Reading Patient Voice Group Draft Minutes

BOB Integrated Care System

Reading locality

Treasurer: Jill Lake **Information Officer: Tom Lake**
Membership Officer: Tom Lake **Data Officer: Francis Brown**

1 Welcome and Apologies

Date	19^{th} June 2024
Location	Committee Room 4b, Civic Offices, Reading & online
Present	James Penn, Milman Road Health Centre Catherine Mustill, Emmer Green Paul Williams, Milman Road Surgery Jill Lake, Pembroke Surgery Francis Brown, Balmore Park Cathy Cousins, Pembroke Surgery John Walford, University Health Group Raymond Emmet, David Cooper, UHC Geoffrey Million, Guest, Balmore Park Joan Lloyd, Balmore Park Tom Lake, Pembroke Surgery Karen Hampshire, guest, Balmore Park Tomiko Morley, UHC Paul Myerscough Brian Morley, University Health Centre Mark Drukker, Longbarn Lane Simon Shaw, Healthwatch Reading Sunila Lobo, UHC Tony Lloyd, Wokingham Patient Voice Shaheen Kausar, Western Elms Surgery Jean Boustead, Chris King, Emmer Green Helena Turner, Milman Road Julia Branson, Balmore Park Libby Stroud, Pembroke Hazel McCullough,
Apologies	Monica Morris, Theale Surgery, Valerie Gardiner, University Medical Centre Laurence Napier-Peele, Milman and Kennet

2 The State of Public Health in Reading

Professor John Ashton (online) started his talk by recalling that before 1974 local authorities had an independent position of Medical Officer of Health who could say uncomfortable things in their reports and whose independence was safeguarded as they could only be sacked for incompetence.

Public Health was moved into the NHS in 1974 and then back into local authorities with the creation of the CCGs under the Lansley reforms.

Professor Ashton had been appointed interim Director of Public Health for Berkshire West when Tracy Daskiewicz left and would be stepping down at the end of June 2024 as new Directors of Public Health had been appointed - one for Wokingham and one shared between Reading and Berkshire West. Matt Pearce would be Director of Public Health for Reading and Berkshire West from 1st July 2024, and there are 4 other Directors of Public Health for the other local authorities in Berkshire.

Previously there had been an annual report of the Director of Public Health for Berkshire West but now there would be one for each local authority.

The Reading public health report was to come out in about a month and this talk is a preview for you.

The report outlines a baseline for healthcare - where there are problems and what needs to be done thus providing an agenda for the future.

The Victorian public health movement grew out of city slum conditions and was motivated by epidemics and pandemics in the slums. Until the Cholera pandemic in the 1840s public authorities had little power to protect the health of the public.. Only when dealing with Cholera did they acquire powers to put in sanitation and collect animal waste from the streets. Gradually local authorities got further powers and created parks and gardens - the lungs of the town and then municipal housing. Later on, when the health service was set up in 1948 it became more hospital oriented. Diseases which used to carry off many chilren, Diptheria, Whooping Cough, Pneumonia, disappeared through better conditions and widespread vaccination.

In 1950s Government thought the future was in hopsitals and Public Health had done its job. The prestige started to go into the hospitals. More and more budget has gone into the hospitals and less into general practice and Public Health.

Now people are living longer and people die from the accumulations of non-infectious disease. The role of medicine is to make life better and give you a few more years.

In Public Health we consider primary, secondary and tertiary prevention.

Primary = development up to 25 and avoidance of bad habits. Past that age life styles tend to become quite established. General practice is important in detecting problems early. Then hospitals make life decent even with established diseases.

Paradoxically it is cheaper for people to die earlier than to carry on until 80, 90 etc. Type 1 diabetics used to die in their 20s, 30s but now can live a more or less normal life. But Type 2 Diabetes affects about 3 million, associated with obesity, and could be prevented if we could affect lifestyles.

The whole of Public Health is about getting a balance between these phases and getting upstream.

The report will be presented at the Reading Health and Wellbeing Board meeting on 12th July in the Civic Offices (starting 2pm) (and viewable online).

Old reports from the Medical Officers of Health in the public library make very interesting reading and some quotations have been included e.g.

from a previous historic public health report - Medical Officer of Health's report for 1923 - Mr Milligan reported to the Mayor, Aldermen and Councillors - 93,000 population with a low number of men in midlife because of deaths in the World War. Infant mortality: 1 in 20 died in the first year. Infectious diseases prevalent were: Scarlet Fever, Diptheria etc. 8 died from Measles, 4 from Whooping Cough., Altogether 109 died from Tuberculosis and 33 from violence. In schools we have manutrition, Scabies and Rignworm. There is a shortage of houses and much housing unfit for habitation.

It is very important for officers, the public and councillors to have a report focussed on their own patch.

Because there has been no report for Reading alone recently the new report will have a historical introduction.

That's all I wanted to say now, but I welcome comments and questions.

Jill Lake: How much Covid is there and are we prepared for more?

John Ashton: Not much leading to hospitalisations. We must be vigilant over mutations. Over 75s will probably have had a booster this Spring.

Health protection, health improvement and population healthcare (evaluating health and healthcare). Same tools are used for these three functions.

After 1974 local authorities were not involved in health protection, but after Covid they took action and we have a Berkshire Health Protection Board which works with 6 local authorities and the national Health Safety Agency. Locally I worked with Marissa, who has a nursing background. As an example we had to devise a protocol for a homeless person who had TB and needed safe accommodation to go through his treatment.

B The basis of Public Health is demographics. Reading is growing quite rapidly at both ends of the age spectrum - more elderly and more young people. That influences how we think about what needs to happen. Average life expectancy is 82 for women and 79 for men. In the more affluent parts women live almost 8 years longer than those in poorer parts and for

men it is about 7 years difference.

The populaton increased by 11% between 2011 and 2021. Quite a lot of extra children to educate. There was a 9% increase in people under 15 - about twice the increase in England as a whole.

Over 75s - in 10 years time we expect there will be 4000 more people over 85. That will put pressure on health and social services unless we can begin to tackle differences in healthy life expectancy.

Peopke are living longer with long-term conditions and we want to make people fitter for old age. The ideal is staying fit until you fall off the perch - through good diet and exercise.

The health service will not be able to cope in 10 or 15 years time unless we prevent the preventable.

In conversations about the Royal Berkshire Hospital rebuilding, we need to think not in terms of replacing the existing building but investing in really good primary health care. We have become too dependent on professional care and have undermined coping methods that people used to have.

When I was growing up in Liverpool in the 1950s my parents had a medical encyclopedia which they used.

I took groups of clinciians to Finland to see cities which had reduced GP consultations by 25% by training the public to deal with common conditions themselves.

Our town has about 30% of single person households - as in England as a whole.

60% in Reading are White as oppoed to 80% Engeland - it is more diverse.

And 14% (24,000) consider themselves disabled.

How are we doing? Doing reasonably well on vaccination programmes. The coverage for childhood infections - Diptheria, Whooping Cough, Polio is about 90%. The goal is 95% - to get to a level at which the disease will not spread in the population. In Wokingham it is over 95%. In Reading not uniformly distributed. Some parts very high, some too low.

Regarding Human Papilloma Virus (HPV) - the cause of cancer of the Cervix and some others - we have been giving vaccinations at age 13 for the last 10 years - with takeup about 89%.

So we have a mixed picture.

Sexually transmitted infections are less in Reading apparently which I take with a pinch of salt - are the services reaching the people they need to?

Alocohol related deaths are similar to England as a whole - 130 last year at 39/100,000

Drug-related deaths - 34 last year - are slightly higher than in England as a whole. We are beginning to drill down into the individual circumstances to see how to prevent them. Synthetic opiods hitting the streets are absolutely lethal. The antidote, Naloxone, needs to be readily available.

Quite a big proportion of those who die from drug overdose die alone, so are not saved by Naloxone. In Glasgow and New Zealand there are safe injecting rooms where a bad reaction can be treated.

Violent sex offenders. Violence is a big Public Health issue. The rate in Reading is higher than the England rate for violence and sex offences. Root causes go back into childhood. WHO has a framework for reducing violence using a Public Health approach. It starts with planned parenthood, school readiness, avoiding school exclusion and is being taken forward as we speak.

We have about 2,000 births a year in Reading. 6% are smoking during pregnancy. That is associated with low birth weight and premature morality. The England rate is 9%. This is a priority. Low birth weight is at 4% with 3% in England.

The structure of the report is - where are we now? - what are we doing? - what difference should it make in the future?

Suicide prevention - we have a strategy for Berkshire as a whole and a plan in each of the six local authorities. Rate in Reading is 9/100,000 - England as a whole has 10/100,000.

Tom Lake - Food banks: are these showing up in the Public Health stats?

John Ashton: Michael Marmot has observed that British schoool leavers are 1 to 2 cm shorter than their European couter-parts.

When I was a student in Newcastle there were many tiny Geordie men who had been stunted in the 1920s, 1930s. In the 1950s, 1960s we caught up with the welfare state. Now we could be going backwards. We need to attend to the figures.

Tony Lloyd. Is there a strategy to advance the rpevention agenda? Something all political parties could agree with?

John Ashton: Public Health has been described as the political wing of medicine and Parliament as the dispensary of Public Health. We do need national policies. Whichever party is in they tend to blow hot and cold about whether they support these intiatives. Reading has £10.5M pa, significantly less than it had 10 years ago. That covers Work on smoking cessation, drug services, health visiting, etc.

Before 1974 local authorities were public health organisations. In Liverpool the Medical Officer of Health had 5,000 staff for envronmental problems, housing, food hygiene, health visiting. Then it was destroyed in 1974 and now it is back with about

20 people in Reading - fewer in West Berks. We need to transform the local authority into a public heatlh organisation again so that all it does promotes public health outcomes. Public Health needs to have its feet under the table at all the committees. Hopefully Matt will be able to pursue that agenda.

Liverpool with 2.5 times population has 4 times the budget.

David Cooper: Public Health directors took a leading role during the pandemic. Has that continued?

John Ashton: As in the 1840s with Cholera bringing on the public health function, Covid brought it on again. Printed copies of these reports in the public libraries would be very useful in recording all this.

Karen Hampshire: What are the most important tasks of Public Health?

John Ashton: For me the bookends of Public Health are intelligence at one end and commnication at the other.

The pioneers had 3 functions. They registered births and deaths, noticed infectious disease and informed the town council.

I am a doctor and not all Public Health directors are nowadays - it is a multi-disciplinary function - we aim for a team. In a 5 year postgrad team we learn community diagnosis. But I have also always spent 20% of my time doing communication. Reading is at a fairly early stage. We have a contract with a PR company to develop the comms strategy so that we target at particular groups that we are trying to reach. The new director will be building a comms strategy for Public Health.

Catherine Mustill: I really agree about communication. What is being done in the school and education sector? They can help themselves and the older generation.

John Ashton: The introduction mentioned the WHO work on Healthy Cities - we have a network of 1500 cities - the habitat of most humans - where they live, love, work and play - which shapes our experience. A healthy city is not the outcome of clinicians - it is the responsibility of wider society.

After that - the Healthy School, Healthy Prison, Healthy Market Place.

The Healthy School has being going on for a long time - I have asked Reading to scope that - in some parts of the country they will have a whole schools appraoch and be measuring air pollution outside the school.

About mental health and healthy living. I could have spent an hour on mental health promotion - I trained as a psychiatrist after medicine. The healthiest have a strong sense of coherence and are inwardly directed - not swayed by outside influences.

A cohort of 2000 school leavers with a passion for something that will not get themselves into trouble and a strong sense of themselves will get us a long way.

DK(?): Will there be stats on youth mental health in Reading?

John Ashton: What you find in other parts with their own focus, they tend to choose one area to cover each year.

If you want Matt Pearce to address mental health one year, make representations.

DK(?): How does Public Health interact with General Practice?

John Ashton: Dealing with GPs is like herding cats - they are the most variable part of the NHS.

There are some very good things going on. After the election - reading the runes - I think there will be a focus getting good standards across General Practice. Wes Streeting has been talking about this. We need to keep people out of hospital where possible.

Most people reaching the end of life want to die at honme. But relatives don't agree because they don't have confidence in end of life services.

During the pandemic the proportion dying at home went over 50% for the first time. Middle class people with enough bedrooms and a couple of bathrooms are up for it if they can be confident of the community services. The typical pattern is recurring admissions to hospital, patching them up rather than managing the last 12 months. Our 300-year old cottage up here in the Yorkshire Dales has a walk-in shower and after a stroke I could live downstairs. That is a lifetime home.

It is urgent that we rediscover designing houses for lifetime living.

If you take the issue of Dementia. We had 5,000 people with Dementia - projected to double in 10-15 years. If they have the right kind of housing in a secure neighbourhood, near where they have lived all their lives, they can continue independently for an extra 1 or 2 years. Thats 10,000 bed-years not in hospital or care homes. But the NHS doesn't think about housing.

In Scandinavia you will find a health centre and 100 yds away a modern form of alms houses - residents have their own front door with a warden - the resident can go to the pub and the nurse can pop in from the health centre and there may be a care home along the road. In Denmark school children adopt a granny and visit them on the way home from school

Libby Stroud: What is now the role of school nurses - which seem to have nearly disappeared? I was a teacher and the school nurse played an invaluable role. Will that be prominent again?

John Ashton: Keep asking these questions when I have gone. School nursing and heatlh visitng are only a shadow of what they used to be. 30 years ago the average case load was 150 - now about 900. Can't get staff of course.

What is needed is to cluster primary and secondary schools and have a team of school nurse, clinical psychiatrists, psychol-

ogists - a chambers - to support the schools and their parents.

We are working with an old model - the kids are in trouble and we need to develop a 21st century nodel.

In my book, "Blinded by Corona". I was trying to get the government to not close the schoools but put up portable classrooms with smaller classes and rotate the children between home and school. No such luck.

David Cooper: Many thanks, Professor Ashton. That was one of the best talks we have had covering so many disciplines.

Catherine Mustill: We need a list of actions - people need to know about it.

Francis Brown: WIll this report result in any action at Reading Health and Wellbeing Board or just get a polite reception?

We need a press release.

Paul Myerscough: Isn't that the agenda for the new director - Matt Pearce ?

Francis Brown: Health and Wellbeing board usually has many items on its agenda - many will not have read the report.

DK(?): GP Patient Participation Groups (PPGs) could have a role.

Cathernie Mustill: Children should be walking to school.

Tom Lake: We encourage this in Reading by arranging School Streets with a 45 minute closure for school start and end - thus discouraging car transport to school.

Jill Lake: The CCG did have the project where kids could collect points as they walked round the town. But it only lasted a few months.

Paul Myerscough: I think the CCG had funding for a few months.

DK(?): I didn't learn how a GP interacts with Public Health.

Tom Lake: Let's decide on some actions - we should we have a preparation meeting - then ask the new director to talk.

Paul Myerscough: We need a preparation meeeting first.

David Cooper: This talk has stimulated enthusiasm.

Paul Williams: Note the point of not replacing the whole hpspital but rather investing in general practice and community care. But we must only put money into organisations with good standards.

Liby Stroud: This is very important for our local politicians. My father had a Public Health qualification and went by best practice. And that was supported by the politicians.

David Cooper: It is agreed we should have a meeting in July to review the Public Health report.