

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 FRIDAY, 18 MAY 2018

Present: Councillor Dominic Boeck (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Ian Mundy (Locality Director, BHFT), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch) and Councillor Marigold Jaques (Council Member)

Also Present: Jo Reeves (Principal Policy Officer), Councillor Quentin Webb (Council Member), Matthew Braovac (MHAG Independent Chair), Richard Benyon, Sue Brain (Service Manager, Safeguarding Adults) and Councillor James Fredrickson (Executive Portfolio: Economic Development and Communications) and James Lewis (Locality Manager, Adult Social Care)

Apologies for inability to attend the meeting: Councillor Graham Jones, Councillor Lynne Doherty, Councillor Marcus Franks, Cathy Winfield, Superintendent Jim Weems, Mary Sherry, Neil Carter, Luke Bingham and Darrell Gale

Absent: Dr Barbara Barrie

PART I

1 Election of the Chairman and Appointment of the Vice-Chairman for the 2018/19 Municipal Year

Dr Bal Bahia opened the meeting and thanked Councillor James Fredrickson for his year as Chairman.

Councillor Fredrickson advised that he would now be Portfolio Holder for Economic Development. He stated that he had had an amazing time as Chairman of the Health and Wellbeing Board in 2017/18 and had met some incredible people. Community conversations had given him a different view on working with the public. The Mental Health Action Group had now been established which was a group of fantastic individuals who would be driving forward some important work. Councillor Fredrickson concluded that it had been his privilege to claim responsibility for the hard work of others, many of whom were supporting the Health and Wellbeing Board's agenda on top of their day jobs.

RESOLVED that Councillor Dominic Boeck be elected Chairman for the 2018/19 Municipal Year.

RESOLVED that Dr Bal Bahia be appointed Vice-Chairman for the 2018/19 Municipal Year.

Councillor Dominic Boeck thanked the Health and Wellbeing Board for electing him to be the Chairman. He welcomed Richard Benyon MP to the meeting and proposed suspending the Rules of Procedure in order to permit him to address the Board. This was seconded by Councillor Graham Bridgman and approved by the Board.

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Richard Benyon MP stated that he wanted to take a moment to look back on the previous year as the Brighter Berkshire campaign had made 2017 the year of mental health. He was in awe of what had been achieved to reduce the stigma around mental health. Mental health was an important and neglected area of healthcare and Richard Benyon MP stated that he hoped that the Health and Wellbeing Board could build on the success of the campaign.

Richard Benyon MP continued that it had been his privilege to attend the Emotional Health Academy and see early intervention in action. He was delighted that other areas were looking to introduce similar schemes.

Noting that there was an item on homelessness on the meeting's agenda, Richard Benyon MP highlighted that a number of organisations had been working together with a noble ambition to end rough sleeping. He recognised that homelessness was not limited to rough sleeping, however rough sleeping was the most visible form of homelessness and shaming to society. While for some people rough sleeping might be a choice, for the vast majority of people it was not. Richard Benyon MP hoped the Health and Wellbeing Board could lead on ensuring there was a coordinated approach.

Councillor Boeck proposed reinstating the Rules of Procedure. This was seconded by Councillor Graham Bridgman and approved by the Board.

2 Minutes

The Minutes of the meeting held on 21 January 2018 were approved as a true and correct record and signed by the Chairman.

3 Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

4 Actions arising from previous meeting(s)

The list of actions arising from previous meetings was noted.

5 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, he 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 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.

6 Public Questions

a Question submitted by Mr Steve Masters to the Chairman of the Health and Wellbeing Board

A question standing in the name of Mr Steve Masters on the subject of which of the recommendations in the Healthwatch Homelessness report the Board would be adopting was answered by the Executive Member for Health and Wellbeing, Culture and Leisure.

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7 **Petitions**

There were no petitions presented to the Board.

8 **Priority for 2018/19: Promote Positive Mental Health and Wellbeing for Adults**

The Board received a presentation (Agenda Item 9) regarding an update from the Mental Health Action Group (MHAG) on work undertaken to support the Board's priority for 2018/19 to 'promote positive mental health and wellbeing for adults'.

Matthew Braovac introduced himself as the independent chair of the MHAG and advised that he had joined the group in February 2018. He noted that the MHAG had reported four key workstreams at their last presentation in November 2018 and would provide an update on each.

Community Navigation and Peer Support.

The MHAG had stated that they would 'celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support.' The MHAG had influenced the specification for the Village Agent scheme, now known as Village Agent Community Navigators; the service would now be more focussed on social isolation and loneliness. Anyone over 18 would now be eligible to access their support when previously anyone referred would need to be over 55.

Berkshire West Your Way had been commissioned by the CCG and would expand into West Berkshire from Reading from the 1st June 2018. MHAG had provided practical support regarding venues, contacts, facilities and existing partners.

Digital Community Resource Directory.

The MHAG had been working with colleagues in Adult Social Care to shape the upgrade of the Social Care Information Point (SCiP) to ensure that information was accessible to those with mental health concerns.

The Emotional Wellbeing West Berkshire website was also being revamped and would be connected with SCiP. Service users would be trained to run the website as a self-support tool.

While the overall digital offer for health and wellbeing services was being considered by another group, the MHAG felt it was important to expedite these processes in order to ensure the availability of information.

Co-produced review into patients' experience of crisis.

Previous Thinking Together events had raised the issue of crisis. A further event was held on 22 March 2018 which sought to understand concerns better. It had been interesting that professionals and service users often defined crisis differently. Service users sought more empathy in dealing with professional services but also recognised the pressure that front line workers were under and thought that they should be supported better.

Preventable deaths of people with serious mental illness.

Matt Pearce, Head of Public Health and Wellbeing, noted that the MHAG had identified that West Berkshire may be an outlier in the number of preventable deaths from physical health conditions of people with serious mental illness (SMI). Nationally, people with SMI died 10-25 years earlier than their counterparts. Dr Angus Tallini had conducted an audit into 38 patient records and identified that 22% of premature deaths were due to cancers not amenable to screening. Alcohol was a direct or indirect factor in 28% of deaths. This

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was contrary to national literature which suggested that cardiovascular causes were the main factor in preventable deaths of people with SMI.

The audit recommendations included maintaining a focus on reducing alcohol related harm, smoking cessation (as 80% of people with SMI smoked) and better targeting of Healthchecks and lifestyle interventions.

Matthew Braovac outlined that the MHAG's next steps were:

- Reviewing existing 'community connector' activity and providing 'on the ground' input for Berkshire West Your Way.
- Contributing to wider digital community resource plans.
- Developing an action plan to support individuals with SMI.
- Providing recommendations to the HWBB Strategy.
- Working with the Skills and Enterprise Partnership to improve workplace access for vulnerable people.

Councillor Mollie Lock stated she would like the group to ensure there was early intervention services for children under the age of 18. Matthew Braovac advised that the MHAG's remit was regarding adults. Matt Pearce advised that no work to support children would be stopping and the group needed to focus their attention. Councillor Marigold Jacques drew attention to the Emotional Health Academy and the 'Little Ray of Sunshine' booklet produced by the CCG.

Councillor Graham Bridgman asked whether the causes of early death found in the SMI audit were the same as the majority of the population and people with SMI were more likely to die earlier. He also asked to what extent cancers experienced by people with SMI were preventable if they were not amenable to screening. Matt Pearce responded that cancer was the biggest cause of death in those aged under 65. The cause of early death in people with SMI was expected to be cardiovascular but this was not found in the audit. He also explained that cancers not amenable to screening could still be prevented by a number of lifestyle factors.

Andrew Sharp noted that mental health was such a broad area the MHAG had needed to focus its work and the Children's Delivery Group which reported to the Board oversaw the children's element of mental health. As a former co-chair of the MHAG he wished to reflect that a key thing to ensuring the group had pace was membership and members sending deputies if they were unable to attend meetings. He stated that as care for mental health was increasingly provided in and by the community, there needed to be confidence that the voluntary and community sector was able to deliver that support. Regarding crisis, Andrew Sharp noted that for physical health crises a patient could expect a team of people to support them at Accident and Emergency; for a mental health crisis a patient might find a flashing answerphone.

Dr Bahia noted that at the Health and Wellbeing Steering Group, the chairs of the Board's sub-groups came together and shared information on cross-cutting themes.

RESOLVED that the report and presentation be noted.

9 **Dementia Enabling Environment Project in Adult Social Care**

The Board received a presentation (Agenda Item 12) from Sue Brain and James Lewis regarding the dementia enabling environments project in adult social care.

The project had been initiated following a presentation by Dementia Design Specialist Architects to the Health and Wellbeing Steering Group in 2017. It was recognised that there was an opportunity to make improvements to Birchwood Care Home following an

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assessment that it was not a dementia friendly environment. There was also an opportunity to help people with dementia to stay at home for longer.

The outputs for the project had been difficult to define but it was noted that in Birchwood a reduction in challenging behaviour would be a good outcome in addition to an improved Care Quality Commission rating. In the community the desired output was a reduction in falls and an improved quality of life.

A full audit was undertaken of Birchwood care home which was grounded in evidence on dementia enabling environments. Recommendations were made which took into account the sensory and cognitive impairments experienced by residents with dementia. For example a threshold strip in a different colour to the floor could pose a trip hazard as the resident might assume there was a hole or a step. There were also opportunities to improve signage to be clear but un-patronising. There might also be scope to apply the principles in town centres.

Renovation of Birchwood had now commenced including remodelling each floor into smaller units. Doors would be improved to give better access to the garden which over 90 employees from Vodafone had volunteered to renovate. It would be an expensive project and not possible to meet every recommendation in one go but the recommendations could be applied across the Council's other care homes and ensure that Birchwood was a better place for residents to spend their final years.

It was also intended to develop an audit tool for residents and carers to use in their own home. James Lewis reported that he was due to meet with the Chief Executive and the Highways Team regarding embedding some of the dementia environment principles into the Market Street redevelopment. Hillcroft House, the site of the Memory Clinic, would also undergo refurbishment in accordance with dementia enabling principles.

Sue Brain concluded that the project was still in early stages. DDS architects had been helpful and flexible throughout the process. Ongoing senior management commitment would be essential to ensure the continuation of the project.

Councillor Boeck asked for more information regarding the reorganisation of accommodation, noting that there were 60 residents in Birchwood. Sue Brain advised that accommodation was over three floors including 10 step-down beds on the ground floor. Calm spaces would be created, as it was recognised that the 60 residents had not chosen to live together and it was important to offer more quiet spaces than just bedrooms.

Garry Poulson enquired after the lighting, noting from his work with the Ageing Well Partnership that there was a link between no lighting and falls. Sue Brain advised that the Council did not own the building and the owner had reinstalled lighting without consulting the Council. The work with DDA had raised awareness of the importance of natural light cycles.

Andrew Sharp noted that carers should be furnished with the information.

RESOLD that the report and presentation be noted.

10 Alcohol Harm Reduction Partnership - Final Report for 2017/18

The Board considered the final report from the Alcohol Harm Reduction Partnership (Agenda Item 10).

Jo Reeves reported that three projects had been initiated as a result of the Board choosing 'reducing alcohol related harm for all age-groups' as been a priority for the Board in 2017/18. A Young People's Substance Misuse Strategy had been appended to the report as appendix C and the Alcohol Harm Reduction Partnership would be

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expanding their remit to become the Substance Misuse Harm Reduction Partnership. Jo Reeves thanked the Board for the attention they had given to alcohol related harm as a lot of work had been undertaken which otherwise might not.

RESOLVED that the report be noted.

11 Homeless and Rough Sleepers Report 2018

The Board considered the Healthwatch Homeless and Rough Sleepers Report 2018 (Agenda Item 11).

Andrew Sharp, in presenting the report, thanked Nick Carter, Dr Bahia and Councillor Fredrickson for insisting that the report was discussed by the Board. The report presented the experiences of 14 rough sleepers who had been interviewed by Healthwatch and was not a complete picture of homelessness in West Berkshire. The average life expectancy of a rough sleeper was 47 years which was a significant health inequality.

Healthwatch had received complaints that primary care services were difficult to access for homeless people and even where they were accessible, homeless people often did not choose to use them due to a lack of self esteem or embarrassment about being unwashed.

Andrew Sharp welcomed the proposal to invite the Homelessness Forum to become a sub-group of the Board and stated that he hoped the Board applied the same rigour to them as they had to other groups. He concluded by requesting that the Health and Wellbeing Board agreed to a target to end rough sleeping by 2020 and not 2027 as per the government's target.

Jo Reeves outlined that the Health and Wellbeing Steering Group had discussed the report and made recommendations as outlined in section 2 of the report at page 45 of the agenda.

A/Supt Lindsey Finch advised that she had attended a recent meeting of the Homelessness Forum which brought together voluntary and statutory agencies. The Forum had been working on an operational basis and needed to become more strategic, with task and finish groups to complete any practical work. Councillor Boeck asked how the group would transition. A/Supt Finch advised that at present the Forum was chaired by the manager of a commissioned provider and would need to discuss whether they would like to maintain those chairing arrangements with a move to a more strategic way of working.

Dr Bahia expressed the view that the report had shed light on an important subject and it would help to have the Homelessness Forum involved. Dr Bahia reported that he had visited the night shelter set up over the winter and a long term view was needed. The health sector had not previously been represented at the Homelessness Forum and he would like to see the membership expand to include different parties. He hoped that the Forum would respond adequately.

Andrew Sharp again raised the matter of a zero target for homelessness and highlighted that West Berkshire did not enjoy services such as street outreach such as the services operating in Reading and Bracknell. Councillor Boeck recognised that 2027 was a long time away and stated that he would be uncomfortable in agreeing a zero target before the Homelessness Forum had recommended ways in which to achieve such a target. Councillor Jaques noted that the issue might not be that West Berkshire had fallen behind but that the overall scale of the problem had increased.

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Andrew Sharp recognised that there were national forces at play but there needed to be a local discussion regarding what could be done to prevent any lives being lost through homelessness.

The Board discussed the chairing arrangements for the Forum and concluded that the Forum should take a view, sensitive to conflicts of interest that may arise for a commissioned provider in the chair. One board member suggested a co-chairing arrangement.

RESOLVED that:

1. The Board invites the Homelessness Forum to become a sub-group.
2. The Chair of the Homelessness Forum to join the Health and Wellbeing Steering Group.
3. The Homelessness Forum should be requested to revise its name, terms of reference, membership and governance in order to operate as a strategic group.
4. The Homelessness Forum should review the data and recommendations presented by Healthwatch regarding rough sleeping in West Berkshire.
5. The Homelessness Forum should develop a long term strategy and action plan on behalf of the Health and Wellbeing Board to respond to homelessness and rough sleeping in West Berkshire. This should include 'quick wins' and a winter plan for 2018/19.

12 Members' Question(s)

No questions were submitted by Members.

13 Future meeting dates

Health and Wellbeing Problem Solving Session – 28 June 2018
Health and Wellbeing Development Session – 5 July 2018
Health and Wellbeing Board – 4 October 2018

(The meeting commenced at 10.00 am and closed at 11.42 am)

CHAIRMAN

Date of Signature