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	18^{th} June 2025
Location	Committee Room 1, Civic Offices, Reading & online

NB: Matters arising indicated by an asterisk in the margin.

David Cooper took the chair.

2 Minutes of Last Meeting and Matters Arising

The minutes were approved.

2.1 Actions Log

No.	Action	Date	Who	Status
1	Ask ICB whether money follows the patient in acute collaboratives	24oc16	Tom Lake	Pending
2	Ask HWB about evidence behind ratings on HWB dashboard	24oc16	Francis Brown	pending
3	Follow up problem with audibility of calling of names in A&E waiting room	24oc16	Sunila Lobo	Formal question posed
5	Coordinate with Simon Shaw on project to report on Berkshire West PPGs	25fe19	members engaged with PPGs	pending
6	Develop a strategy for helping/developing PPGs with Simon Shaw	25fe199	Jill Lake, Francis Brown, Catherine Mustill	

2.2 Suggested Meeting Topics

1	How does a GP practice work?	24oc16	In survey
2	Resuscitation, DNACPR, choices and forms	24oc16	In survey
3	Hydrotherapy - how did we get to this?	24oc16	In survey
4	Weight management - drugs and lifestyle	24oc16	In survey
5	NHS 10-year plan	24oc16	In survey
6	Moving care back to the Community - Brazilian Model	24oc16	In survey
7	Meet Dr Ben Riley, BOB CMO and sponsor for Berkshire West	24oc16	In survey
8	Meet Matt Rodda MP	24oc16	In survey
9	BHFT/UoR Health Inequalities Project - Prof Carol Wagstaf	24no20	In survey - confirmed for 16^{th} July
10	Diabetes including social aspects	25fe19	In survey
11	Virtual Wards	25fe21	In survey
12	Johns Hopkins model for classifying patients	25fe21	Pending
13	Process Improvement at RBH	25fe21	Pending

3 Matthew Pearce, Reading and West Berkshire Director of Public Health

Also DPH for West Berks. Has been DPH for Herefordshire.

DPH produces an annual report and can choose the subject.

This first year - a report on "Best Start in Life in Reading".

The little red book - for all new mums. Track child's weight and advances in first year.

This is what public health should be. Get it right in pregnancy and early years. There is very strong evidene that the basic architecture of the brain is set before birth. Then the brain forms 1M new connections every second in the frist year. Get it right and it protects against stresses of later life.

That is why we focu on the first 1001 days - 3 years. Despite decades of evidence there is very limited awareness of the importance of early years for future outcomes. Noebl Laureate James Heckman showed that early childhiid investment is a good investment.

We spend a lot on later life - morbidities are not inevitable in later life. But the return on investment from early years care is about 9 times greater than that from care in later life.

Much of our work is cognisant of the impact of Adverse Childhood Experiences (ACEs). Trauma and stressful experiences in early yeasrs can affect resilience in later life. This understanding is based on work in USA, Wales, Scotland.

Example ACE: a parent addicted to alcohol.

I first came across this in working on adults of morbid obesity. Most had experienced sexual abuse in youth which had led to damaging eating behaviour.

How prevalent are such experiences?
A 2014 national study shows 50

Out of every 100 children:
6 are born to a mother who smoked in pregnancy.
24 to mothers who are obese,
79 were breast fed at birth
69 were breast fed at 6 weeks
42 were born by caesarean section
91 reached the expected level at 2.5 years
91 had their MMR vaccinations at 2 years.
22 were overweight or obese at 4-5 years
33 had tooth decay at age 5
17 lived in poverty
21 were eligible for free school meals.

Child Poverty
5,700 children live in poverty in Reading. An increase in Reading since 2014/15 iof 51% c.f. 37%increase for England.

Preparing for Parenthood in Reading

Perinatal mental health affects child mental health.

Maternal obesity. 23/24 23.73% obese - lower than England average.

Mothers smoking in pregnancy 5.9% .

Alcohol and recreational drugs - affect birth weight

Infant mortality rate (under 12 months) 4.9 per 1000 (cf 4.1 england)

Early growth and nutrition. Food insecurity and poor diet.

The Healthy Start programme provides finanicial support (under age 4) for a better diet. Vitamins and fresh vegetables.

2022 - 68% of those eligible applied. £168K unclaimed annually.

Not very good for immunisations. Our ambition is for 95% coverage - we are some way away from that. The timing of appoinments is an issue and the availability of appointments.

We have found that Targetted social media posts are associated with a 1% increases in vaccination rate for MMR.

Childhood Obesity - my personal interest. It is a significant challenge for Reading and the country as a whole. Our environment facilitates inactivity and poor diet.

According to the national child measurement programme (4-5 and 10-11) we have 400 overweight and 18 obese. Also 35 children underweight at recception - we are an outlier.

Obesity is established in early years. Longer breastfeeding and parental cooking skills help counteract it.

Between 4-5 and 10-11 obese numbers double. Just 16% of obese children at 4-5 go to healthy weight at 10-11. They need physical activity, peer support, healthy eating.

Early growth

80% are breastfed at birth - the figure drops off at 6 weeks to 46.9% at 6-8 weeks.

Tooth decay - Reading is an outlier. nearly 1 in 3 have decay (England 23.7%)

I am a big fan of fluoridation in water. It has a strong evidence base.

We will institute the national supervised tooth brushing programme in schools in targetted areas and undertake an oral survey of children next year.

Physical Activity

There have been guidelines for early years since 2011.

We have data only for school age childfdren and adults.

The Healthy Child Programme - Health Visiting

This is funded from the £11.9M budget for public health in Reading. The 0-19s contracct costs £2.9M. There are 5 mandated reviews as follows:

Antenatal as notified by maternity services.

Birth visit about 95% achieved.

6-8 week review universal.

3 month voluntary.

6 month voluntary.

1 year universal.

2 years universal.

Health visitors go into homes and pick up wider issues.

School Readiness

100% must have had developmental checks at 2.5 years. Children suffer big problems if they are not school ready - exclusions etc.

Reading does well for those on free school meals. But there is variation within wards.

I have not highlighted all the great work going on across Reading - childrens services, voluntary organisations etc.

Recommendations to Reading's Health and Wellbeing Board

Must await publication to the Health and Wellbeing Board.

Q&A

Paul Williams: Smoking - do you include vaping?
Matthew Pearce: We support vaping for smokers giving up smoking. Evidence on the effects of vaping is not available. Best to go on to nicotine replacement therapy or give up altogether.

Libby Stroud: I am concerned about the curriculum in early years. It seems so academic. Not so much about movement and development. What about "music and movement"? Pre-schools are like mini-schools. I am very concerned about it.

Matthew Pearce: We will get the Govt 10 year strategy in the next few years. Then the Govt may be working on early years strategy.

There is a desire to develop the family hub model. The private education sector is only under the control of OFSTED - not the local authority. But keeen on Healthy Tots programme.

David Cooper: Thank you for a very detailed overview. I am grateful for learning about the link between obesity and sexual abuse in youth or early years.

Matthew Pearce: Treatment of very high obesity is psychologically led.

Tony Lloyd: Could it be down to depression? I spent time earlier trying to persuade people to add Foic acid to bread.

Jill: Thank you for the message about health visitors. I used to be a trusteee of Home Start in Reading supporting families with children under 5. During 15 years the number of Health Visitor visits and staff went down a lot. Now there is just one home visit expected for children not obviously at risk. But additional input from the Poppy team at RBH.

Matthew Pearce: Health Visiting is purely in Public Health. School nursing is commissioned by us as well. The budget has not risen with inflation. Reading struggles to recruit Health Visitors too.. Lot of vacancies.

We want it to be unviersal, but do spend more time on children in need. Get called in to social work meetings. Training is no longer free. We need a certain skill mix. Some visits are at home, some are invitation only in the clinic, some are group sessions.

Francis Brown: The black community has a high still-birth rate in England. What about Reading.

Matthew Pearce: You would need to get that data out of RBH for Reading.

Francis Brown: Do you slice your data by ethnicity?

Matthew Pearce: If it is collected and accurately recorded in NHS. Again, you would need to get data out of RBH. They are getting really supportive now in supporting data on Health Inequalities.

John Missenden: Do you assess the adequacy of parenting and of housing?

Matthew Pearce: We can improve the links with the relevant departments. There is a law coming about mould and damp - the Renter's Bill.

Tom Lake Are you involved in the Neighbourhood Health Service?

Matthew Pearce: Very much involved - working on public health health inequalitirs with the ICB.

I would advocate for a neighboruhood health and wellbeing service - which could just focus on adult frequent flyers. That's what I will advocate.

Francis Brown: What does communty mean to you?

Matthew Pearce: Geographies? Communities of practice , Communities of Interest. People with a shared cultural background.

Francis Browwn: I struggle with "what is a neighbourhood"?

Matthew Pearce: PCNs were initially refrerred to as neighboruhoods. But they are artificial. Everyone has a different idea.

There is a Neighbourhood Oversight group in the BOB ICB - Helen Clark is organising. At BOB level.

Enablers will be: training, data, for neighboruhood.

David Cooper: I am fascinated with the statistic that early years investment returns 9 times over lifetime. Couldn't that be a starting point for deciding investment in the NHS?

Matthew Peacce: But where does that saving land. Savings for police? or for the NHS? And it is an avoidance not a direct cash release. This is the bane of my life. I am constantly fighting for investment in the right place.

Tony Lloyd: I was told that chronic kidney disease is a major public health emergency.

Matthew Pearce: Wouldn't surprise me. So many public health emergencies. I Will review the JSNA (Joint Strategic Needs Assessment) in July at Health and Wellbeing Board. And my state of the borough report will be published in October.

Primary Care in Reading

The walk-in centre that was in the Broad Street Mall surgery premises has migrated to become the Urgent Care Centre within the Royal Berkshire Hospital on Craven Road, Reading. It is no londer a walk-in centre but referral can be from your GP practice or RBH stafff (e.g. in A&E) or from 111 or `www.111.nhs.uk` .

Francis Brown: I noted an appeal for testers for the NHS app - Tom lake to circulate.

GDPR - a PPG wrote to Information Commisioner - GDPR is often used as an excuse for not passing on information but usually that is not correct.

Libby Stroud: I went to the Urgent Care Centre at RBH. It looked very makeshift.

Jill Lake: Pembroke had a first PPG meeting. It was well attended. GDPR - were people willing to have circulated emails addresses.

Cathy Cousins: I registered for the NHS app - such a long and complicated process. Taking a photo and updating the app - many would need help.

Jill Lake: The JSNA is very useful for the voluntary sector. But it is so dispiriting to see the statement of need because it is very remeniscent of experience over 15 years. Particularly isssues around ACEs - very similar 10 years ago. Slough and Reading councils have had children's servies deemed ineffective over several years and had other organisation take over. Now back with Council. Not clear what the problem is. Why do these failures happen?

Matthew Pearce: We are seeing this all over the country. Inadequate children's servies.

I want to strengthen the links between Public Health and childrens' services. I want to have health in all departments of the council. They are really up for that. But LA finances are under strain. I do chair the One Reading Partnership.

Catherine Mustill: The young people that become mothers - do they get education about all these issues?

Matthew Pearce: We will commission the Solihull approach to parenting education which will help. Online courses.

David Cooper: Many thanks for an exceedingly interesting and relevant talk and for answering so many questions. We look forward to the final report in October. Do stay on for the rest of the meeting if you are interested.

4 Primary Care

Libby Stroud - I have a visually impaired friend in her 90s - living alone and attending the London Street practice. She used to see a particular GP but now whoever. She said the senior partner came in and said, "It is about time you were in a home". A very poor approach. She has parking problems for her carer at London Street. Also the entry pad is difficult for visually impaired people.

She is thinking of changing practices.

David Cooper: Going into care - a very difficult and sensitive matter and many people are not ready for it.

Shaheen Kausar: I was talking to someone today who was very satisfied with her doctor at London Street.

Paul WIlliams: I have seen doctors trying to remove older people off their lists.

Libby Stroud: Patients in each care home are usually registered with one local practice.

Francis Brown: Could report anonymously to CQC.

James Penn: I rang RBH to seek guidance from PALS and the switchboard said PALS are not taking calls - send an email. I left it at that. Later I rang Berkshire Healthcare to leave my name for a particular project. I got an answerphone asking caller to hold on. When I called next day the calle explained they had been on leave. How was that appropriate?

Francis Brown: It is probably happening to others too. It is concerning, because this is an important liaison role.

Paul Williams: One staff member is long term sick, more staff have been appointed but still underpowered.

Tony Lloyd: A recent survey of practices in Wokingham showed that at least 2 have closed their PPG.

Francis Brown: The contract states that you must have a PPG.

5 AOB

Douglas Findlay: Can I mention a colorectal surgeon who is a subject of concern through having been associated with 3 deaths, 2 in RBH.