

**HEALTH AND WELLBEING BOARD  
5 DECEMBER 2019  
2.00 - 4.30 PM**



**Present:**

Philip Cook, Involve (Vice-Chairman)  
Councillor Dr Gareth Barnard, Bracknell Forest Council  
Cynthia Folarin, Bracknell Forest Council  
Jane Hogg, Frimley Health NHS Foundation Trust  
Tessa Lindfield, Strategic Director of Public Health  
Melanie O'Rourke, Bracknell Forest Council  
Dave Phillips, Bracknell Forest Council  
Fiona Slevin-Brown, East Berkshire Clinical Commissioning Group  
Timothy Wheadon, Bracknell Forest Council

**Apologies for absence were received from:**

Councillor Dale Birch  
Nikki Edwards  
Dr Jackie McGlynn

**Also Present:**

Julia McDonald, Bracknell Forest Council  
Elizabeth Britton, Bracknell Forest Council

**23. Declarations of Interest**

There were no declarations of interest.

**24. Urgent Items of Business**

There were no urgent items of business.

**25. Minutes from Previous Meeting**

The minutes of the meeting held on 16 September 2019 were approved as a correct record.

**26. Matters Arising**

Arising from the minutes, the following updates were noted:

- An update on the flu vaccine had been sent from Jo Jefferies and would be shared with partners. It was noted that voluntary and community sector workers with direct contact with patients would be eligible for the flu vaccine. Public Health colleagues agreed to establish a key messages sheet on the flu vaccine. The vaccination term had been extended and would be offered through the Christmas period.
- The Board welcomed news that BHFT had appointed a representative to focus on the health of BHFT staff. It was also noted that BHFT and FHFT had started a support and resilience programme for staff. The Board requested progress updates on this work.

## 27. **Public Participation**

There were no submissions for public participation.

Partners agreed to publicise the Health and Wellbeing Board's public participation scheme, which was [available on the Council's website](#).

## 28. **Agency Updates**

**Cynthia Folarin** reminded all partners that the Bracknell Forest Place Summit had been rescheduled to 7 January 2020.

**Fiona Slevin-Brown** updated Partners on the CCG restructure. Two Managing Directors, a Director of Nursing and Director of Transformation, Development and Improvement had been appointed. Dr Andy Brooks remained the Accountable Officer for the CCG. Fiona had been appointed Managing Director for the Bracknell Forest area, and the Managing Directors for RBWM and Slough had not yet been appointed. As the clinical lead or lay member for Bracknell Forest had not yet been appointed, partners were asked to contact the same contacts as they had done before restructure for the time being.

**Dave Philips** reported that the new Safeguarding Board arrangements were being implemented, and Brian Boxall had been recruited as the new Chair and Scrutineer from 1 December 2019. The Safeguarding Board was keen to integrate with the Community Safety Partnership and Health and Wellbeing Board.

**Jane Hogg** advised that the Frimley Integrated Care 5-year strategy had been submitted to NHS England, and would be shared with partners once the pre-election period had finished.

**Tessa Lindfield** reported that the Child Death Overview Panel Annual Report had been published and would be submitted to the new Safeguarding Chair.

**Tessa** also reported that Jo Jefferies was leaving the Public Health team, and interim staffing arrangements were being established.

**Philip Cook** asked Partners to be mindful of the limited office and operational space available to voluntary and community sector groups, and to consider where co-location and co-delivery could take place. It was noted that the same issue had been raised at the Bracknell & Ascot Delivery group last week in the context of a place-based approach to health provision. Partners recognised the need for future planning of health provision to include voluntary and community groups, in order to build this in at the design phase of any new buildings or services.

## 29. **Annual Director of Public Health Report**

Tessa Lindfield presented the Annual Director of Public Health report.

The report, entitled Berkshire: A good place to work, focussed on ensuring a healthy workforce. This included having workers who felt fulfilled and motivated, and who earned enough money to live well.

Tessa presented the following statistics:

- 1% of employees in Berkshire lived in large businesses, and this 1% represented 38% of Berkshire employees.

- The public sector represented a significant proportion of employees in Berkshire.
- Half of Berkshire employees were in the top 3 groups of employment, and Berkshire was over represented in terms of senior workers.
- A quarter of workers were in professional occupations.
- 69% of men aged 16-24 who were able to work were employed, compared to 96% of men aged 25-49 who were able to work were employed.
- 61% of disabled people who were fit and able to work in Berkshire were in employment, compared to a national average of 55%.
- There was a high rate of unemployment for disabled people who were able to work, at 7.5%.

Tessa also reported that Bracknell Forest had increased inequity in terms of getting people with mental illnesses back into work. Partners were asked to consider whether there was anything which could be done in their organisations to assist those with mental illnesses back into work.

Tessa presented data on the years in good and poor health. In Bracknell Forest, it was expected that men would live for 67.8 years in good health (compared to 63.4 years in England), and 13.9 years in poor health (compared to 16.2 years in England). This data was based on self-reporting and actual life expectancy in each borough. Partners noted that the years of good health were similar to the retirement age, and that as the average age of the workforce increased, the workforce would not be as 'well' in future.

Partners agreed that there were a number of early death category in Berkshire which were preventable. It was commented that early deaths in Berkshire did not reflect the demand for treatment in Bracknell Forest, where respiratory conditions were the largest demand.

It was noted that while sickness absence had increased, presenteeism was a more significant issue. Only 30% of managers took measures to prevent presenteeism, and HR policies across the borough did not necessarily reflect good practice.

Tessa explained that the primary learning from the report was that HR policies formed the bedrock of worker wellbeing in the workplace.

It was noted that the report included a number of organisations exhibiting best practice for wellbeing in the workplace, including Thames Water who had developed a mental health support scheme for its employees.

Arising from discussion, the following points were noted:

- It was noted that the changes in working times, patterns and trends was likely to have an impact on health, and that smaller companies were often better at supporting their colleagues.
- The change in working patterns of men and women was likely to be impacting on families.
- All partners agreed to share their HR policies regarding wellbeing to share best practice.
- It was noted that the workforces needed to be well equipped to have challenging conversations with their colleagues and residents to provide mental health support.
- Public Health England's [Workplace Health Needs Assessment](#) was recommended as a useful tool.

It was agreed that the next meeting would include an item for partners to bring their Health and Wellbeing policies to assess the position and identify best practice.

**(Action: All)**

30. **Mental Health and Every Mind Matters - Public Health England's Mental Health Campaign**

Cynthia Folarin presented on Workplace Mental Health and Every Mind Matters – Public Health England campaign.

Public Health England had recently launched the [Every Mind Matters campaign](#), and partners were asked to share the resource which was available via an app and online resources on mental wellbeing and anxiety. The campaign aimed to reach 1 million users.

There was not yet any evidence on the app, having only launched in October 2019. The campaign would be evaluated by UCL.

All partners agreed to promote these resources to the workforce, and to residents through social media channels. **(Action: All)**

31. **Better Care Fund Plan 2019-20**

Julia McDonald presented the Better Care Fund Plan 2019-20.

Board members were reminded that the Health and Wellbeing Board had delegated responsibility to Nikki Edwards, Executive Director: People at Bracknell Forest Council to sign off the Plan for submission in September 2019. The outcome of the submission was expected in early December 2019.

Board members noted the performance update for Quarter 1 and Quarter 2 2019/20.

It was noted that the cost of homecare providers, residential and nursing care had all increased to reflect increasing demand.

A review of the Better Care Fund was taking place from October to January 2020, and the interim findings and recommendations would be presented to the Better Care Fund Board in January 2020.

Arising from discussions, the following points were noted:

- It was noted that the average length of time in residential care had increased from 18 months to 2.25 years.
- The Board noted the spike in demand at Royal Berkshire Hospital.
- The Board noted the rise in the number of residents self-prescribing residential care.
- The Board supported the BCF and noted that it gave an opportunity to explore prevention work to encourage resilience, although the majority of the fund would be used to support core service provision.
- The Board commented that the BCF and Health and Wellbeing Board priorities could co-inform each other.

Board members were asked to submit any further comments and ideas to Julia.

32. **Primary Care Networks Update: Frimley Community Health Transformation Programme**

Alex Tilley, Associate Director for Primary Care for the CCG attended the meeting to update on the Primary Care Networks.

Two Primary Care Networks had been established in Bracknell on 1 July 2019, and were constituted of a network of GP practices covering 30k and 80k patients respectively. Alex noted that GPs working together in Bracknell was not a new concept, having had the GP Federation in the past.

The Primary Care Networks' priorities for the first year were to establish their membership and governance, and to prepare themselves for new service specifications whilst maintaining current provision.

The Clinical Directors governing each Primary Care Network for Bracknell were Dr Syed Jalali (The Health Triangle, 30k patients) and Dr Rohail Malik (Bracknell and District, 80k patients)

Arising from questions, the following points were noted:

- It was noted that both Clinical Directors sat on the Bracknell and Ascot Delivery Group, and would not be required to sit on the Health and Wellbeing Board due to the existing demands on their time.
- It was clarified that the CCG was the commissioning body of which GP practices were the constituent group, whereas Primary Care Networks were groups of practices working together as providers without a commissioning role. The Primary Care Networks were not a legal entity.
- The biggest challenge to the Primary Care Networks was achieving the balance between delivering their contract and working towards the NHS Long Term Plan.
- It was noted that social prescribing and clinical pharmacists were in post in the Primary Care Networks already.

### 33. **Mental Health Integrated Community Services (MICS) - Community Health Transformation Programme**

Nadia Barakat, Susanne Yeoman and Dr Katie Simpson attended the meeting to update on the Mental Health Integrated Community Services.

A key element of the NHS Long Term Plan had been to develop Community Mental Health provision. NHS England had produced a guide and framework for mental health delivery for adults, which included a holistic approach to mental health care and a 'no wrong door' approach to accessing services.

The Community Mental Health framework aimed to bridge the gap between primary and secondary mental health care. Partners recognised the gap between Talking Therapies support and secondary care mental health services.

The Community Service had been supported by the Primary Care Networks in East Berkshire, so would cover the whole Bracknell Forest population.

The funding bid had specified that 75% of the funding allocation was to be used to support those with significant mental illness through Primary Care Networks, and 25% used to develop a specialist area of mental health provision. The CCG had chosen to develop provision for personality disorder, following consultation with GPs. The funding would also be used to establish closer partnerships with the voluntary and community sector, and to work closer with adult social care.

The work to improve personality disorder provision in East Berkshire had two primary outputs; SUN (Service User Network) for people with personality disorder to meet frequently and locally for ongoing support, and PICT (Psychologically Informed Consultation and Training for psychological therapists to provide support, supervision and joint working with primary care colleagues.

The CCG had designed an 'easy in, easy out' approach to accessing mental health care, which included community support both before and after accessing specialist psychological therapies. It was noted that co-location of mental health practitioners, community connectors and pharmacy support in GP practices was critical to this provision.

The Board welcomed the new approach, and particularly the joint working approach with the voluntary and community sector.

**CHAIRMAN**