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NOTICE OF MEETING



HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 15TH JANUARY, 2019

at

3.00 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD

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), 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), FIONA SLEVIN-BROWN (DIRECTOR OF STRATEGY AND OPERATIONS, CCG'S EAST BERKSHIRE), DR WILLIAM TONG (NHS) AND RUSSELL O'KEEFE (ACTING MANAGING DIRECTOR)

Karen Shepherd
Service lead - Governance
Issued: 7th January 2019

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>WELCOME AND INTRODUCTIONS</u> To receive introductions from all Board Members.	Councillor Coppinger	5 mins	-
2.	<u>APOLOGIES FOR ABSENCE</u> To receive apologies for absence.	Councillor Coppinger	-	-
3.	<u>DECLARATIONS OF INTEREST</u> To receive any Declarations of Interest.	Councillor Coppinger	-	7 - 8
4.	<u>MINUTES</u> To confirm the Part I minutes of the previous meeting held on the 16 th October 2018.	Councillor Coppinger	-	9 - 14
5.	<u>STANDING ITEM: UPDATE ON THE BETTER CARE FUND (BCF)</u> To receive an update on the above titled item.	Hilary Hall, Deputy Director Strategy & Commissioning (RBWM)	10 mins	Verbal Report
6.	<u>UPDATE ON THE INTEGRATED CARE SYSTEM (ICS)- SYSTEM OPERATING PLAN</u> To receive an update on the above titled item.	Jane Hogg, Integration and Transformation Director, Frimley Health.	10 mins	Verbal Report
7.	<u>UPDATE ON HEATHERWOOD</u> To receive an update on the above titled item.	Lisa Glynn, Director of Operations, Frimley Health.	10 mins	Verbal Report
8.	<u>ADDRESSING LONELINESS AND ISOLATION- CASE STUDY FROM ST MICHAELS C OF E PRIMARY SCHOOL, ASCOT</u> To receive a presentation on the above titled item.	Lorna Anderton, Headteacher and Inclusion Manager, St Michael's C of E Primary	20 mins	Verbal Report

9.	<p><u>FUTURE IN MIND- LOCAL TRANSFORMATION PROGRAMME CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING</u></p> <p>To receive a presentation on the above titled item.</p>	Debbie Hartrick, Associate Director- safeguarding, East Berkshire CCG.	20 mins	Verbal Report
10.	<p><u>WINTER PLANNING ASSURANCE</u></p> <p>To receive a presentation on the above titled item.</p>	Rachel Wakefield, Associate Director Urgent and Emergency Care and Specialist Services, East Berkshire CCG	10 mins	Verbal Report
11.	<p><u>STANDING ITEM: UPDATE ON THE SUB BOARDS</u></p> <p>To receive an update on the above titled item.</p>	Kevin McDaniel, Director of Children's Services (AFC) and Angela Morris, Joint Director of Adult Services (RBWM)	10 mins	15 - 16
12.	<p><u>QUESTIONS FROM THE PUBLIC</u></p> <p>To receive any questions by members of the public.</p>	Councillor Coppinger	10 mins	-
13.	<p><u>ANY OTHER BUSINESS</u></p>	Councillor Coppinger	5 mins	-
14.	<p><u>FUTURE MEETING DATES</u></p> <p>The date of the next meeting is confirmed as follows:</p> <ul style="list-style-type: none"> 9th April 2019 at 3pm, Council Chamber, Town Hall, Maidenhead. 			

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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 AT 3.00 PM

16 October 2018

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey, Hilary Hall, Kevin McDaniel, Mark Sanders, Teresa Salami-Oru and Fiona Slevin-Brown

Officers: Kevin McDaniel, Teresa Salami Oru, Hilary Hall and Nabihah Hassan-Farooq.

PART I

155/15 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed all attendees to the meeting. The Chair asked all members to introduce themselves.

Apologies for absence had been received from Councillor Stuart Carroll, Dr William Tong, Dr Jackie McGlynn, Angela Morris, Alison Alexander. It was noted that Fiona Slevin Brown would be a substitute for Dr William Tong.

156/15 DECLARATIONS OF INTEREST

None.

157/15 MINUTES OF THE MEETING HELD ON THE 17TH JULY 2018

RESOLVED UNANIMOUSLY; That the minutes of the meeting held on the 17th July 2018 be approved.

158/15 STANDING ITEM: UPDATE ON THE INTEGRATED CARE SYSTEM (ICS)

This item was deferred to a future meeting.

159/15 STANDING ITEM: UPDATE ON THE BETTER CARE FUND (BCF)

Hilary Hall, Deputy Director Strategy and Commissioning updated the panel on the progress of the Better Care Fund (BCF). Members were told that there had been a change to the key metrics which showed an upward trend in non-elective admissions. There had been a considerable reduction in end of life non elective admissions across Windsor and Maidenhead and this was due to the collaborative work undertaken across services and partner working. It was reported that there had been a significant increase in non elective admissions for 0-5 year olds.

The Board were updated with details of the WAM GP Network, forward planning, introduction of the paediatric telephone hotline as measures to mitigate the increase in 0-5 non elective admissions. It was noted that the BCF had invested in brokerage services and there had been a reduction in the number of delayed transfers related to social care although the

delayed transfers related to health continued to rise. The Board were informed that RBWM was on target for re-admissions to hospital (7% national target). Members were informed that there was an increasing complexity of needs for individuals across the borough and that better understanding of needs and appropriate referral making was needed. It was highlighted that there were no placements into care homes (year to date) and that there was a greater steer to support residents in their home. The BCF would end in March 2019 and members were informed that planning guidance would follow in the autumn.

160/15 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Teresa Salami Oru gave a presentation on the above titled item. The Joint Strategic Needs Assessment (JSNA) looked at current and future health and social care needs along with wider social factors, this data was then used to inform planning, commissioning of health, wellbeing and care services. Members were told that the JSNA had been developed in partnership and had been led by RBWM Public Health and was supported by a multi-agency task and finish group. It had been intended that there would be a focus on needs and assets and equipping the borough for the future. As part of the proposed structure it was noted that there had been a pan-Berkshire collaboration in the creation of the digital platform. The digital platform would provide real time data by utilising national and local open data sources. The data could be filtered, viewed by geographical region or downloaded. It was highlighted that the platform would be capable of layering several data sets at once and there would be an option to add or link in with local data sets. Members were shown the digital platform demo site and were shown various functions available within the site.

The Board were informed that there had been a JSNA Stakeholder event where over 80% of participants agreed with the priorities already identified. Key themes of the event were prevention, accessibility to services and integration. Participants fed back that there were barriers to JSNA use which included, accessibility, difficult to understand words and rationale. It was suggested that solutions should include awareness, more stakeholder engagement and publicity of services. Analysis of the JSNA so far had shown identified priorities across the life course as mental health, immunisations, prevention, cardiovascular disease, obesity, cancer and health inequalities. The data set also showed that the needs of older people were focussed on immunisations, cancer, falls, age-related macular degeneration; needs of adults (35-59 year olds) were cardio vascular disease, mental health emerging lifestyle challenges, alcohol and inequalities; children needs included immunisations, autism, obesity, accident and emergency 0-4 year olds, self-harm, children living in poverty and low birth weight.

As part of the JSNA emerging data it was highlighted that the key driver for needs identified was unhealthy and risky lifestyles. Other information highlighted to the board included trends, use of outdoors for exercise, inequalities (for e.g. smoking in certain groups), accessibility of services/integration, increases in service demand, opportunities to work with partners to address issues, consideration for prevention at scale (e.g. Make every contact count- MECC). It was noted that the HWB would receive updates in January and April 19 on the progress made to date and that the 2018-2021 JSNA would be signed off by July 2019.

Kevin McDaniel, Director of Children's Services (AFC) queried whether the work surrounding 0-19 year olds with autism and number of referrals could be part of a wider piece of work with MECC. It was noted that collaborative work was needed to gain support and to have a wider understanding of the issues for those who did not meet the needs to be referred onto CAHMS. Councillor Airey suggested that the video clip shown as part of the presentation be shared with local schools. Councillor Airey also stated that it was important to retain data sets for ward areas as the ward boundaries would be changing as a part of the boundary review. It was also queried whether the data would be linked to other services or form part of a data feed for other work streams. It was confirmed that the data would form part of the Service Plan for the Senior Management Team (SMT). It was also noted that aligning the data to the new ward boundaries would be challenging but that some interim work would be done to support Councillors in the run up to the elections. The Director of Public Health was aware

that this would be an integral piece of work in order to retain data.

161/15 THE IDENTIFICATION OF SELF FUNDERS AND PLANNING FUTURE DEMAND

Mark Sanders, Healthwatch WAM gave a presentation on the above titled item. It was highlighted that approximately 85% of individuals self-fund care. Members were informed that most individuals did not know what they were entitled to receive and have had no formal contact with Adult Social Care, CVS organisations or domiciliary care agencies. It was noted that most of these individuals had at some point come into contact with health care services or providers. As part of the piece of work carried out by Healthwatch WAM it was highlighted that the service had been in operation since 2012 however awareness in the borough had remained low and there had been a limited number of existing community contacts passed on by providers. The Board were told that it was important to identify and record future predicted use of care homes, providing supportive services and this in turn would reduce social isolation and support carers to care for people in their homes for longer periods of time. There had been some issues with unregistered providers charging a disproportionate amount for "care related" services which had resulted in non affordable tariffs being charged and no signposting of action that could be taken.

It had been estimated that the total cost of unpaid care by the nation was worth an estimated £132bn per year which amounts to more than total NHS spending. At the end of the presentation, Members were asked how self-funding individuals and carers could be recorded and helped to gain access to relevant services across the borough. Councillor Airey suggested that there should be a blacklist of agencies who have been known to take advantage of vulnerable users and self-funders and that a log of registered providers should be provided on the RBWM website. It was also suggested that an article be provided for the borough newsletter to highlight things to look out for when choosing a provider of care services. Kevin McDaniel suggested that previous work from the LCSB- Football authority's crackdown of abuse of young persons in football be looked at and the questions that were created as a part of that work which included information on signposting and services available. Fiona Slevin Brown highlighted that simply logging the providers was not a permanent solution and that feedback was needed to discuss the matter further. Hilary Hall suggested that this would be best looked at with smaller pieces of work, such as communications campaigns on social media, NHS partnership work, training for frontline practitioners

A member of the public asked whether there was a single place where individuals could access information from. It was confirmed that at present information existed in different places on the local authority and CCG related websites and that work was taking place to ensure clear connections to different websites for relevant information on services. Councillor Coppinger highlighted that there had been close partnership working with HWB chairs and that this had been an item of discussion at the joint meeting of HWB Chairs. A member of the public queried whether having all information online was the easiest access point for information and whether a telephone access point could be considered.

ACTION- Hilary Hall and Fiona Slevin Brown to consider recommendations for common access points of information for self-funders and carers.

Teresa Salami Oru highlighted that asset mapping had been undertaken at the recent JSNA event and that information would be shared with and uploaded along with data from the stakeholder event. It was noted that the Healthy Ageing Lead had put together a pack of information and this was something that could also be shared to the wider network and residents in due course.

ACTION- Add this item as a progress update for the next meeting. Fiona Slevin Brown, Hilary Hall and Teresa Salami Oru to present.

162/15 SYSTEM FLU PLANNING

Jo Greengrass, Assistant Director Nursing and Jo Jeffries, Consultant in Public Health gave a presentation on the above titled item. The Board were informed that the best way to prevent seasonal flu was to be vaccinated each year if you are identified as being in a "at risk" group. It was highlighted that all children aged 2-3 years old on 31st August 2018, all children in reception class and school years 1, 2, 3, 4 and 5, people ages six months to under 65 years and in clinical risk groups, all pregnant women, people aged 65 or over, individuals living in long stay residential care homes or other long stay care facilities, carers and household contacts of immunocompromised people would need a flu vaccine. It was also highlighted that health and social care staff who were directly employed by a registered residential care or nursing home or registered domiciliary care provider or those who were directly involved in the care of vulnerable patients/clients and hospice workers were also recommended for a flu vaccine. Information regarding prevention of flu was vital as the period of flu was upcoming December and would last for around 8-10 weeks. Messaging surrounding personal hygiene, respiratory checks and prevention of spreading of germs was also very important.

Members of the Board were informed that the CCG would be hosting two "cover it live" sessions and that over the winter period there would be further communications on the radio, social media and local groups. It was noted that Dr Adrian Hayter had recently spoken on BBC Berkshire to highlight the importance of flu vaccinations. Members were told that the South Asian community would also be targeted with messaging and that a feature would appear on Asian Star radio. Monthly meetings with all involved stakeholders had taken place to review flu planning for the locality and this was a forum where ideas could be shared and where challenges could be discussed. As part of the recommendations from this group, a flu song had been produced and was available on YouTube and had also been shared by Frimley Health. It was noted that the target for frontline health staff to be vaccinated was 75%.

The Board were told that the Flu Activity and national report were now available and that localised hotspot reporting was available online. It was highlighted that there had been a wide range of responses received as part of the Berkshire East Flu Survey and various attitude trends had been analysed. It was reiterated that conversations around flu vaccinations and prevention of spread were needed and that it was a responsibility for all to partake in these conversations. At the conclusion of the presentation, Councillor Coppinger queried whether there was a bonus pay for general practitioners (GPs) for each vaccine that was delivered. It was confirmed that GP's do receive a bonus for vaccines provided. Kevin McDaniel queried how children up to year 6 could gain access to vaccines. It was confirmed that Berkshire Healthcare Trust had a team of nurses who would deliver the vaccines into schools. It was also confirmed that school staff who were eligible under the at-risk groups would be vaccinated. Frontline practitioners would be offered vaccines and that these would be available at antenatal clinics, pharmacies, workplaces and GP surgeries. Councillor Coppinger queried what the cost per vaccine was and it was noted that it was £8-12 for the administration by a practitioner and this included cost of a single vaccine.

A member of the public queried whether there would be a planned or phased vaccine for those aged over 65 as there had been a single manufacturer of the vaccine and whether there would be enough vaccine to cover this eligible group. It was confirmed that there was increased availability and that the flu vaccine was updated each year and was determined by flu found in the southern hemisphere. There would be a phased approach and it had been encouraged for those who had not been able to be vaccinated in the first instance to return when the vaccine was restocked. Teresa Salami Oru queried whether the intended flu coordinators would be available for use over the upcoming flu period. It was confirmed that the Frimley Health Trust had pledged £1.2 million and that this was used to implement flu coordinators for this year.

THE HEALTH AND WELLBEING BOARD, SUB BOARDS

Kevin McDaniel updated Board Members with details of the Developing Well Board. It was highlighted that schools across the Royal Borough had taken on the Daily Mile in different variations and that incorporation of daily exercise through this had been adapted using space and equipment available to the individual schools.

A prevalence of isolation felt by young people when using social media had been looked at as a predominant theme of the sub-group and it was confirmed that a deeper exploration of issues surrounding isolation and exclusion when using social media was being carried out.

Teresa Salami Oru updated the Board on the progress of the Living Well Board. The sub group had been finalising details of the draft plan and this would be ready for December. The Living Well board would now be overseeing the delivery of the legacy plans from the year of mental health. These were now referred to as Public Mental Health Plans and would be embedded into the Living Well plan. Some of the planned initiatives included mandatory mental health awareness training for staff .Work with local businesses and encouraging them to partake in a local workplace health charter would commence from November.. It was noted that mental health impact assessment tools had been developed.

Hilary Hall updated the Board on the progress of the Ageing Well Board. One of the emerging themes of the JSNA had been surrounding the issue of self funders and this was to be looked at in more detail and would form part of the formal work carried out by the sub group.

164/15 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received by the public.

165/15 AOB

Kevin McDaniel informed the Board that there had been an Ofsted inspection in July 2017 and as a result there had been a requirement to work closely together and that works would be signed off in 12 months time. It was noted that the Department of Education had expectations that the impact of the targeted actions and recommendations should be in effect before being signed off.

ACTION- That the following items be scheduled to form part of future HWB meeting agendas:

- **NHS Planning Guidance (January)**
- **10 Year Plan (To be scheduled)**
- **ICS Operating Plan (To be scheduled)**
- **Update on Progress of Heatherwood**

166/15 FUTURE MEETING DATES

Dates of future meetings were noted as follows:

- 15th January 2019
- 9th April 2019

Health and Wellbeing Board - 16.10.18

The meeting, which began at 3.04 pm, ended at 4.36 pm

CHAIRMAN.....

DATE.....

Subject:	Progress Report: 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):	Kevin McDaniel, Chair Developing Well Sub-Board David Scott, Chair Living Well Sub-Board Angela Morris, Chair Ageing Well Sub-Board
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning.
Date:	7 January 2019

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SUMMARY

This paper provides an update on the activities of the three sub-boards of the Health and Wellbeing Board.

1. BACKGROUND

- 1.1. The new delivery model of three sub-boards supporting the Health and Wellbeing Board has been operational since April 2018. Rapid needs analysis reports were produced to support the development of the sub-boards' action plans and all action plans are now in place.

2. DETAILS

Developing Well Board

- 2.1. Key activities of the Developing Well Board have been:

- Promotion of the Daily Mile to schools with several schools actively engaged.
- Delivery of the Inclusion Charter, including adoption by the Council as a guide to all service design decisions.
- Engagement with the development of the mental health transformation plan to join up work in four strands: navigation, self-help, early help services, and medical interventions.
- Secured NHS England investment of £200,000 across region for restorative practice training for front line staff to roll out in 2019/20 to engage in earlier mental health conversations.

- 2.2. Priorities for 2018-2019 are:

- Developing mental health support with the CCG as set out in the transformation plan.
- Roll out community inclusion initiative with schools and adult care services to reduce isolation.
- Promote the take up of the Inclusion Charter.
- Immunisation myth-busting roll-out following support from NHS England.

Living Well Board

2.3. Key activities of the Living Well Board, which will continue through 2018-2019, have been:

- Development of a mental health plan for the borough. This includes the workplace health summit, workplace charter, mental health training and mental health and wellbeing impact assessments.
- Cardiovascular disease – a workplace activity challenge platform has been funded that allows residents to record and track their activity levels. The platform will be targeted at workplaces with the aim of encouraging the working age population to get active.
- Self-care - conversations have started with the CCG and other partners about how best to link up communications to the public and ensure the right messages reach the residents that need it most.
- Loneliness and Isolation – the #ReachoutRBWM campaign was run in November 2018 with the aim of reducing loneliness and isolation in older residents. It promoted a wide range of activities and opportunities across the borough. Across both Facebook and Twitter the campaign reached 38,578 people and elicited 499 interactions with the posts/tweets. As a result of one tweet a reporter from the Royal Observer got in touch and wrote an article about the 'Chatter Natter' initiative.
- Making Every Contact Count (MECC) – a 'train the trainer' programme is currently underway for all library staff. Training started in 2018 and further training is scheduled for 2019. Plans are underway to offer it out to all Royal Borough staff.

Ageing Well Board

2.4. Key activities of the Ageing Well Board have been:

- Delivering of two dementia awareness sessions for residents – one in Peascod Street, Windsor and one in Maidenhead High Street in November 2018. Over 35 residents accessed information.
- A coffee morning has been set up for the first Monday of every month at Mountbatten Care home.
- The dementia app task and finish group is now set up and two meetings have been held.
- MECC training has been circulated and offered out to the Ageing Well Stakeholders.
- MECC service information leaflet produced for Practitioners and distributed.
- Three prevention training sessions delivered to Optalis social workers throughout the year.
- Falls and dementia SMILE session launched as a joint initiative.

2.5. Priorities for 2018-2019 are:

- Launch of Making Every Contact Count (MECC) information leaflet.
- Delivery of three prevention training sessions for Optalis social workers.

3. RISKS

3.1. The successful operation of the Sub Boards relies on stakeholder ownership and engagement and therefore, ongoing communication will be vital.