

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

14 January 2020

PRESENT: Councillor Stuart Carroll (Chairman), Tessa Lindfield, Lynne Lidster, Jane Hogg, Huw Thomas, Mark Sanders, Hilary Hall, Kevin McDaniel and Jackie McGlynn

Also in attendance: Councillor Bond

Officers: Mark Beeley

PART I

195/15 **WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**

The Chairman welcomed everyone to the meeting and asked those present to introduce themselves.

There were no apologies for absence received.

196/15 **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 Pasteur's business he would abstain from the discussion and leave the room as required.

197/15 **MINUTES**

RESOLVED UNANIMOUSLY; That the minutes of the meeting held on 2nd July 2019 were agreed as a true and accurate record, providing the following amendments were made:

- In the attendance, Huw Thomas was listed as being a councillor.
- It was clarified in the Declarations of Interest that Cllr Carroll worked for a pharmaceutical company and would leave the room if discussions about the company arose.
- At the bottom of p.8, spelling of "war boundaries" was corrected to ward boundaries.
- In 'Future Meeting Dates', it was corrected to say 2020 instead of 2019.

198/15 **FRIMLEY INTEGRATED HEALTH AND CARE SYSTEM FIVE YEAR STRATEGY**

Jane Hogg set out the strategy. She informed the Board that it was a partnership of local authorities and NHS organisations with the aim of improving health and wellbeing for individuals. The area the strategy covered included East Berkshire, North East Hampshire, Farnham and Surrey Heath, which included over 800,000 people. Implementing the new strategy is the next phase of the project.

Tessa Lindfield explained that it was also important to understand the demographics of the population and what trends showed. By looking at the data, it was possible to discover key

health issues in the area. It would also allow for comparison with the national average to see how the strategy was performing compared to the rest of the country.

Jane Hogg said that there were a few main insights that had been discovered. In particular, potential years of life had been lost due to individuals not being treated correctly, while deprivation would prevent some from being able to access services and treatment in the first place. Mental Health was also showing a negative trend.

To help develop the insights, data had been used from Healthwatch's survey, which asked over 1500 local residents. From this, it was clear that more people were looking to other methods and services before going to A&E. This included calling the NHS 111 number, visiting the NHS website and visiting a GP. However, communication could still be improved.

Tessa Lindfield informed the meeting about the 'Inspiration Station', which allowed those from within the system to engage with the insights. These insights did not surprise those that took part, but did show that there was an ambition and desire to deal with the issues which had been discovered.

Jane Hogg explained the six strategic ambitions on which the system will focus on. These are:

- Starting Well
- Focus on Wellbeing
- Community Deals
- Our People
- Leadership and Cultures
- Outstanding use of Resources

In terms of funding, a total of £1.4 billion a year was currently spent, which worked out at approximately £1,744 per person. However, children and young people made up a very small proportion of this funding, and therefore there would need to be a shift in the percentage of spend on each area. The goal for the strategy was by 2025 there would be an increase in healthy life expectancy at birth by two years, and a decrease in the gap in life expectancy by three years.

The Chairman asked what the plan for funding the strategy was and what could be done to prevent the negative trend on mental health. Jane Hogg explained that there had been an increase in funding nationally and that there had been a successful initiative involving mental health. It was also worth noting that the 'Primary Care' area of funding involved a number of different factors.

Kevin McDaniel, Director of Children's Services, commented on the targets that had been set to be achieved by 2025, and that more could be done for mental health at an early age.

The Chairman asked about the deprivation findings and whether there was a framework or plan designed to address this. He was told by Jane Hogg that they would be working collectively to identify specific examples, for example through the insights they had discovered which communities were not engaging with the cancer screening services that were offered.

Tessa Lindfield said that they had found that cohorts were not bounded by place and they were coming up with new strategies to help balance inequalities.

199/15 MOVING FORWARD WITH THE ROYAL BOARD AS A PLACE IN THE INTEGRATED CARE SYSTEM

Hilary Hall told the Board that there was a workshop held in September that was used to try

and gain a better understanding of health and wellbeing needs across the borough. One of the outcomes of the workshop was a proposal to stand down the three current sub groups of the Health and Wellbeing Board and establish three neighbourhood forums aligned to the Primary Care Networks. The themes of developing well, living well and ageing well would be cross cutting through the three forums. This was agreed by the Board.

The joint Health and Wellbeing Strategy was due to end in March 2020 and was currently organised around three themes with 12 supporting priorities. However, the scope of the strategy was quite broad and it was not easy to identify the difference the strategy had made to residents. In light of the findings from the workshop, the new joint strategy will be structured around work done at place and neighbourhood level.

The Chairman asked what the process of putting together the Health and Wellbeing Strategy consisted of. Hilary Hall explained that it was usually a combination of things, with strategic ambitions being key in helping to shape the strategy.

Jackie McGlynn said that at a ward level there was the opportunity to form alliances. Hilary Hall said that it was all about testing new relationships, some things will not go as planned but it was about being open and accepting that.

200/15 WORKPLACE HEALTH - ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Tessa Lindfield gave the Board a presentation on the above titled item. She explained the 'health and work' cycle, which showed that where workplaces promoted good health, this led to higher productive and economic prosperity. There was high employment generally in Berkshire, with 40% of workers being employed in the top 1% of big businesses, showing how important big business was to the county. NHS was top of the list in the public sector and was therefore regarded as a 'leading light'. However, ethnic minority groups generally have a lower employment rate. Looking at age, it was clear that the working population was getting older which also made absence through sickness increase. There was also an issue of presenteeism, where workers were arriving at work not in a fit state to be productive. This had increased by three times since 2010.

Depression and anxiety were also key issues that needed to be addressed, along with high workloads, insufficient managerial support and experience of violence or bullying in the workplace. However, there were some things that could be done to help improve wellbeing. These included:

- Encouraging healthy behaviours in the work place
- Measuring and monitoring sickness absence rates
- Considering adjustments such as flexible working
- Providing training to managers to help with physical and mental health issues

It was important that both employers and employees worked on improving health and wellbeing in the workplace as it had benefits for both parties.

The Chairman said that the findings of the report were important and this should be communicated as much as possible.

Kevin McDaniel said that he would be able to lead in his workplace on the good practice that had been outlined in the presentation.

Jane Hogg said that there would need to be a commitment from each individual workplace to help improve, and that conversations were needed to start this.

Hilary Hall pointed out that it may be beneficial to frame it like a 'deal' between the employer and the employee, rather than being one sided. This would engage both sides and would

increase the chance of progress being made.

The Chairman told those present that it would be good to come back to the next meeting with some ideas on how to promote this scheme further and improve health and wellbeing in the workplace.

201/15 RBWM - ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

Hilary Hall explained to the Board what the programme involved. It was an ambitious project that planned to ensure that the residents of RBWM would be enabled to live independent and fulfilled lives. There were six different workstreams that would deliver the vision:

- Promoting a strengths based approach to working with individual people
- Delivering in partnership with staff, communities and providers
- Focussing on quality and celebrating success
- Keeping people safe from abuse and neglect
- Investing in digital innovation and technology
- Maximising the use of financial resources to gain value for money

The Chairman said that the programme was important, particularly as it was designed to make transformations in the interests of residents. Innovation was key and would allow the system to be reformed as needed.

Jackie McGyInn commented that all the values could be integrated together and that there was a good discussion between health and social care.

202/15 BETTER CARE FUND

Lynne Lidster gave a presentation on the Better Care Fund to the Board. She explained that the fund had played a key role since 2015 in providing integrated care support to enable people to be independent at home. There were a number of different schemes that were part of the Better Care Fund, including:

- Integrated care decision making – regular meetings to develop plans to reduce risk of hospital admission of people with complex needs.
- End of Life Care – investment in hotline services and intensive community support.
- Dementia services – development of dementia care advisor team and community based services for patients and carers.
- Social prescribing – locality based service, linked to Primary Care Networks.
- Falls prevention – significant reduction in falls, particularly for the 70+ age group.
- Paediatric hotline – reduction in avoidable admissions, particularly for anxious parents.
- Stroke association – promotion of continued independent living for people who have had a stroke.
- Care Home Quality Programme – increase in skills training to meet the needs of residents.
- Wide range of advice and support for carers – increased identification of carers to

reduce risk

- Primary care service for the homeless and hard to reach groups – outreach services to support reduction in avoidable A&E admissions

Huw Thomas talked about the homeless shelter that had free consultations available which had been successful and diagnosed a number of conditions. He said that often the homeless preferred to visit a shelter than hospital, so these shelters were important to maintaining their health and wellbeing.

203/15 QUESTIONS FROM THE PUBLIC

No questions were received from members of the public.

204/15 ANY OTHER BUSINESS

There was no other business.

205/15 FUTURE MEETING DATES

The next meeting date of the Health and Wellbeing Board would be confirmed after February full council.

Members stated a preference for the next meeting to be in April. This would be confirmed and communicated by Democratic Services in due course.

The meeting, which began at 3.00 pm, ended at 4.30 pm

CHAIRMAN.....

DATE.....