

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

**13 March 2018**

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

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

**PART I**

129/15 APOLOGIES FOR ABSENCE

Apologies were received from Dr William Tong and Jackie Macglynn.

130/15 DECLARATIONS OF INTEREST

Councillor Carroll declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pastuer's business he would abstain from the discussion and leave the room as required.

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

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

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

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

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

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

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

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

performance measures were as follows;

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

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

#### 134/15 HEALTH PARTNERSHIP BOARD REVIEW- FINAL REPORT

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

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

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

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

Key points from the presentation included;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 138/15 HEALTH AND WELLBEING PERFORMANCE

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

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

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

#### 139/15 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE

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

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

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

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

140/15 A.O.B

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

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

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

141/15 QUESTIONS FROM THE PUBLIC

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

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

142/15 DATE OF THE NEXT MEETING

The date of the next meeting was to be confirmed.

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

CHAIRMAN.....

DATE.....