

Chesham & Villages Community Board minutes

Minutes of the meeting of the Chesham & Villages Community Board held on Thursday 24 February 2022 in Via MS Teams, commencing at 6.32 pm and concluding at 8.02 pm.

BC Councillors present

P Birchley (Chairman), J Baum, M Fayyaz, J MacBean (Vice-Chairman) and M Stannard

Town/Parish Councils and other organisations present

Mandy Bates (NHS Bucks) Cllr Chris Brown Theresa Corcoran (NHS Bucks) Cllr Ruth Fowler Alison Greenhalgh Debbie Hulme Cllr Mike Johnstone Natalie Judson Lauren Kemp Cllr Rachael Matthews Charlie Powell Cllr Michael Smith Cllr Mike Stannnard

Others in attendance

L Hornby and R Tackley

Agenda Item

1 Welcome and Introduction by the Chairman The Chairman welcomed the new Community Board Co-ordinator to the meeting, Ross Tackley.

2 Apologies for Absence

Apologies were received from Cllr Gareth Williams, Emily Culverhouse, Emma Dilner, Cllr Birkett and Olly O'Neill.

3 Declarations of Interest

There were no declarations of interest.

4 Notes from the last meeting

The notes of the meeting held on 21 October 2021 were agreed as a correct record.

5 Public Health Update

Daniel Flecknoe from Public Health Team presented the public health report which included information on the local profile and also recommendations on public health. During the presentation the following points were noted:-

- Covid 19 Update there was a decline in reported case numbers locally and nationally and the Government was relaxing the legal framework for the pandemic response. There were reduced hospitalisations strongly linked to the vaccination and the Omicron variant also appeared to cause less serious illness.
- Community Board health profile the indicators included in the profile within the agenda pack were important markers of the health and wellbeing of the local community. The profile highlighted areas where things were going well but also where improvements could be made to help inform priority setting for current local health and wellbeing needs. Strong communities would be a strong driver for recovery from the impact of the pandemic.
- A diagram was shown about what influenced health eg ecosystems, lifestyle, community etc.
- Structure of the profile included areas such as vulnerable groups, heath behaviours, long terms conditions etc
- Impact of Covid -19 this has had different impacts on communities which included factors such as older age, ethnic minority heritage, deprived areas, occupation and long term conditions which was associated with a greater risk of infection and a poorer clinical outcome.
- This was a high level overview document which should sit alongside local health intelligence as local communities have better knowledge about their local area and more importantly assets which could be incorporated into the full picture of local needs and how they could be best met. Other Community Boards could be used as comparisons but it was important to also refer to the national England reference values where available for wider context. It was important to note that there were disparities in every area.
- The recommendations were outlined in the agenda pack but in summary were to prevent diabetes, heart disease and stroke, support residents to stop smoking and improving mental health, tackling social isolation and reducing stigma. Different interventions could be more or less effective in different parts of the area eg projects to tackle isolation should be targeted based on local knowledge.

During discussion the following points were noted:-

• In relation to community led isolation projects examples were sought. Daniel Flecknoe referred the Board to the recommendations where projects had been suggested for consideration which could include school based interventions, activities to reduce isolation for older people and mental

health first aider training. If anyone was interested in these projects Daniel Flecknoe could provide officer contact details to pursue these further. A comment was made that Simply Walk was an ideal activity for this. Daniel Flecknoe concurred with this and said that this activity cut across all the public health recommendations.

- Reference was made to the statistic that 30% of young people were overweight or obese. Daniel Flecknoe reported that this was an important area to address sensitively starting through school based activities. The Chairman suggested that this would be a good area to focus on from the Board's perspective.
- Concern was raised about services around mental health and the availability of provision in Buckinghamshire. Daniel Flecknoe referred to parity of esteem and the importance of giving equal focus to physical and mental health. Most of the programmes put forward were aiming to prevent the need for significant intervention later. Particularly for children and young people there were a backlog for acute cases which required the services of the Child and Adolescent Mental Health Services. CAMHS were taking action to address this backlog which related to capacity and demand for services. There was still a stigma around having mental health problems which also needed to be addressed, particularly for young boys. As a Board they could take a proactive stance on this by leading a positive conversation about mental health and there were excellent communication resources which the Council could help provide. A contact would be provided.
- A representative from Lindengate commented that they provided services to help people's wellbeing, with emphasis on wellbeing rather than mental health needs. This had made a significance difference to the number of people who engaged with their service and there was also additional capacity available for anyone else who was interested. They had undertaken a project in the past year with the NHS which focused on building resilience and maintaining wellbeing. Work also had been carried out with under 25 year olds including working with the John Colet School. One of the issues they had faced was that sometimes those young people who required the most support were not able to obtain permission from their parents to utilise services. A way of bringing in young people in the first instance was through volunteering where they could also benefit from the service provided. A strategic approach to managing the journey to better mental health was key including the need to self-refer and help people from the beginning and the need to maintain wellbeing through their journey.
- The Active Communities Officer Natalie Judson referred to the campaign Making Every Contact Count where the Council worked with the health service to provide a free one hour session to give people skills to have a healthy conversation so people could make positive changes to their physical health and wellbeing which was available to everyone. There were monthly sessions and the next one was being held on Tuesday at 1pm. The Active Communities Officer could share the meeting link to those interested.

Daniel Flecknoe thanked everyone for their comments and welcomed the proactive

approach to public health. His email address was <u>Daniel.flecknoe@buckinghamshire.gov.uk</u> If anyone wished to contact him. The Board thanked him for his informative presentation.

6 Simply Walk

Fiona Broadbent presented this item and the following information was noted:-

- Simply Walks has been operating now for 20 years and the first walk was undertaken in Chesham. It started in 2002 and has been hosted by the Council since 2007.
- It was a partnership funded project with the aim of increasing levels of physical activity among sedentary people. Simply Walk was accredited under the national Walking for Health initiative which was now called Ramblers from this year. Buckinghamshire had one of the biggest schemes in the Country.
- The aim was to provide a programme of easy and wherever possible, stile free walks led by trained volunteers as a simple, accessible and free means of encouraging people to increase their levels of physical activity.
- There were now 70 walks up and running since the pandemic. It helped tackle the problem of isolation.
- It benefits every aspect of health; physical, mental, emotional and community. Most people can join in at any age – most walks start around 10am in the morning during the week. No special equipment was required and pace could be varied to suit most people and there was no cost although donations were welcomed. There was also an opportunity for younger people to join the Group with more flexible working.
- There was an Annual Picnic (last one was held at Hughenden Manor).
- Between each lockdown Simply Walks operated when it could and they operate in a covid safe way with a booking system. Training of volunteers was done online or on a one to one basis.
- A map was shown of Simply Walk Locations showing Community Board areas. In Chesham there were three walks; Chesham Moor Park Level 3 and Level 2 and also a walk from Pond Park which left at 9am in the morning (Level 2). This amounted to approx. 4% of total walkers and 6% of total footfall of the programme (about 72 walkers).
- www.buckinghamshire.gov.uk/simply-walk
- People could register online and follow the link to book an event or contact <u>simplywalks@buckinghamshire.gov.uk</u>. All were welcome but one to one support could not be provided.

A Member complimented the work of Simply Walks and asked how this linked into other walking groups such as walkers are welcome and also in relation to the last item how people were signposted to this area. The main contact was through the website and also a presentation had been given to social prescribers recently. Promotion of this scheme was also through health services.

Fiona Broadbent was thanked for her presentation.

7 Social Prescribing

Mandy Bates attended the meeting who was the social prescriber for Chesham and Little Chalfont. During the presentation and discussion the following points were noted:-

- Social prescribing was a short-term non-medical service supporting individuals to improve their health, well-being and independence by taking a holistic view of their lives.
- The idea behind social prescribing was to help patients have more control over their health and wellbeing.
- It addressed wider detriment to health, such as debt, poor housing, isolation, physical inactivity and worked well for people with long-term conditions, or who were socially isolated or have complex social needs that affect their wellbeing.
- Referrals were made from the GP with a short description of the patients needs. Community Link Workers would then spend time with patients listening to what mattered to them and then would work with them to find possible solutions. They supported patients for up to 3 months with a support plan and goal setting. Patients were also connected to community groups and statutory services e.g occupational therapy. Community Link Workers were flexible about where they met patients e.g. the park, as sometimes it was not ideal for the patients to meet in their home.
- Social prescribers were finding out about many different services in the local area and were passing this information back to the GP so that better referrals could be made for the patient. Some examples of referrals were given. In Chesham there was a large need for dementia services and day services. However, sometimes services were not available locally and patients had to travel further e.g Wycombe. Some services were not free which could be a barrier and they were liaising with the Active Communities Officer to pilot a voucher scheme to assist with transport issues.
- Social prescribing also help build relationships with voluntary and community sector and social enterprise groups. There were joint webinairs and projects being set up with partners and they were engaged with the Population Health Management development programme. They also assisted with welfare calls and provided support for the patients first visit.
- A Parish councillor reported that their local social prescriber had acted as a lifeline during the pandemic when it was difficult to get access to GP surgeries.
- A comment was made that GPs needed to make better use of the skills of their social prescribers and have a better understanding of their work. In addition to give the social prescriber time to find the right services for the patient. It was important that the role of social prescribing was used effectively to make the best use of their time in undertaking prevention and support work.

Mandy Bates was thanked for her presentation.

8 Formal Community Board Updates

The Community Board Co-ordinator provided an update on the budget which was £216,699 for 21/22. £95,911 had been allocated, there was a remaining budget of £120,788 and £124,583 had been allocated for projects in the pipeline. Any applications for the next year could be submitted in April 2022.

The next Forum meeting was on 23 March 2022. The current concerns regarding HS2 was the noise and light pollution. The normal working time was 7am to 10pm. There have been instances of working at 11pm and midnight. A best practice meeting has been set up between the Council, Parish Council, HS2 and the contractors. They explained their reasons for working late e.g concrete pouring and faulty pumps, but discussions were held on how to ensure that late night working did not continue. Since the report 17 applications had been submitted for the North Portal. There was further updates on the HS2 website. The Leather Lane group were trying to preserve trees and a letter had been written to Sarah Green MP which they hoped would be sent to DEFRA. Support had also been given by the Chilterns Society and Conservation Board and the Woodland Trust. The area concerned was part of the Missenden's Community Board. In terms of supporting the letter to Sarah Green MP it was suggested that it would be helpful if the support of Buckinghamshire Council could be obtained through the relevant channels.

The Bucks Jobs and Apprenticeship Fair on Saturday 5 March was being held at Elgiva, Chesham. Companies included BBC, Heathrow, Silverstone, All Spring Media, major supermarkets, Pinewood Studios, NHS and other sectors.

9 Community Matters

There were no public questions or petitions.

10 Board Discussion and Action Points

Board Members had a discussion regarding future priorities and emphasis was made on the importance of mental wellbeing and also ensuring that projects were funded that supported the rural villages as well as Chesham. A representative from Lindengate suggested that it would be helpful to educate GPs on mental wellbeing and social prescribing. Green social prescribing related to the natural environment. Reference was made to the role of the social prescriber and the need to focus on prevention and maintenance. The Chairman asked whether there was any possibility of Lindengate providing services closer to Chesham. The representative from Chesham reported that they had been looking at that. They were undertaking a lot of work with young people particularly around the environment. 49% of young people were saying that their wellbeing had dipped but in response a number of young people were saying that if they could have a positive impact on their natural environment this would help their wellbeing. 25% of people who engaged with Lindengate were under 18.

11 Any Other Business

The Community Board Co-ordinator reported that the next meeting would be in May

and it would be a Board Fair event in the evening hosted possibly at Elgiva and partners would be invited.

An event would be held at Lindengate on 14 June 2022 which enabled all of the statutory provision to see what the voluntary sector had to offer regarding mental wellbeing.

12 Date of Next Meeting

Board Fair in May (date to be confirmed)