

DRAFT

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, 25 MAY 2017

Present: Garry Poulson (Volunteer Centre West Berkshire), Paul Jones (Group Manager (RBFRS)), Dr Bal Bahia (Newbury and District CCG), Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG), Councillor Graham Jones (Leader of the Council & Conservative Group Leader), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Andrew Sharp (Healthwatch), Councillor Carol Jackson-Doerge (Council Member), Councillor James Fredrickson (Executive Portfolio: Health and Wellbeing), Councillor Marigold Jaques (Council Member), Susan Powell (Building Communities Together Team Manager), Councillor Jeanette Clifford (Executive Portfolio: Highways and Transport) and Judith Wright (Interim Strategic Director of Public Health & Consultant)

Also Present: Nick Carter (WBC – Chief Executive), Anees Pari (Acting Head of Public Health and Wellbeing), Jo Reeves (Principal Policy Officer), Lyndon Mead (ACS Programme Manager) and Deborah Joyce (Senior Programme Officer)

Apologies for inability to attend the meeting: Heather Bowman, Dr Barbara Barrie, Dr Lise Llewellyn, Rachael Wardell, Cathy Winfield, Councillor Lynne Doherty, Dr Rupert Woolley, Councillor Rick Jones, Councillor Marcus Franks and Jim Weems

PART I

48 Election of the Chairman and Appointment of the Vice Chairman

Councillor James Fredrickson was voted as the Chairman and Dr Bal Bahia was voted as the Vice-Chairman of the Health and Wellbeing Board for the 2017/18 Municipal Year.

Councillor Fredrickson announced that he was looking forward to chairing the Board as there was a fantastic strategy in place and a range of brilliant organisations.

49 Minutes

The Minutes of the meeting held on 30 March 2017 and the Special meeting held on 4 May 2017 were approved as a true and correct record and signed by the Chairman.

50 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board Forward Plan was noted.

51 Actions arising from previous meetings

The Health and Wellbeing Board noted the actions arising from previous meetings.

52 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was personal and not a disclosable pecuniary or other registrable interest, they determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks

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Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

53 Public Questions

There were no public questions submitted.

54 Petitions

There were no petitions presented to the Board.

55 Annual Report from the Director of Public Health

The Board considered a report (Agenda Item 9) which presented the Annual Report from the Director of Public Health. Judith Wright advised that Dr Lise Llewellyn was on long term sick leave and she would be the Interim Strategic Director of Public Health for the Berkshire Shared Team. The subject of the report was avoidable and preventable mortality and had been written by Dr Lise Llewellyn.

The report outlined that nearly a quarter of all deaths could be deemed to have been preventable. The rate of preventable deaths was lower than the national average, and reducing, in both men and women in West Berkshire, however men were still four times more likely to suffer preventable mortality than women. The reason for this inequality might be because men are more likely to get heart disease and historically have smoked at higher rates than women. Dr Bal Bahia noted that men were also less likely to visit a GP than women.

There was a strong correlation between deprivation and preventable deaths and this was likely to be linked with the prevalence of unhealthy behaviours among people living with deprivation. There were eight commonly agreed risk factors that if addressed would reduce preventable deaths; alcohol use, tobacco use, high blood pressure, high body mass index, high cholesterol, high blood glucose, low fruit and vegetable intake and physical inactivity. Judith Wright explained the impacts and possible interventions for those risk factors.

Garry Poulson asked whether the impact was known of vaping on smoking rates, noting the visibility of vaping retail outlets. Judith Wright advised that there had not yet been a longitudinal study to assess the long term impact on overall rates and it was difficult to examine the short term impact as individuals often made independent decisions to take up vaping rather than going through NHS services.

Tandra Forster asked if the Board should be concerned regarding the numbers of young people smoking (9255 people aged 16-34); Judith Wright advised that the rate was a concern and the best method to reduce the number of people smoking would be to stop people from starting. Paul Jones enquired whether data was collected regarding the number of children aged 11 and older, noting that Royal Berkshire Fire and Rescue Service delivered anti-smoking education to children from the age of 11 as behaviours might be embedded by the age of 15. Judith Wright advised that the data came from school health surveys which were conducted with 15 year olds.

Judith Wright concluded that in West Berkshire smoking cessation services saw people at rates which exceeded the national average but there were further opportunities for the system to reduce the levels of smoking. Councillor James Fredrickson enquired what about West Berkshire's interventions were supporting so many people. Dr Anees Pari advised that there were a number of interventions, including a popular play targeted at

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school children called 'Meet the Stinkers'. He also advised that the long term trend was that smoking rates were reducing. Councillor Fredrickson requested a breakdown of the age and gender split of smoking cessation service users so that more information on the reasons for West Berkshire's good performance for smoking cessation rates could be known.

Judith Wright advised that there were similar correlations between smoking and alcohol in regard to the link with deprivation. There were a variety of community and cultural factors which lead to people drinking at harmful levels. Judith Wright recommended that identification and brief advice would be useful to the wider population and the Board might also want to focus on people who had several hospital admissions. Councillor Graham Jones asked about brief advice in non-clinical settings, Judith Wright advised that many professionals were reluctant to talk to their clients about their alcohol consumption as there was a wide cultural acceptance of drinking. Nationally, there would be benefit to considering the accessibility to alcohol including pricing and licensing laws.

Andrew Sharp noted that at a recent meeting of the Alcohol Harm Reduction Partnership, Dr Anees Pari had provided information regarding the saturation of licensed premises among areas of deprivation and expressed the view that there should be a more proactive approach to planning, licensing and public health.

Regarding obesity and physical activity, Judith Wright reported that West Berkshire was below the national average for the number of children classified as obese, however it was higher than national average for the number of children who were overweight; a quarter of West Berkshire's children were overweight or obese. Weight reduction interventions had the most impact when the referral was made by a GP.

Councillor Fredrickson asked how West Berkshire compared overall to national averages. Dr Anees Pari advised that for many indicators such as physical activity West Berkshire was performing better than the national average, although he noted that the Council's website could be amended to raise the profile of the available interventions. There were some indicators which West Berkshire had performance lower than the national average and these would be considered further at a meeting of the Locality Integration Board in June; preventable mortality of people with a serious mental illness and children admitted to hospital as a result of self-injury. Judith Wright commented that while West Berkshire was outperforming the national average on many indicators, in an area of general affluence one might expect even better performance. Dr Pari further noted that inequalities were stark on each indicator, including where performance was better than the national average. Councillor Fredrickson advised that he would look into the profile of available information on the Council's website.

Tandra Forster enquired why West Berkshire was completing fewer NHS Healthchecks than the national average. Dr Bahia advised that in West Berkshire, GPs had been encourage to provide these checks and due to the pressure on primary care they had not been prioritised but that did not stop GPS having conversations with their patients about risk factors. Judith Wright advised that Public Health England were seeking a national review of NHS Healthchecks to examine their success and identify good practice.

RESOLVED that

- **The report be noted.**
- **Information on the breakdown of the age and gender split of smoking cessation service users to be gathered.**

56 Accountable Care System Update (Cathy Winfield)

The Board received a presentation (Agenda Item 10) concerning an update on the Accountable Care System (ACS).

Dr Bal Bahia explained that the health service had previously been a monolithic and inefficient system so competition was introduced. However under the competition model there were differences in how different arms of the NHS were funded, for example acute trusts were funded on a tariff basis according to their activity whereas Clinical Commissioning Groups commissioned community trusts on block contracts. As part of the move to reduce costs in the NHS, the ACS sought to abolish misaligned incentives and apply budgets to care pathways without destabilising the whole system. Shairoz Claridge noted that Berkshire West had been chosen as an exemplar area to test and break the rules of how the health system currently operated.

Shairoz Claridge outlined the main care models and business models that would be introduced, including Connected Care which would mean that social workers, GPs, out-of hours staff and hospital staff had access to patient records which would make the patients more streamlined and reduce the likelihood of harm.

Andrew Sharp advised that Healthwatch were concerned about the limited patient and public engagement that had taken place on the ACS. Shairoz Claridge accepted that there was still work to be done regarding communication and engagement for staff, patients and the public and ACS leaders wanted to ensure that they were putting out messages that were relevant to the interested groups.

Lyndon Mead explained that the leadership group was working under a memorandum of understanding and were seeking to include representation from GPs and social care. Councillor Fredrickson asked when the ACS would start buying and forward planning together; Lyndon Mead responded that it would not officially be an ACS until 2018 but would need to demonstrate fast progress.

Dr Anees Pari noted that there were plans to deliver population health management and requested that Public Health be included to avoid duplication.

Councillor Fredrickson asked how the ACS would ensure that it had effective governance. Lyndon Mead noted that the governing bodies would still have their statutory duties and the ACS board itself would only be able to make recommendations.

Andrew Sharp expressed the view that patients were willing to interact with the NHS in different ways but there needed to be better communication regarding how that should be. Lyndon Mead agreed that two types of communication were necessary for the ACS, what it was and what would be changing as a result.

Nick Carter suggested that as chair of the Berkshire West 10 Integration Board he could give the Board a presentation regarding how their workstream fit in with the ACS.

RESOLVED that the report be noted.

57 Delivering the Health and Wellbeing Strategy (Delivery Plans) (Jo Reeves)

The Board considered a report (Agenda Item 11) concerning the plans for delivering the Health and Wellbeing Strategy. Jo Reeves reported that since the Board's Peer Review in March 2017, the Steering Group had focused on supporting the Board's development by refreshing the strategy and the Board's governance arrangements in line with the recommendations which arose. This culminated in the new HWB strategy being adopted in March 2017. The Steering Group had now turned its attention ensuring the strategy

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was being delivered and asked the sub-groups to develop delivery plans to outline what actions they would be completing in support of the strategy.

The Board had two priorities for 2017; reducing alcohol related harm and increasing the number of community conversations which help communities to address issues. The Steering Group was confident that their plans had identified the outputs that they would produce during their year as priorities, but the outcomes for the health, wellbeing and resilience of West Berkshire's residents still need to be specified.

The strategy also outlined five strategic aims with a number of objectives underneath each aim. The level of activity being completed for these aims varied widely and in some cases the Board needed to be concerned. In particular, there was no delivery plan available for the aim to support mental health and wellbeing throughout life.

There was a lot of work being undertaken regarding mental health but progress had been slow. The Board were recommended to investigate what the barriers had been to developing momentum behind the impact the Board could have on mental health. The Board was also invited to consider how it could harness the local and national spike in attention on mental health to delivering better outcomes for West Berkshire's residents.

(The meeting was adjourned from 11am to 11.01am to hold a minute's silence in remembrance of the victims of the Manchester attack a few days previously.)

Councillor Fredrickson enquired why there was a disparity between the progress of the Board's sub-groups. Jo Reeves responded that it had not been the aim of the governance review to create more groups and instead they sought to make use of existing groups. Some groups had existed for some time, for example the Ageing Well Task Group was established following a Hot Focus Session in April 2016. The Mental Health Collaborative had been established as a group of interested professionals who thought that working collectively could improve services for West Berkshire's residents. The collaborative had found that attendance at its meetings was not always prioritised or at an appropriate level of seniority from the members organisations. There was no alternative group which the Board could have sought to bring in to deliver the mental health objectives in its strategy.

Nick Carter advised that he had spent some time following the previous meeting of the Board and he had been struck by a lack of a collective vision across Berkshire West for how mental health services should be provided. Different organisations had different views led by their own statutory responsibilities. Nick Carter expressed the view that these organisations needed to prioritise three things to focus on to improve the picture for mental health. It was not uncommon nationally to lack a single group or strategy to cut across the various organisations. A meeting of the Locality Integration Board in June 2017 would be used to establish a shared vision and drive forward improvement.

Shairoz Claridge commented that there had been good work such as the crisis concordat but agreed there was disparity in some elements. Nick Carter highlighted the need to consider the service user's perspective.

Andrew Sharp reiterated that mental health cut across every service and there were no joined up solutions at present.

Councillor Marigold Jacques advised that at the previous meeting she was struck by the duplication of work across the District. From her previous role in a mental health charity, she knew that prevention and education in schools was essential to promoting good mental health.

Councillor Fredrickson explained that the key to the Board ensuring progress on mental health would be the meeting of the Locality Integration Board in June 2017 which he

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would like to attend. He wished to make it clear that that the Mental Health Collaborative was a group of volunteers and the Board should harness their goodwill. An agreed hierarchy of priorities and define timescales would be important to drive local improvement.

Councillor Fredrickson noted other objectives defined in the report as 'business as usual' and enquired how Board members would like to see information on these areas. Dr Bal Bahia expressed the view that the Steering Group should receive that information and feed up any concerns to the Board. Nick Carter expressed concern that the Board's agendas might become overloaded if they tried to have oversight of everything in the strategy. Councillor Fredrickson suggested that the Steering Group consider this issue further.

RESOLVED that the delivery plans be approved.

58 Alcohol Harm Reduction Partnership Update (Debi Joyce)

The Board considered a report (Agenda Item 12) concerning an update from the Alcohol Harm Reduction Partnership regarding the priority for 2017 for 'reduce alcohol related harm for all age groups'. The report outlined the activity of the Partnership, including the 'quick wins' that had already been achieved and the next steps.

Debi Joyce sought support from the Board to ensure that attendance at partnership meetings was maintained, especially now the groups was moving to delivering two key projects. There would also need to be a strategic group established to support the initial establishment of the Blue Light Board. Nick Carter suggested that the matter be raised at the next Health and Wellbeing Steering Group meeting.

Councillor Fredrickson asked Councillor Graham Jones how, in his experience as a community pharmacist, Identification and Brief Advice (IBA) worked. Councillor Jones advised that it was a good hook to have a conversation with somebody about their alcohol consumption.

Councillor Fredrickson asked who would work intensively with Blue Light clients. Debi Joyce explained that as the project would target treatment resistant drinkers it would be whichever organisation that was most suitable in the first instance, until the individual was ready to go into treatment. Andrew Sharp noted the overlap with the Making Every Adult Matter initiative and that the Blue Light project represented a departure from usual service delivery which relied on a service user's willingness to engage.

Councillor Fredrickson noted that the success of the Blue Light Project would depend on the commitment of partner organisations, all of which would benefit. He noted that Debi Joyce was leaving the Council to work elsewhere and commended the legacy that she would be leaving.

RESOLVED that the report be noted.

59 Community Conversations Update (Susan Powell)

The Board considered a report (Agenda Item 13) concerning an update from the Building Communities Together Team Manager regarding the priority for 2017 to 'increase the number of community conversations through which local issues are identified and addressed'. The report outlined the activity of the Team, including what had already been achieved and the next steps.

Councillor Fredrickson asked how volunteers were encouraged and support to maintain their input in community organisations and voluntary groups over time. Susan Powell advised that she relied on the excellent support offered by Garry Poulson and Sharon

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Oliver Volunteer Centre West Berkshire and she would also be developing an online presence to be able to support various types of engagement.

Tandra Forster commented that in Adult Social Care, locality managers would support to run community conversations about the New Ways of Working.

Dr Anees Pari advised that he would be interested to receive information on any health concerns which arose at community conversations.

Councillor Fredrickson expressed the view that the potential of the outputs that community conversations could deliver was brilliant and was pleased to see that each group could develop their own agenda.

RESOLVED that the report be noted.

60 **Review of the Health and Wellbeing Conference held on 27 April 2017**

The Board considered a report (Agenda Item 14) concerning a review of the Health and Wellbeing Conference held on 27 April 2017. The report outlined that the aim of the conference was for attendees to broaden their understanding of the community conversations approach by applying it to the issue 'How as system leaders do we move from cooperation to transformation?'. The purpose of the report was to summarise the content of the Conference and consider the next steps for the actions that arose.

Councillor Fredrickson noted that although he was not at the Conference, the feedback he had received was that it was an interesting and valuable session.

Dr Bal Bahia commented that the practical experience of being involved in a community conversation was powerful.

Nick Carter expressed the view that the phrase 'soup not a salad' which was used to explain the vision for working together was a useful test to apply and the Board should apply this test regularly.

Councillor Fredrickson agreed that the Steering Group should consider how best to implement the actions arising from the Conference.

RESOLVED that the report be noted.

61 **Members' Questions**

There were no questions submitted by Members of the Council.

62 **Future meeting dates**

The next meetings of the Health and Wellbeing Board would be:

Development Session, 6th July 2017, 9.30am in the Council Chamber

Health and Wellbeing Board, 28th September 2017, 9.30am in the Council Chamber

(The meeting commenced at 9.30 am and closed at 11.56 am)

CHAIRMAN

Date of Signature