

HEALTH AND WELLBEING BOARD
VIRTUAL MEETING - ONLINE ACCESS AT 3.00 PM

29 March 2022

PRESENT: Councillor Stuart Carroll (Chairman), Huw Thomas (Vice-Chairman), Councillor Donna Stimson, Hilary Hall, Kevin McDaniel, Caroline Farrar, Stuart Lines and Neil Bolton-Heaton

Also in attendance: Councillor Maureen Hunt, Councillor Simon Bond, Councillor Gurpreet Bhangra, Councillor Amy Tisi, Deborah Nicholls, Jayne Reynolds, Jon Adams, Joanne Cocksey and Danielle Lane

Officers: Mark Beeley, Claire Lowman, Charlotte Littlemore, Charlotte Fox, Georgia Careless, Holly Jenkins and Anna Richards

PART I

292/15 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Coppinger, Prince Obike and Tracy Hendren.

293/15 **DECLARATIONS OF INTEREST**

The Chairman declared a personal interest as he was an independent healthcare consultant, infectious disease specialist and vaccines expert and he had formerly worked for Sanofi Pasteur. He was currently working as an adviser for the Vaccines Taskforce and Antiviral and Therapeutics Taskforce. Councillor Carroll declared this in the interests of full transparency and to highlight that should for any reason during the meeting, or indeed during future meetings, the Health and Wellbeing Board discussed anything directly related to Sanofi Pasteur's business he would abstain from the discussion and leave the room as required.

294/15 **MINUTES/ACTIONS**

RESOLVED UNANIMOUSLY: That the minutes of the meeting held on 18th January 2022 were agreed as a true and accurate record.

295/15 **UPDATE IN GENERAL PRACTICE**

Huw Thomas, Clinical Chair NHS Frimley CCG, said that the pandemic was not over. GP practices were open but were still operating differently, with strict safety, infection prevention and control measures in place. However, there had still been a significant number of cases seen in practices. There had been an increase in demand for all appointments, with more patients considering their condition to be urgent. There was a backlog of routine chronic disease management including diabetes, respiratory and heart disease. An ongoing effort was to offer preventative services and GPs had continued to manage people on waiting lists to access community and secondary care services. Workforce morale and retention was difficult under current measures, with capacity stretched across a number of services including vaccinations. There had been a lot of sickness absence from staff, both Covid and

non-Covid related.

Caroline Farrar, Executive Place Managing Director CCG, explained what was happening to improve patient access. Capacity had been increased with £6 million being invested to provide around 59,000 additional appointments across Frimley from October 2021 to April 2022. There had been an increase in workforce capacity and the skills mix that staff offered, while additional premises capacity had also been released. Digital support was being utilised, ensuring that patients got the right care for their needs, while telephony systems had been upgraded to further increase capacity. Caroline Farrar said that it was important that GPs continued to engage and communicate with residents, primary care networks had been supported to improve this. Population health management had been used to ensure that those that needed additional support were targeted and reduced health inequalities. Primary care networks had been developed so that scale models of care were based on local population needs.

Caroline Farrar showed some data to the Board, outlining the increase in capacity of appointments over the past couple of years, along with the overall comparison of activity levels across Frimley.

Changes had been made to GP practices, appointments could be triaged which would allow GPs to determine if a patient needed to be seen in person or whether a virtual or phone consultation was more appropriate. Receptionists were being trained to allow them to direct patients in the right direction and free up time and resource for GPs. Additional staff had been brought into each practice to better support the practice, the best person would be connected to the patient and this would not always necessarily be the GP.

Caroline Farrar concluded by saying that more appointments were available in general practice than ever before, but more people wanted and needed appointments now than before the pandemic. Colleagues were working hard to improve capacity and appointments could therefore be triaged based on clinical needs and priorities. Additional appointments were available across RBWM, in Maidenhead, Windsor and Ascot.

Huw Thomas showed a piece of communication which had been advertised to patients to show them where they needed to go if they were feeling unwell.

The Chairman agreed that the pandemic was not over and he could appreciate the pressures that GPs were currently under as a result. It was important that people still came forward for their Covid vaccine if they had not done so. The Chairman said that he was aware of residents who had struggled to get a GP appointment, he asked what residents could do to get themselves an appointment.

Huw Thomas said that patients needed to consider if they needed to see a GP. There were various methods of accessing GPs, the e-consultation process could be used as a good method of self-care. It should not be used in emergencies but could be used in a number of situations.

The Chairman said that he had recently used the e-consultation tool and found it to be very easy and useful.

Councillor Hunt said that she had heard that Royal Berkshire Hospital in Reading had recently adopted a new strategy, patients were allowed only one visitor, they had to be signed in and also had to provide evidence of a negative LFT. She asked if this was also happening at Frimley.

ACTION – Caroline Farrar to find out if this strategy was also used at Frimley and report back to Councillor Hunt.

Huw Thomas said it was very sensible for visitors to hospitals to take a LFT in advance.

The Chairman was grateful for the work of GPs, particularly under the current pressures.

296/15 SMOKING CESSATION

Anna Richards, Consultant in Public Health, said that it had been agreed at the last Board meeting that there would be a focus on smoking.

Charlotte Fox, Public Health Programme Officer, explained that a Health Needs Assessment (HNA) had been undertaken on smoking in RBWM. There was a goal in the Corporate Plan to reduce the number of residents that smoked in the borough. There were three main aims of the HNA:

- How many residents smoke and did it vary across different groups?
- What services did residents have to support them to stop smoking?
- Was there anything that should be done differently to help people to stop smoking?

Considering the evidence of best practise, all frontline health professionals provided brief advice to anyone that they came into contact with, who had been identified as a smoker. Services had an aim to treat 5% of the estimated population who smoked each year. Of those who accessed services for smoking cessation support, 35% or more should achieve a successful quit within 4 weeks. It was also recommended that behavioural support and pharmacotherapy was made available to adults that smoked.

The NHS Long Term Plan suggested that by 2023/24:

- All people admitted to hospital that smoked would be offered NHS-funded tobacco treatment services.
- The model would also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway which included focused sessions and treatments.
- A new universal smoking cessation offer would be made available as part of specialist mental health services for long term users of specialist mental health.

Charlotte Fox explained that different data sets had been used as part of the HNA, which could provide slightly different results depending on the data which was used. In RBWM, just under 10% of the population or 16,195 people, were currently smokers. This was 6,495 male and 9,700 female, with 77.7% being of white ethnicity. This data was caveated as it relied on clinical coding on GP records, which could be out of date if patients had not visited their GP for a duration of time. Therefore, the first recommendation of the HNA was to work collaboratively with Frimley ICS, Primary Care Networks and GPs to identify any current gaps to improve how smoking status data was recorded on patient records. After considering the data on who smoked and who needed the service, the second recommendation was to undertake targeted work with those residents and communities who had disproportionately high rates of smoking.

Considering the current service provision, a smoking cessation specialist practitioner provided behavioural support for adult residents. Pharmacotherapy was not currently provided and the service did not currently perform carbon monoxide validations for quits. The third recommendation of the HNA was to use evidence to start discussions and develop a costed appraisal to determine the health impact of providing pharmacotherapy with psychosocial support, balanced against the financial impact. In 2019/20, there were approximately 55 people in RBWM that set a quit date, with 73% achieving a successful 4 week quit. This led to the fourth recommendation, which was to continue to commission a psychosocial support service that delivered a combination of in person and virtual support for any adult in RBWM who wished to quit smoking. There was an NHS ambition for a smoke free society by 2030.

Considering other Berkshire authorities, RBWM was at the lower end of the scale in terms of the total number of smokers who had successfully quit within 4 weeks. The fifth recommendation from the HNA was that opportunities should be explored for joint commissioning with Frimley ICS to procure a joint smoking cessation contract in the future. Smoking cessation should also be considered as an integral part of an integrated healthy behaviours service. To improve smoking data, it was recommended that in depth quantitative and qualitative feedback was acquired from the local service and service users, this would allow an evidence base to drive future proposals.

Considering the next steps, the Public Health team had started to draft a paper on nicotine replacement therapy options. Work was being done with the Communications team on an engagement campaign, while an integrated healthy behaviours health needs assessment was also underway.

The Chairman asked what was being done in terms of prevention and younger people.

Kevin McDaniel, Executive Director of Children's Services, said that there were a number of activities in secondary school PSHE programmes which was around healthy behaviours, which included smoking. The work from the HNA would feed into the development of the curriculum.

The Chairman said that persistent smoking could be linked to mental health and this was a challenge that was important to consider.

Huw Thomas agreed that they often linked with mental health, it was important that there was easy access for nicotine replacement therapy. It was disappointing to see low figures for quit rates in RBWM. He asked when the findings of the HNA would be discussed.

Anna Richards said that the HNA had been completed and it would be published on the Joint Strategic Needs Assessment website as soon as this was up and running. Charlotte Fox was currently completing the options appraisal paper for the nicotine replacement therapy to see the options and enable the team to make a decision.

Huw Thomas asked when residents could see a different service, as a result of the HNA.

Anna Richards responded by saying that decisions would be made in weeks, so would be coming through in the imminent future. There was a wider piece of work on service delivery of smoking cessation and how to increase the numbers accessing the service. Those that were using the service had a high quit rate. There was an ambition for more integrated services, as people who needed support to quit smoking could also need support to lose weight, become more active and drink less, these behaviours did not happen in isolation. Work was being done in relation to this with colleagues from Bracknell Forest and Slough.

Stuart Lines, Director of Public Health for East Berkshire, said that one of the Frimley ICS ambitions specifically focused on smoking. A smoke free society could only be achieved by all partners working together, it was also important to stop new smokers from starting. Promoting environments that did not support smoking was also key, society had made big strides in developing this target.

The Chairman said that the context of the pandemic also needed to be considered with smoking.

RESOLVED UNANIMOUSLY: That the Health and Wellbeing Board noted the Smoking Cessation Health Needs Assessment as set out in Appendix A.

297/15 HEALTH AND WELLBEING STRATEGY PRIORITY FOCUS - CHAMPIONING MENTAL HEALTH AND REDUCING SOCIAL ISOLATION

RESOLVED UNANIMOUSLY: That the order of agenda items was changed, so that the priority focus of the meeting was considered before the Terms of Reference for the Strategic Partnerships.

Hilary Hall, Executive Director of Adults, Health and Housing, said that the priority was based around championing mental wellbeing and reducing social isolation.

Joanne Cocksey, Clinical Psychologist, gave a presentation on the Phoenix Unit. This was a day hospital and home treatment service for young people between 12-18 years of age with moderate to severe and complex mental health disorders whose needs could not be met within community settings. The day programme consisted of a structured programme of therapeutic activities on site. The unit was open every day of the year, between 8am – 8pm Monday to Friday and 9am – 5pm at weekends and bank holidays. There was capacity for 16 young people at any one time, it was anticipated that eight would be on the day programme and eight on home treatment but this was flexible. The intensity of the support depended on the individual needs, with the aim of stabilising the individual to allow them to transition back into community care as soon as possible. The aim for the average length of stay was 12 weeks.

The Phoenix Unit could offer a number of services, including multidisciplinary assessment, medication initiation, dietetic advice and education support. Joanne Cocksey gave an example of the daily routine for an individual at the unit. A number of different groups were also run, for example a motivational and resilience group, a parent support group and a nutrition group. Joanne Cocksey gave some examples of case studies for individuals who had been through the service, the support they had received and how their journey had progressed through the service, along with some positive feedback.

Councillor Stimson said that she was really impressed, when young people left home parents had a lot less control. She asked if there was any scope for any other capacity at the service, for example other activities which could be offered to individuals.

Joanne Cocksey said that the service balanced the approach of meeting the needs of individuals while allowing families to stay together.

Anna Richards asked if there was anything that could be done earlier in the community to support these young people.

Joanne Cocksey said that early intervention was needed, the earlier the service was able to intervene the better chance of preventing health issues from occurring. The mental health support teams were being developed in schools to work with young people at an earlier stage, it was important to listen to young people and understand how they were feeling.

Kevin McDaniel asked about the workforce and if there were any concerns over the capacity of the service from the workforce side of things.

Joanne Cocksey said that the service was well resourced currently, looking at broader CAMHS support there were difficulties with recruitment as there was a big demand for services.

Deborah Nicholls, Physical Health Clinical Lead Nurse, gave a presentation on physical health checks. Having a serious mental illness represented a significant health inequality. For example, people were twice as likely to die from heart disease and rates of breast and lung cancer were higher than the general population. Employment rates were also lower and there was a higher chance of alcohol consumption, risk of obesity and hypertension. In Berkshire,

the healthcare system was offering annual physical health checks to patients within a year of a serious mental health illness diagnosis. The health check considered:

- Body Mass Index
- Weight
- Smoking
- Alcohol consumption
- Blood glucose
- Blood lipids
- Blood pressure

The QRISK3 score was used, this was an algorithm that predicted cardiovascular risk based on age, sex and social deprivation. It estimated the risk of a person developing cardiovascular disease over the next 10 years and could be applied to patients between the ages of 25 to 84. Patients who received a score of 20% or more were considered a higher risk.

Deborah Nicholls outlined some examples of patients who had received a health check, along with the appropriate interventions which had been implemented as a result. A graph was shown with the completed percentage of physical health checks for each East Berkshire authority, there was an aim to achieve 95% by March 2023.

Hilary Hall explained that the item was designed to allow the Board to focus on the specific priority which was part of the health and wellbeing strategy. Social isolation was often confused with loneliness, but they were different concepts. Social isolation was defined around the number of contacts people had, where as loneliness was about the mismatch between the quantity and quality of social relationships someone had and those that they wanted. Causes could be linked to social networks, health, individual characteristics and community characteristics.

Impacts of social isolation and loneliness included:

- Link with early deaths.
- Greater risk of inactivity leading to more risk-taking behaviours.
- Sleep problems and increased stress response.
- Increased risk of depression and low self-esteem.
- Likelihood of increased visits to GP.
- Potential for cognitive decline.
- For working age adults, it could be associated with poor performance.

Jon Adams, CEO of Maidenhead United Football Club, gave a presentation on Magpies in the Community and its role. Maidenhead United was a large community sports club and ran a National League accredited academy programme in partnership with the Berkshire College of Agriculture. The Maidenhead United juniors section currently had 47 teams and nearly 600 members, with plans to expand this further. Magpies in the Community supported the health and wellbeing of the community and provided opportunities for local people of all ages and abilities to be active and socially engaged. There were a number of community partners and commercial organisations that worked in partnership with Magpies in the Community. After the first lockdown, Magpies community care was launched which was a support hub for vulnerable residents in the local community and also included a hotline which residents could use if they needed support. The Magpies 150 challenge project was based around fundraising for local charities who had struggled financially, with over £35,000 being raised so far. The wellbeing circles project was being delivered in partnership with Frimley, with the objective being to use volunteers to create circles with shared experiences and needs.

Jon Adams concluded the presentation by giving some examples of residents who had benefitted from the various projects which Magpies in the Community were involved with.

Councillor Stimson said that she was working with Jon Adams as part of the climate partnership. Sport brought the community together and Maidenhead United played a big role in the community.

Danielle Lane, Abri, said that through the Embedding Community Response Project, work had been done with providers to create the 'YES model'. This enabled the group to share ideas, resources, and support with quality assurance at the various meetings which were held. The 'Turn It Around' project supported the first delivery of the programme and supported aspirations, physical health and mental health. £10,000 had recently been received from Get Berkshire Active and £5,000 had been received from the RBWM Covid grant scheme. The project was now working with Maidenhead Mosque and Maidenhead Rowing Club, there was an aspiration to build this further in future.

Hilary Hall concluded by saying that it was good to see the depth of activity which was ongoing, she hoped the presentation had been useful for the Board.

The Chairman thanked all those that had presented the work that they were involved in. It was important that these activities were promoted widely across the borough so that residents were aware of them.

298/15 TERMS OF REFERENCE FOR THE STRATEGIC PARTNERSHIPS

Hilary Hall explained that there was a proposal to set up two strategic partnerships, one for adults and one for children, this would give focus on the key strategies going forward. There were some specific strategies from an adult social care viewpoint which needed to be put in place for the new inspection and assurance process. The strategic partnership board was a forum where this could be developed. The Health and Wellbeing Board were asked to note the terms of reference, an update report would come back to the Board in six months time.

The Chairman said that the report was clear and detailed, he was happy with the proposal.

RESOLVED UNANIMOUSLY: The Health and Wellbeing Board was asked to:

- a) **Note the terms for reference for the two Strategic Partnership Boards.**
- b) **Note that a progress report from each Board would come to the Health and Wellbeing Board in six months' time.**

299/15 LOCAL OUTBREAK ENGAGEMENT BOARD AND COVID-19 UPDATE

Hilary Hall gave an update on the Outbreak Engagement Board, which had been meeting monthly for the last 18 months. The Board ensured that there was good communication and engagement with residents, cases had continued to rise but without restrictions there was little that the Board could influence. The Outbreak Engagement Board was set up as a subgroup of the Health and Wellbeing Board, Hilary Hall asked if the Board should continue meeting, or if the frequency of meetings should be changed to reflect the situation.

The Chairman said that while the pandemic was not over, it was sensible to look at the frequency of meetings. If things changed drastically, more meetings could be scheduled but he did not want to stretch officer resources and time.

Hilary Hall said that she would look to amend the frequency of meetings, a more substantive update could be given at the Health and Wellbeing Board as a result.

ACTION – Hilary Hall to investigate changing the frequency of meetings of the Outbreak Engagement Board.

300/15 UPDATE ON THE HOUSING STRATEGY AND THE HOMELESSNESS & ROUGH SLEEPING STRATEGY

Hilary Hall said that the report had been circulated to Board Members.

The Chairman said it was pleasing to see the high performance of the Housing team in terms of output and also that the integration of services was delivering positive outcomes.

301/15 BETTER CARE FUND UPDATE

Hilary Hall updated the Board and said that the Better Care Fund (BCF) was a pooled budget between health and social care of around £13.8 million. The primary objectives were around:

- Protecting adult social care.
- Preventing hospital admissions.
- Supporting people to live independently at home.
- Reducing delayed discharges from hospital.

The BCF Plan was signed off at the end of 2021, RBWM had signed off the section 75 agreement. The planning guidance for 2022/23 had not yet been issued, even though the new financial year started at the end of the week. The indicators showed that the council was on track with the BCF. For example, on the indicator around reablement, the target was 87.5 and the council was currently at 86.5. On admissions to care homes, the council was on target. At the last meeting of the group, each target was discussed and the plan for next year was considered.

302/15 FORWARD PLAN

The Chairman said that if there were any items that Board Members would like to see added to the agenda, he was happy to consider them.

Councillor Stimson said an item on the climate partnership would be useful, particularly considering the link between health and wellbeing and climate change. She would forward on the information to Board Members so that they could consider if it was something that they would like to add to a future agenda.

The Chairman said that it sounded like a good suggestion.

303/15 FUTURE MEETING DATES

The next meeting of the Board was scheduled to take place on Tuesday 12th July 2022, starting at 3pm.

The meeting, which began at 3.00 pm, ended at 5.25 pm

CHAIRMAN.....

DATE.....