.33% and the deprivation decile comparator group's (IMD 2015) of 4.16%. Dementia care is likely to be an increasing challenge for health and social care services, considering the ageing population, service capacity and costs.	In 2016/17, about 46.4% of service users aged 65 and over in RBWM reported having as much social contact as they would like. This is slightly higher than the England average and the South East region of 43.2%.
About 68.7% of people aged 65 and over received a flu vaccination in the 2016/17 flu season. This was worse than the England value of 70.5% and the South East region of 70.2%.	The number of people aged 70 who have received a dose of shingles vaccine has declined from 2014 to 2017 by 16.8%. In 2016/17, the coverage of shingles vaccine in people aged 70 in RBWM was 47%. This was worse than the least deprived decile comparator group (50.4%) and the England (48.3%) average.	In 2016/17, 46 new certificate of vision impairment were issued due to age-related macular degeneration in people aged 65 and above in the Royal Borough. This is a rate of 168.5 per 100,000, compared to 111.3 per 100,000 people in England, and 113.1 per 100,000 in the least deprived decile comparator group.

<sup>6</sup> Robinson L., *Successful ageing. Lancet* 391: 300.

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# healthwatch

Windsor, Ascot and  
Maidenhead



Self funding people and their  
carers

- Approx 85% of people self fund care
- Most do not know what they are entitled to and have no contact with adult social care
- Some do come into contact with CVS organisations and domestic care agencies
- Most come into contact with health care

## Important we identify and record

- Predict future use of care homes etc
- Budgets
- Stop isolation and provide supportive services
- Support carers to care longer and people to remain in their homes

The care provided unpaid, by the nations' carers is worth an estimated £132bn per year – considerably more than total spending on the NHS.

## Question

How can the partners of the Health and Wellbeing Board ensure self funding people and their carers are logged and fed into the system ?

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*Working  
together for  
health and  
wellbeing*

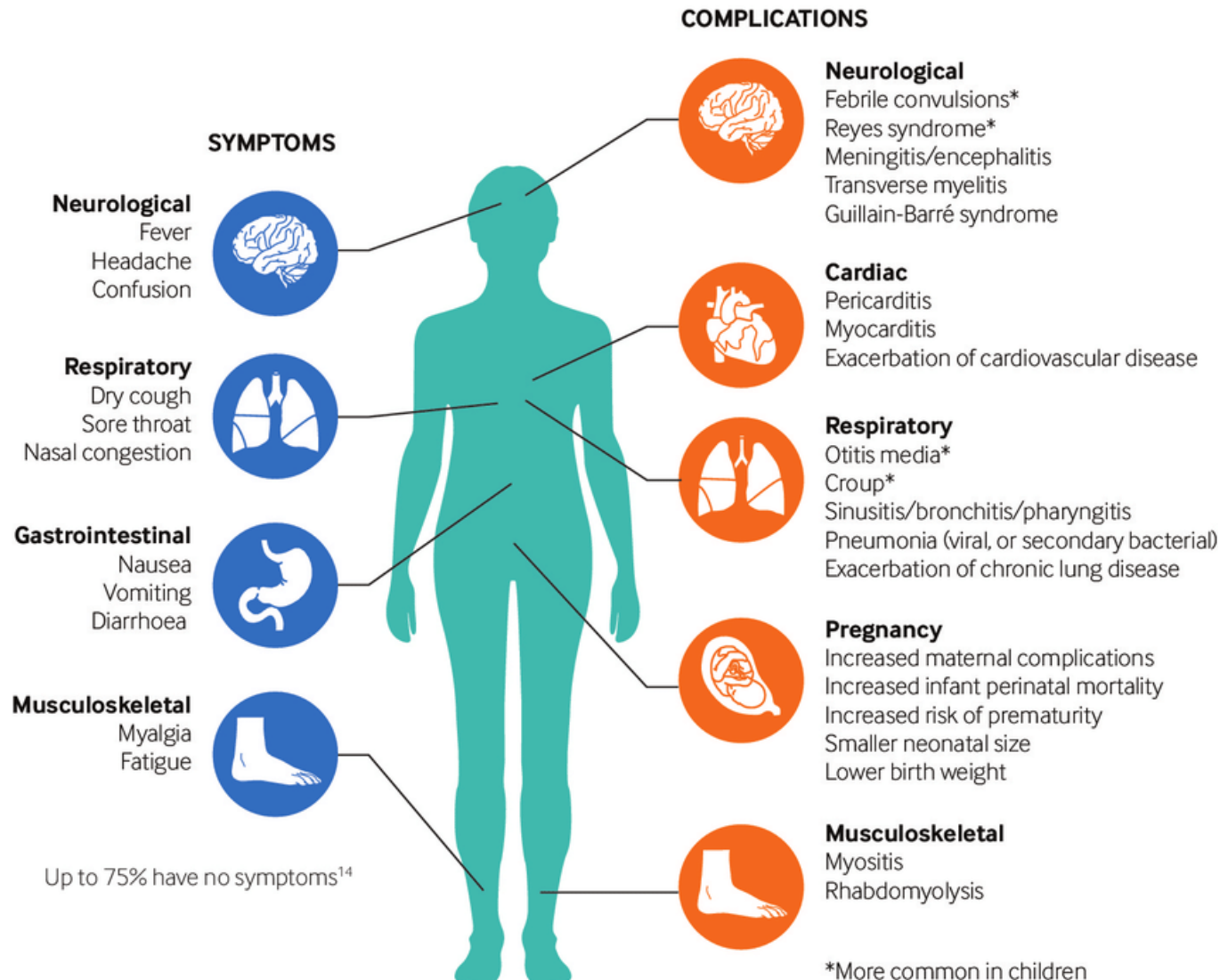
**Public  
Health  
Services  
for Berkshire**

# Flu update

Jo Jeffries Consultant in Public Health  
& Jo Greengrass Associate Director of  
Nursing East Berkshire CCG

Working together to deliver excellent and sustainable healthcare

# What is Flu ?

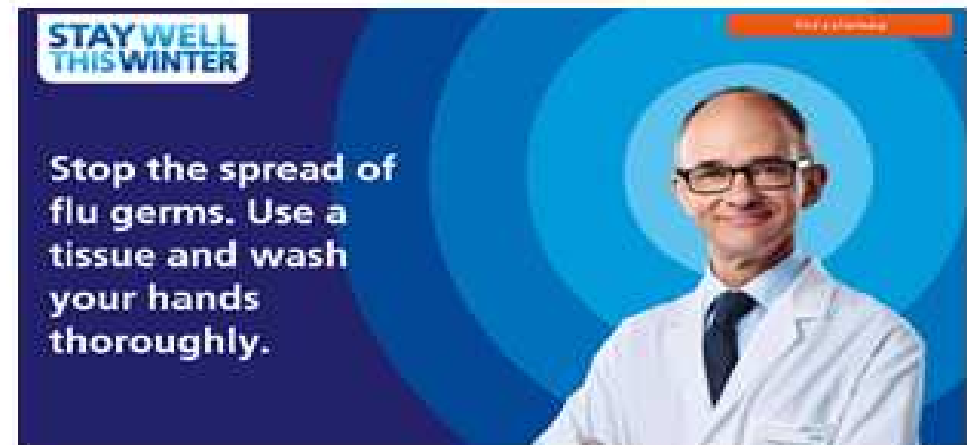
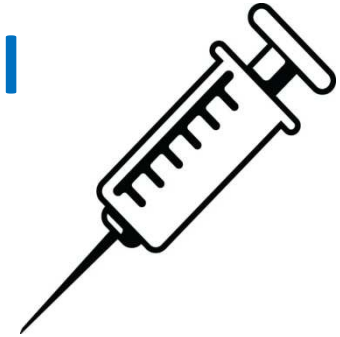


# Why is Flu vaccination important?



# Preventing Flu

The single best way to prevent seasonal flu is to get vaccinated each year if you are in an at risk group



# Who needs a Flu vaccine?

- all those **aged two and three** (but not four years or older) on 31 August 2018 (ie date of birth on or after 1 September 2014 and on or before 31 August 2016)
- all children in **reception class and school years 1, 2, 3, 4 and 5**
- people aged six months to under 65 years in **clinical risk groups**
- all **pregnant women people aged 65 years and over**
- people **living in long-stay residential care homes** or other long-stay care facilities
- **carers** and household **contacts of immunocompromised** people
- **Health & social care staff**, employed by a **registered residential care/nursing home or registered domiciliary care provider**, who are **directly involved in the care of vulnerable patients/clients** who are at increased risk from exposure to influenza.
- **Hospice care workers**. Hospice care workers are health and care staff **employed by a voluntary managed hospice provider who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza**



# What's happening in RBWM?

- **Better Care Funding**
  - Nurse Practitioner funded to support an overall improvement in the uptake of the flu vaccination within the identified priority groups – flu uptake target >48.6%
- **Care Home Pack**
  - An information pack circulated to all care homes, nursing homes and domicillary care providers promoting the flu vaccine and providing info on what do in a flu outbreak
- **Comms & engagement**
  - Social media campaign aligned to national messages

# What's happening across East Berks?

- CCG are doing 2 “cover it live” sessions.
- Lots of communication out on the radio, social media and local groups.

# Berkshire East Flu survey

I am fit and healthy so I don't need a vaccine

I've not heard about it, more advertising needed

I'm scared of reactions / don't like injections

Family and friends are important influencers, and can be more trusted than NHS staff

# Let's have a conversation about Flu

- We all have a responsibility to have a conversation about flu and getting vaccinated.
- How can the partners of the Health and Wellbeing Board champion a system wide approach to flu?



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<b>Subject:</b>	Progress Report: The Health & Wellbeing Board, Sub Boards.
<b>Reason for briefing note:</b>	To present a progress report on the development of the Health & Wellbeing Board Sub Boards.
<b>Responsible officer(s):</b>	Kevin McDaniel, Director of Children's Services Teresa Salami-Oru, Head of Public Health/Consultant in Public Health. Angela Morris, Joint Director of Adult Social Services
<b>Senior leader sponsor:</b>	Hilary Hall, Deputy Director Strategy and Commissioning.
<b>Date:</b>	16 <sup>th</sup> October 2018

www.rbwm.gov.uk



## SUMMARY

This paper details the progress made to date, with regards to the implementation of the three Sub Boards as approved by the Health and Wellbeing Board on 13 March 2018.

## 1. BACKGROUND

- 1.1. A new delivery model consisting of three sub boards supporting the Health and Wellbeing Board – Developing Well, Living Well and Ageing Well – was introduced in April 2018. The aim was to ensure delivery of the priorities and a mechanism to pick up actions and measure agreed indicators, as well as enabling a clear golden thread to run from the Board through the structure.
- 1.2 For the first 12 months, the Board has agreed that the Director of Children's Services, the Joint Director of Adult Social Services and the Head of Public Health would chair the three Sub-Boards.

## 2. KEY IMPLICATIONS

- 2.1 The new structure allows the adoption of best practice and embeds recommendations from national reviews. It adopts a life course approach which supports the wellbeing of all residents, providing an open line of communication for all forums and groups in the local health and social care and voluntary system.
- 2.2 The new delivery model now ensures a more robust system to drive through the key strategic priorities identified in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and enable an early response to emerging issues.

## 3. DETAILS

- 3.1 All boards have now met and action plans for each will be agreed by December 2018. Rapid needs analysis reports have been conducted by the Royal Borough Public Health Team to support those action plans.

### **Developing Well**

- 3.2 The Developing Well Board has identified the following priority items and actions to take place in the current academic year:
- Improved awareness of anxiety - to be part of the refreshed Mental Health transformation programme.
  - Promote increased physical activity - develop take up of the Daily Mile.
  - Improve the understanding of substance misuse with parents - awareness campaign to be developed.
  - Drive the take up of the Inclusion charter - adopted by Council in September and distributed to schools.
  - Reduce isolation through school / community group matching - develop good practice guide for those interested.

### **Living Well**

- 3.2 Plans for the Living Well Board include actions addressing breast screening, alcohol related road traffic accidents inequalities and cardiovascular diseases. In addition, the Board has agreed that the legacy plans from the year of mental health will be driven by Living Well Board over a three year period and will include:
- Mandatory mental health training for new staff in the Royal Borough.
  - Mental Health awareness training for council members.
  - A workplace mental health summit involving local businesses.
  - The implementation and audit of an agreed workplace health charter.
  - Championing of the Mental Wellbeing Impact Assessment and Mental Health Toolkit.

### **Ageing Well**

- 3.3 The Ageing Well Board is progressing these key actions:
- Prevention and early intervention by promoting Assistive Technology.
  - Supporting a healthy population by taking forward the self-help agenda across the partnership.
  - Access to information and advice at the point of hospital discharge.
  - Review of the falls pathway.

## **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.

## **5. NEXT STEPS**

- 5.1 The Boards will continue to roll out their action plans with a further update on progress provided at the next Health and Wellbeing Board meeting.