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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 23 MAY 2013

Present: Dr Alex Anderson (Newbury and District CCG), Leila Ferguson (Empowering West Berkshire), Councillor Graham Jones, Dr Catherine Kelly (North and West Reading CCG), Councillor Graham Pask, Rachael Wardell (WBC - Communities) and Lesley Wyman (WBC - Public Health and Wellbeing)) and Adrian Barker (Local Healthwatch (substitute for Lady Emma Stevens)).

Also Present: Councillor Gwen Mason, Councillor Quentin Webb, Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive) and Andy Day (WBC - Strategic Support).

Apologies for inability to attend the meeting: Dr Lise Llewellyn and Lady Emma Stevens.

PART I

11. Apologies

Apologies for inability to attend the meeting were received from Dr Lise Lewellyn and Lady Emma Stevens. Lesley Wyman represented Public Health on behalf of Lise Llewellyn and Adrian Barker represented Healthwatch on behalf of Emma Stevens.

12. Minutes

The Minutes of the meeting held on 25 April 2013 were approved as a true record and signed by the Chairman.

13. Declarations of Interest

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a pharmacist in Lambourn as well as a member of the Public Health and Pharmacy Forum but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

14. Public Questions

There were no public questions submitted relating to items on this agenda.

15. Update from Local Authority (Graham Jones/Lesley Wyman)

Councillor Graham Jones welcomed Jo Hawthorne to the meeting, who would give a presentation to the Board on the Joint Strategic Needs Assessment (JSNA). Jo Hawthorne reported that she was leading on the development of the JSNA and the new proposed model for Berkshire.

JSNAs became a strategic requirement in 2007 and one had first been introduced in West Berkshire in 2011/12. West Berkshire now had the opportunity to refresh and restyle their JSNA. . It was reported that the current document was not user friendly. It was clinically focused and in areas very complex.

The Vision for West Berkshire was to scope a JSNA that had the ability to:

- *Be accessible and web based*
- *Provide relevant, easy to disseminate data*
- *Tell the local story*
- *Use Ward data as a tool to plan for localised services, and:*
- *Provide key stakeholders with data for commissioning intentions.*

Jo Hawthorne had viewed numerous examples of JSNAs around the country when undergoing her research and although she had viewed some excellent ones, many of these had been costly to produce. One particular style of JSNA which was very clear and user friendly was the Bedford Model. Jo Hawthorne encouraged Board Members to view the model online and feed their thoughts back to her. In her opinion the Bedford Model was excellent at portraying the local story to the reader, by listing the wards and then giving a snapshot of information which pertaining to areas including health and wellbeing, housing, children and young people and transport. The script was supported by data. Jo Hawthorne explained that she particularly liked that the Bedford Model focused on particular conditions such as sexual health, providing information on what the current situation was and what needed to happen next including links to the Health and Wellbeing Strategy.

Jo Hawthorne confirmed that agreement by the Board was required on the Vision for the new JSNA, so that she could move forward with the redesign process for Berkshire.

Dr Catherine Kelly asked whether the new version would allow data to be broken down by area so that each CCG in a sense could have their own JSNA. Jo Hawthorne confirmed that it was difficult to give an answer to this, as this was something the data team were currently working on. Dr Kelly stressed how important this was.

Councillor Graham Pask asked if the information could be broken down by ward and if this information was currently available. Jo Hawthorne confirmed that this was available for some data, however, added the caveat that the more data was broken down the less statistically reliable it became because of smaller numbers. Councillor Pask also stated that it was important to ensure there were links from the JSNA to relevant websites and to refrain from using too much jargon. Jo Hawthorne confirmed that language was a challenge and her team aimed to make it as user friendly as possible.

Rachael Wardell highlighted that this was an excellent opportunity to link the JSNA to West Berkshire Councils District Profile, which did contain information at ward level.

Rachael Wardell confirmed that she agreed with the Vision for JSNA. She had worked on the JSNA in other areas for a number of years and in her experience the final document had often departed from the original Vision, so this would need to be monitored. Children and young people were often not adequately reflected in the JSNA and Rachael Wardell hoped that the new approach would prevent this from happening.

Jo Hawthorne reported that there was a workshop taking place on the 12th June 2013 and it would be extremely helpful if Members of the West Berkshire Health and Wellbeing Board could attend it. The aim of the session would be to look at the Vision and the detail in terms of target audience.

Adrian Barker welcomed the idea of the JSNA becoming more accessible. He felt that there still needed to be a downloadable version despite it being web based. Jo Hawthorne confirmed that there would be downloadable summaries.

Councillor Graham Jones reiterated how important it was to be able to break the data down as this made it possible to compare the District with the rest of England.

RESOLVED that: The Health and Wellbeing Board approved the Vision for the JSNA.

Lesley Wyman briefly updated the Board on the Measles situation. The plan nationally was to focus on 10 – 15 year olds as this was the cohort with a lower immunisation rate, due to the MMR scare in the 1990s. Public Health England were leading on awareness raising activities and were using social media to do this. GPs were being encouraged to increase the number of immunisations in the 10 – 15 year old cohort.

Public Health England had identified those groups who were at high risk, including Looked After Children (LAC), Gypsy, Roma and Travellers and those in Boarding Schools. Letters were going out to local area teams to help ensure children and young people in these high risk groups were immunised. Health Workers would be working with Gypsy, Roma and Traveller communities to raise awareness.

There had been no increase in outbreaks in England and the next set of data for Measles would be available on 30th May 2013. There was no issue with vaccine availability.

Public Health were working closely with the area team, lead consultants and others within the Council to raise awareness in schools. Excellent liaison was taking place between both CCGs, Councils and Public Health England. This had highlighted the vital role of Public Health England in leading on awareness raising activities and ensuring the right information was communicated when required.

Councillor Pask questioned what the immunisation rate was in West Berkshire and Lesley Wyman confirmed it was 95% for the first dose and 92.8% for the four year old booster.

Finally Lesley Wyman reported that locally Public Health had now been situated within the Local Authority for seven weeks. A lot of work had taken place to build links with other departments and a detailed action plan was being developed on how Public Health would help to deliver the five priorities within the Health and Wellbeing Strategy.

An event took place on 16th May 2013 that looked at the two priorities around supporting those over 40 to live a healthy lifestyle and promoting independence and supporting older people and those with Long term conditions to live within the community. The aim of this session was to build wider action plans which highlighted how areas were working together to deliver the priorities within the strategy.

16. Trading Standards in the Context of Public Health (Sean Murphy)

Sean Murphy reported that his presentation to the Board would look at how closely Trading Standards and Public Health linked together. Trading Standards had worked very closely with Public Health over the past five years.

Trading Standards worked to the National Intelligence model of delivery. Its Service Plan was broken down into areas of prevention, intelligence and enforcement. There were specific areas of work which fell within the Public Health remit and would contribute towards targets within the Health and Wellbeing Strategy.

Trading Standards were responsible for many areas of the food chain, for example they had recently been included in activity pertaining to the horse meat scandal.

The service carried out much work to ensure high quality standards were met on food however, work still needed to take place to ensure people fully understood food labels.

Trading Standards supported numerous healthy eating programmes within schools, which helped to tackle childhood obesity in the district. A popular programme involved helping young people to prepare nutritious snacks. Many of the health eating initiatives targeted those in need such as low income families and were well received by the Food Standards Agency.

Trading Standards worked with retailers to help ensure healthy options were offered as part of menus through offering training and an award incentive scheme. A food hygiene course had been run for many years, however, Sean Murphy reported that the damage caused through unhealthy food was much more significant.

The approach to healthy eating was changing. The Government were pushing for the food industry to change as a whole and for this to be initiated at a local level by Local Authorities in order to improve standards.

Sean Murphy moved onto the next priority under the Health and Wellbeing Strategy 'Supporting those over 40 years old to address lifestyle choices detrimental to health', which also fell within the remit of Trading Standards. Much work was carried out around the smuggling of tobacco, as schemes to reduce smoking by increasing the price of cigarettes were undermined by this. A lot of smuggled alcohol had also been seized in the past. The main issue currently being tackled by Trading Standards was 'legal highs' (drugs that could be obtained from the internet for example), these were regularly banned however, new ones were created as quickly as the bans were implemented.

Sean Murphy reported that debt had huge implications on a person's mental health and Trading Standards were currently undertaking a large project with the credit union which included identifying organisations which were miss selling loans.

Sean Murphy reported that Trading Standards worked to promote independence. It was important that care homes provided the correct nutritional standards so that elderly people were not receiving too little or alternatively too high a level of salt and calories. Crime was considered a major barrier to independence. Trends supported that there was an ageing population and it was the elderly who often became isolated and primarily the victims of crime.

Sean Murphy referred to the Trading Standards Service Plan and reported that in the future there would be an extra column included which showed links to the Health and Wellbeing Strategy.

Rachael Wardell noted that there was a lot of joint working taking place between Trading Standards and other services however, was aware that no links with housing had been mentioned. She also felt that there was potential for a piece of work in care homes to investigate the nutritional value of food being served.

Rachael Wardell referred to safeguarding, which was most evident with adults in the care homes and with those living with children. She felt that there was the potential for any service which accessed homes to act as the eyes and ears on behalf of the authority and to flag up any concerns to the relevant services.

Sean Murphy noted Rachael's comments regarding housing and confirmed he would pick it up. He agreed that safeguarding was a Local Authority responsibility not just Adult Social Care.

Leila Ferguson spoke on behalf of West Berkshire Mencap and stated that many of the people using the service were very vulnerable. Mencap made every effort to promote healthy choice when it came to food, however, influence was limited. She also referred to organisations which handed out Pay Day Loans and was surprised that those using the Mencap Service were granted them, as the company would rarely receive the money back.

Sean Murphy was asked if Pay Day Loans were legal and he confirmed that they were however, organisations providing them would be breaching regulations if they were to offer numerous Pay Day Loans to a single person.

Councillor Graham Pask noted that there was currently a large amount of advertising for bingo, which was a low level form of gambling. Sean Murphy reported that locally all

gambling premises were licensed by the Local Authority. He confirmed that recently regulations had been lifted ensuring people gave 24 hours notice prior to playing bingo.

Councillor Graham Jones thanked Sean Murphy for his presentation, which demonstrated how broard the Health and Wellbeing agenda was. It had also been made very clear how Trading Standards integrated into the Health and Wellbeing Strategy. Regarding discussions around Pay Day Loans, Councillor Jones reported that West Berkshire Council supported the Berkshire Credit Union.

17. Disabled Children's Trust (Rachael Wardell)

Rachael Wardell reported that she had received a letter asking that the Health and Wellbeing Board sign up to a Charter in the respect of disabled children.

The Board supported the aspirations of the Disabled Children's Charter. If the Board signed up to the Charter it would have to adhere to its reporting cycle. With this in mind Rachael Wardell asked to what extent the Board would want to evidence it was complying with the Charter, as it was highly unlikely that this would be the last letter it would receive requesting its sign up.

Councillor Graham Jones stated that he could see no problem with the Board signing up to the principle of the Charter, however, was concerned the Board would receive more letters of similar nature. A protocol was required to deal with similar documents in the future

Adrian Barker agreed with Councillor Jones and fully supported the principles of the document but could see the possible risk in signing up to it. He proposed that they look at a range of vulnerable groups and then assess how the Board would take their needs into account. He suggested that Healthwatch put a paper together and bring it back to a future meeting of the Board.

Councillor Jones supported Adrian Barkers suggestion that Healthwatch lead on producing a paper which detailed how to address the needs of vulnerable groups collectively.

RESOLVED that: Healthwatch liaise with colleagues in Strategic Support and Councillor Jones to create a protocol on behalf of the Board, detailing how to deal with vulnerable groups in the future.

18. Type 2 Diabetes in West Berkshire (Lesley Wyman)

Lesley Wyman introduced her presentation to the Board on tackling type two diabetes in West Berkshire. Joint working was taking place between the Local Authority and the Clinical Commissioning Groups however, areas of work were needed to promote this. Lesley Wyman proposed that type two diabetes was an area where the Board could positively demonstrate joint working and was aligned to the Health and Wellbeing Strategy. A piece of work was required which established how large an issue type two diabetes was in West Berkshire.

The priority within the Health and Wellbeing Board Strategy which gave focus to type two diabetes was:

Supporting those over 40 years old to address lifestyle choices detrimental to health

In order to help prevent diabetes and assist early identification of the disease there were a number of areas that could be focused on such as increasing health checks to help identify early cases of diabetes; promoting healthy eating to reduce obesity, one of the largest risk factors in developing diabetes; promoting and supporting work places

supported healthy lifestyles and ensuring services were accessible to those living in rural locations as people with diabetes as well as the elderly were at risk of becoming isolated.

Lesley Wyman referred to a slide which illustrated the estimated total (diagnosed and undiagnosed) diabetes prevalence in adults in WB (PHE**)**. Much work had been carried out with the Public Health Observatories and Public Health England in studying the prevalence of diabetes in different areas. Figures showed that in 2012 the estimated prevalence of diabetes in West Berkshire was 6.5%. Lesley Wyman highlighted that these were just estimates and therefore were adjusted by age, sex, ethnic group and deprivation pattern of the local population

Although figures in West Berkshire were lower that the England average, they were still predicted to rise and could be as high as 7.5% by 2025.

Lesley Wyman continued to the next slide which looked at the Quality Outcomes Framework figures (QOF) for 2011/12. She reported that the number of patients on the diabetes register had risen to just below 5000 from 4829 (2011/12) across the 14 GP practices. Prevalence ranged from 3.1% to 4.9% with an average of 4.1%. It was suspected that there were also many people who had developed type two diabetes, but not yet been diagnosed.

Lesley Wyman briefly talked about the complications of diabetes. Those over 45 with type two diabetes were more likely to be admitted to hospital as it was associated with a whole host of other health problems.

It was vital that the JSNA was used to assess what services needed commissioning. Then once commissioned they needed to be monitored and evaluated. In essence three steps needed to be followed:

- Step 1 – understand the health needs of the population with diabetes.
- Step 2 – understand what needed to be commissioned as an integrated service.
- Step 3 – implementation of key services across the care pathway from prevention and early identification through to treatment and supporting those living with diabetes.

Lesley highlighted the different components which were required for commissioning across the diabetes care pathway. Regarding seeking out those at risk, there was already positive work taking place within communities. There was a Silver Star Bus (screening bus) which visited Mosques and temples. Its key objective was to raise awareness within communities and encourage people to go for a screening, especially men who were more at risk of developing diabetes.

It was important that both the Voluntary and Community Sector were included when shaping services for diabetes, as well as people living with the condition, particularly when it came to decision making.

There was no shortage of NICE guidance to support commissioning across the diabetes care pathway. It was important that emotional, psychological and mental wellbeing were considered.

IAPT (Increasing Access to Psychological Therapies) were piloting a new course targeting people living with long term conditions like diabetes, as these people often became isolated and depressed.

Lesley Wyman felt that more positive press was needed within local media, particularly in relation to what was being done to tackle diabetes. This would help to raise the awareness of diabetes in West Berkshire. Awareness raising activities could also be held in places within the community such as leisure centres, schools, pubs, libraries etc. It

was noted by the Board that there was a lot of work taking place around diabetes however, more could be done.

Dr Catherine Kelly informed the Board about the Diabetic service in Newbury and North and West Reading CCGs.

A National Diabetes Audit had taken place and shown that diabetic services provided by Newbury and District, North and West Reading and Wokingham were expensive however were not achieving good outcomes for patients. This had led to a redesign of services across all four CCGs. A working group has been set up to tackle the situation and stakeholders across the pathways had worked together including patients, GPs, practice nurses, consultants, pharmacists and community services.

The key to tackling diabetes was diet and exercise. There were two groups of people with diabetes. Type two was often caused by an unhealthily diet and lack of exercise and type one was caused through insulin resistance.

Education Programs for patients and professionals had been set up to help education practice nurses and GPs to ensure better care was given to those with diabetes.

There had been improved integration within the service between hospitals and community services including four new Specialist Diabetic Nurses, a specialist consultant and an improved diabetic eye screening service. The aim of this was to reduce the amount of times people with diabetes had to go into hospital. There was also a new talking therapy programme, which people were referred to through their Health Professional.

Dr Kelly stated that it was about a new way of working which took the care planning approach and involved working with patients to look at what they wanted to do about their results.

There was a new diabetic website for patients, which could be used by both patients and professionals and a new IT program which enabled patients to access and monitor their results. Virtual Clinics were being introduced as another way to decrease the amount of trips taken to hospital.

Dr Kelly stated that this was a great opportunity for the Health and Wellbeing Board. If the Board decided to support the diabetes agenda, Dr Kelly reported that Richard Croft who chaired the Diabetic working group would be happy to come and speak in more detail about what was happening locally.

Dr Anderson reported that the Falkland Surgery was carrying out a pilot scheme to help identify people who were in the pre-diabetic stages by introducing lifestyle management steps.

Rachael Wardell questioned whether the redesign of diabetic services was being carried out with existing resource or required investment. Dr Kelly confirmed that the specialist nurses and consultant were new investments. The eye screening service would be supported through existing resources.

Rachael Wardell stressed that an impact evaluation was required to assist with the redesign of services, this would help determine how best to invest new time and money.

It was proposed that the Health and Wellbeing Board set up a sub-group or focused workshops to look at what the gaps were regarding diabetic services and how it could assist with improving the situation. Adrian Barker stressed that if there was a working group then diabetic patients needed to be on the group.

Andy Day reported that there was already a diabetic working group in existence, so rather than create a new one this should be used. Lesley Wyman was concerned that

this group already had a very large agenda and therefore did not see it as a suitable option.

RESOLVED that: a meeting be set up to take the work forward and to discuss the need for a diabetes working group.

19. Demand and Capacity Paper (Rachael Wardell)

Rachael Wardell introduced a paper which had been circulated with the agenda by Capita on demand and capacity modelling for the Berkshire West health and social care economy. She informed the Board that this work was being carried out by Capita on behalf of West of Berkshire. The aim was to look at the demand on the health system and then look at how this should be managed in future.

Rachael Wardell drew the Boards' attention to the 17 options which had been suggested by Capita to address the current pressures' (page 69 of the agenda).

Leila Ferguson referred to option no. 15 which stated 'Use of third and Voluntary Sector to provide a place of safety in peoples own homes'. Empowering West Berkshire represented over 500 Voluntary and Community Sector (VCS) organisation of various sizes and she asked if this would be a new expectation on each of them. Rachael Wardell confirmed that not every VCS organisation would be involved. Dr Catherine Kelly noted that it showed that those living near West Berkshire Hospital (minor injuries) were more likely to visit this facility than go to A&E however, figures indicated that this service was no more cost effective. It was confirmed that there was not a similar unit to West Berkshire Hospital on the other side of the M4.

Dr Catherine Kelly noted that it showed that those living near West Berkshire Hospital (minor injuries) were more likely to visit this facility than go to A&E however, figures indicated that this service was no more cost effective. It was confirmed that there was not a similar unit to West Berkshire Hospital on the other side of the M4.

Rachael Wardell confirmed that a pioneer programme was being launched as part of the work and areas with pioneer status would be given a lot of assistance. The deadline date for bids to be involved in the Pioneer Programme closed on 28th June 2013. She felt that West Berkshire could not become a Pioneer area alone however, the West of Berkshire as a whole could bid for the pioneer status.

Councillor Graham Jones noted that this was a fast moving agenda and felt West Berkshire needed to be at the forefront of the work.

Resolved that Councillor Jones and Dr Alex Anderson take the issue forward in consultation with the Board.

20. Joint Carers Strategy (Alex Anderson)

Dr Alex Anderson stated that he has asked to have this item on the agenda as it was an opportunity for a piece of work to be carried out in partnership between Health and Social Care.

The value of carers was estimated of £190 billion per year nationally. Dr Anderson proposed that a Joint Carers Strategy be developed and overseen by the Health and Wellbeing Board.

Rachael Wardell supported the proposal but stated that she would like to investigate what work was already taking place.

Dr Anderson confirmed that a meeting would take place on 4th July 2013 to discuss taking this going forward. Leila Ferguson felt that it was important that other Carer forums and groups were not reinvented.

RESOLVED that the Health and Wellbeing Board supported the proposal of a Joint Carers Strategy.

21. Update from the Clinical Commissioning Groups (Alex Anderson)

Dr Catherine Kelly reported that the 111 Service had been launched and was going well. In Berkshire a phased approach was being taken to implementing the new service to avoid the problems being experienced nationally. The service was being publicly launched in June/July time and NHS would remain in place until then.

Clarification was sought regarding where out of hour calls were directed. Dr Alex Anderson confirmed that the public would now be asked to call the 111 Service when calling the surgery out of hours. When somebody then called the 111 Service they would receive an assessment which would direct them to the most suitable care or advice. The 111 Team were physically located in Bicester.

The Service was monitored daily and so far had reduced the number of contacts with Out of Hours GPs.

22. Update from Healthwatch (Lady Emma Stevens)

Adrian Barker gave the Board an update on Healthwatch in Lady Emma Steven's Absence.

Healthwatch was still in the early stages however, reasonable progress was being made. There were five executive directors in place and the first board meeting had recently taken place.

Healthwatch were in the process of setting up their website and social media, including Face Book and Twitter.

23. Work Programme

It was requested that the following item be added to the work plan for the next meeting in July:

- Integrated Health and Social Care Management (Rachael Wardell).

24. Member(s) Question

There were no Member questions submitted relating to items on this agenda.

25. Any other business

Councillor Graham Jones reported that as this was public meeting, an item for Any Other Business should not be on the agenda and had been erroneously included.

26. Date of next meeting

The date of the next meeting was 25th July 2013 in Committee Room 2.

(The meeting commenced at 9.30am and closed at 11.45am)

CHAIRMAN …….

Date of Signature …….