



Older People's Working Group

Minutes of the meeting held on Friday 3rd November 2017 (DRAFT)

Present:	
Name	Organisation
Cllr Gul Khan (Chair)	RBC
Cllr Jane Stanford-Beale	Non-Executive Director - Reading Buses
Cllr Sandra Vickers	RBC
Nina Crispin	RBC
Janette Searle	
Tony Hall	Civil Service Pensioners Alliance, Reading Group
John Walford	Whitley Community Development Association
Barbara Hobbs	Age UK Reading / Readibus
Mark Drukker	
Laurence Napier-Peele	
Heather Cresswell	M.S. Society, Reading Branch
F Millgate	
B T Chubb	Firtree
Judith El-Nager	
Lorna Walker	
Elaine Jalland	
Patience Odunsi	
Mr & Mrs England	Grovelands Walking Group
Barbara Hobbs	Grovelands Walking Group
Joan Walker	NHSRF
Pearl Gibson	
Yvonne Antrobus	
Valerie Bond	
Brenda Jenkins	Pegasus Court / MacMillan
Diane Hilfi	
Caroline Langdon	U3A, NAG, PPG
Alan and Susan Jones	Tilehurst Bowling Club
Anita Holbeche	
Roy Allum	

Joyce Goodwin	Reading Fibromyalgia
Jill Hodges	
Peggy Puzey	
Grace Lapite	
Diane Hiles	
Tom Lake	South Reading Patient Voice
Brian Oatway	
Steven Smith	Thames Valley Police
Sue Roff	Thames Valley Police
Bernie O'Rourke	Crossroads Reading
Colin Ferguson	Firtree
Katie Flint	Creative Support
H Minett	
Alison Mibre	
Ian Chalik	
James Taylor	
Ken & Jen Tucker	
Gina Harris	
Karen Jarman	
E Blackett	
Cathy Cousins	
Cecily Mwaniki	Berkshire Healthcare Foundation Trust

Apologies	
Name	Organisation
Jennie Ingram	
Ann Worsley	
Douglas Dean	Thames Valley Pensioners Convention
Mr & Mrs Parker	
Joy Adams	
Gail Borrows	Park 60+ Dance and Music
Dorothy Bugeja	DWP
Cllr Rachel Eden	RBC
Cllr Rose Williams	RBC
Diane Seydoux	
Miriam Sparkes	

Agenda item 1/2/3: Welcome and minutes/matters arising from last meeting on 8th September 2017

Cllr Gul Khan

The minutes of the meeting on 8th September 2017 were reviewed and approved.

Matters arising:

Page 2 - to note apologies from Cecily Mwaniki - Berkshire Healthcare Foundation Trust

Page 15 - Use of acronyms to be explained:

LGBT - Lesbian Gay Bisexual and Transsexual

CCG - Clinical Commissioning Group

The approved minutes from the OPWG meetings are available from the Older People's Working Group page on the RBC website at:

<http://www.reading.gov.uk/opwg>

Agenda item 4: Legionnaire Disease - Prevention

Jennifer Folliard, Public Health England

Background

Legionella (full name: Legionella Pneumonia) is a bacteria and is common in natural sources of water.

They can grow and multiply when

- Water temperature remains between 20-45 °C.
- There is sediment in the water e.g. limescale
- The water is stagnant.

To cause infection they need to be inhaled within tiny water droplets.

Swimming pools do regular sampling for Legionella.

The bacteria can settle in kettles / pipes / limescales

Vulnerable groups

- People over the age of 50
- Those suffering with underlying clinical conditions e.g. respiratory or cardiovascular disease, diabetes, liver or renal disease

- People who have undergone splenectomy
- People who are immunocompromised by illness or immunosuppressive medication
- Transplant recipients
- Smokers or people with excessive alcohol consumption

Risk in the water system

- Water system has not been used for a period of time
- Infrequently used outlets
- There have been issues with the water system e.g. temperature regulation; works on the system
- Other sources e.g. garden hose pipe, pressure washing devices, glass house watering system
- On a boat, if there are closed water systems, air conditioning units.
- Temperature regulators - if there are problems with the boilers and temperature drops.

The term 'Dead-leg' refers to a tap that is not joined up properly - the water flows inside a gap and remains stagnant accumulating germs, until it goes through the tap again, thus causing a potential risk.

Responsibility

- The homeowner is normally the person responsible
- This could be the
 - occupant (owner/occupier)
 - A landlord (e.g. housing association)
- any cost of remediation work would need to be paid for and this is the responsibility of the homeowner

Legal framework

- Public Health England (PHE) acts in an advisory role.
- Local Authority's (LA) public health team/health and safety team would be commissioned to come and visit the premises.

- Health and Safety - workplaces (e.g. cleaners cupboards in communal areas of flats)
- Environmental Protection Act 1990
- Housing Health and Safety Rating Scheme

How long have you been away from the home? Potential of bacteria to accumulate if taps are not run on a regular basis.

Questions & Answers / Comments:

Q1: Has there been any cases of legionella in Berkshire?

A1: Yes it happens in Berkshire. 3 or 4 cases per month. This is quite a lot. But we rarely find out where they came from. We can keep a log of rented premises but it's more difficult for private premises.

Q2: Is it shown up by a blood test?

A2: Legionella is detected through a urine sample. Usually if someone comes with symptoms for pneumonia, is it automatically tested for it. We get most of our notifications from hospitals and urine tests results.

Q3: If located in a house, what is the procedure to get rid of it?

A3: The important thing is to identify where it comes from. Need to look for Dead-legs. We recommend running all the water/taps through.

Q4: Could this enter the main sewage system then the water feed?

A4: It doesn't work like that. The water from sewage is constantly tested for bacteria. But tests of contamination where sewage pipes and water pipes meet are carried out.

Q5: How do you detect the disease in the water system?

A5: Water samples are tested by Thames Water Laboratories.

Q6: What are the symptoms?

A6: the symptoms are like pneumonia, chest infection with temperature.

Q7: What is your advice for people who have been away on holiday?

A7: Turn up and run all the taps when you get back home, flush everything through and open all the windows.

Q8: Even if you run all the taps before you go away, do you still need to do it

on your return?
A8: Yes, especially in the summer. Temperature risk area for the bacteria to proliferate is between 20-45 °C.
Q9: When returning from a long leave, if someone uses the water straight from the tap (without running the water) after boiling it, would it get rid of it?
A9: It should, but we are not aware that the bacteria are heat resistant, but boiling should be able to get rid of it.
Q10: Do you need to drain the water from caravans?
A10: Yes you do, it is important to drain all water down when putting away caravans for the winter.
Q11: Once diagnosed as legionella, what happens when someone is in hospital?
A11: Family members don't need to be tested before they go back home. Environmental Health Team will be asked to investigate but not straight away if it's a private home. Care homes would be dealt with as a matter of urgency as risk of contamination is greater. However, Care Homes keep on top of their water systems and regular tests are carried out to detect the potential presence of the bacteria.

Agenda item 5: Highways issues - road conditions / pavements
Gracjan Suszycki - Neighbourhood Support Officer (A Boards Licensing)
Clinton Payne - Neighbourhood Officer (Major Roads)
Street Care Services, RBC

A Boards Licensing

The 'A' Board licence relates to any type of free standing adverts, directional/rotating signs, information signs and flags placed on the public highway. Stickers at bottom or top means that A Board has been licensed

'A' Board Licensing Aim

- Our aim is to assist in enhancing the economic sustainability of the Town Centre and the Borough while not causing a negative impact on the street scene and the businesses.
- Under the Highways Act 1980 sections 143 & 149 it is an offence to obstruct the highway.
- Legislation allows Local Highway Authorities
 - to implement and adopt licensing schemes on the public highway.

Licensing helps declutter public highways and keep amount of advertising under control.

Application Process

RBC keeps a log of all 'A' boards on the highway to make sure unlicensed 'A' boards complete the application form.

- Applications for an 'A' board Licence can be made on-line by visiting <http://www.reading.gov.uk/advertisingboards>.
- Licences are only valid for 1 year and are not transferable

Cost

- For Year 1 - A fee of £60 is charged for each application and this includes the first year licence fee of £50.
- For Year 2 (and subsequent years) - An annual fee of £50 will be charged per licence.
- Only 2 licences are allowed per business

Highway vs Private Frontage

- Highway includes footways, footpaths, paved areas and pedestrianised areas within the public highway domain
- Where a business has a private forecourt adjacent to the public highway, an 'A' Board must fully remain on this private forecourt area and will not require a Licence as it is not on the public highway.

Enforcement and control amount of A Boards advertising to avoid overcrowding and obstruction of the pavement.

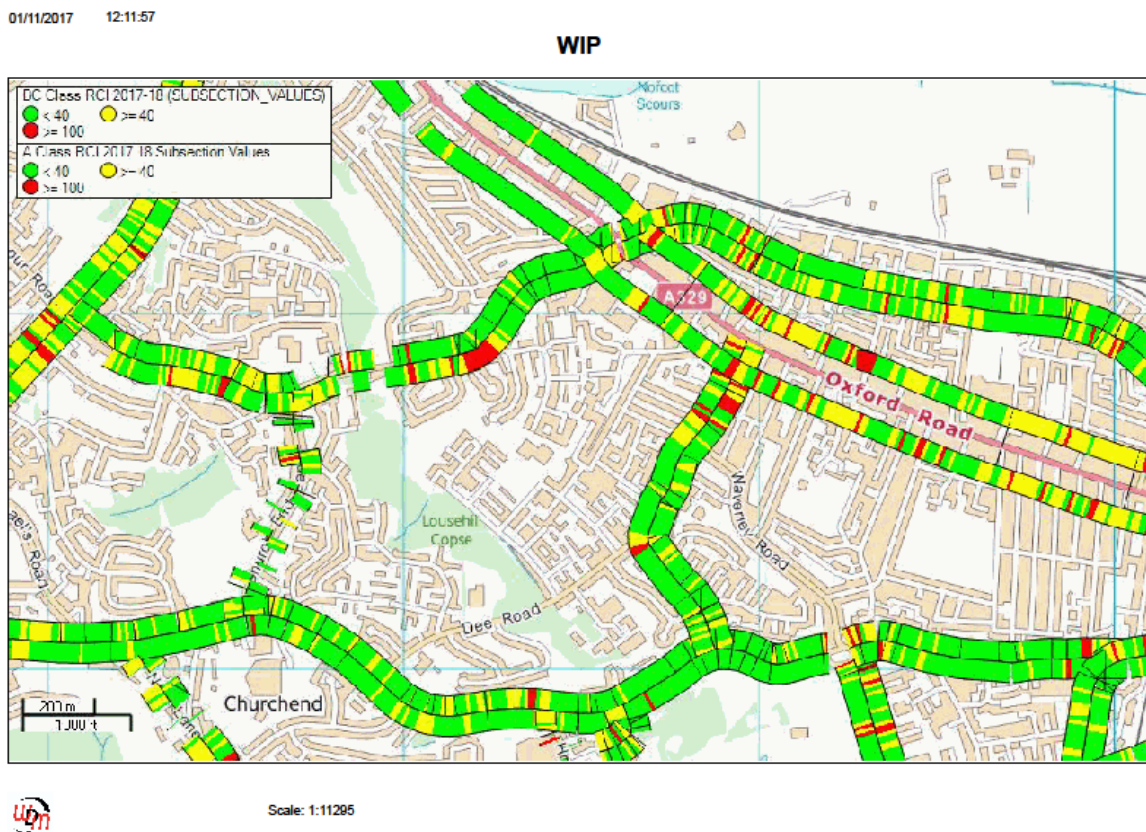
Highways - Statutory Duties

- Highways Act 1980
- As the highway authority we have a statutory duty under Section 41 of the Highways Act 1980 to maintain the highway.
- As the highway authority we have a statutory duty under Section 91 of the Highways Act 1980 to maintain bridges and structures
- As a Lead Local Flood Authority we have a statutory duty under the Flood & Water Management Act 2010 to reduce the risk of flooding

Once a year - major roads are scanned underneath the surface for holes/defects by a special equipment SCANNER. The work is carried out by a private contractor - WDM - paid by RBC to scan major roads - engineers will then check the results and arrange for repair where needed.

Minor roads (unclassified residential roads) receive an annual Visual Assessment carried out by the relevant Neighbourhood officer. There are 4 neighbourhood officers covering the whole of Reading.

Map below is an example for roads in Tilehurst (Reading):



Big red sections are looked at first. Repairs cost a fortune, to keep on top of repairs is challenging due to the level of traffic on some routes.

A scoring system ranging between 0-7 is used for the assessment of roads:

0 = green - no action needed
7 = red - priority, repair needed

Minor roads are inspected periodically according to the road category:
Every 3 months
Every 6 months
Every 18 months

Emergency Repairs depend on the assessment done and can be actioned within 1 day / 7 days / 28 days.

The Council has a duty of care to repair - especially if roads are constantly resurfaced or damaged (utilities company).

Potholes

The Council's standard investigatory depth for carriageway defects is 50mm depth over an approx. area of 300 mm x 300mm.

The Pothole Repair Plan will enable the Council to repair defects of a minimum depth of 30mm.

The Council's standard investigatory depth for footway defects is 20mm depth over an approx. area of 300 mm x 300 mm.

Not all defects within the public highway meet this investigatory criteria and in many cases defects are less than the Council's current standard for action, (e.g. Mayfair where we have scabbing of very thin surfacing material).

How long will it take to repair a Pothole?

The Neighbourhood Officer will select the appropriate timescale category, taking into consideration factors such as road classification / type, location of defect, size of defect and likelihood of further rapid deterioration.

The timescale category for repairs is determined by the HMMS (Highway Maintenance Management System) as follows:

Emergency response
1 Day Repair
7 Day Repair

28 Day Repair

Surface scabbing

If a hole at 35mm is identified, the Council doesn't have to repair that. But if it's a risk to children or is on a cycle route, it will be looked at.

There are 12 teams for repairs across Reading.

Questions & Answers / Comments:

Q1: Do you get more scabbing due to bus routes?

A1: Sometimes we do, i.e. Norcot Road/Oxford Road. Buses take away heavy resistant surface more rapidly.

Q2: Caversham Height, Chiltern Road part tarmac/part concrete, one section is depressed down. What is the classification of those roads? Because it's a dead end, what is the timescale for repairs?

A2: This section of road is classified as a minor road, Category 3. It's the responsibility of the neighbourhood officer to deal with. This area was scored in February/March 2017 for safety. It was scored as per the ondulation not due to the surface. However we will respond to the enquiries we get. For this type of damage, the repair would be done within 7 days if there was a risk to users, otherwise it will be repaired on a 28 days timescale.

Q3: I made a claim to RBC because the suspension exhaust pipe came off from my car? RBC didn't want to know about it.

A3: If it was down to the road surface, or a pothole, this would be looked at by the officer based on the information submitted on a Claim Form. RBC won't look at the car but at what caused the issue.

Q4: When you give presentations, please give 'inches' as well as 'mm'. In my area, people park on pavements and road signs have been turned the wrong way. Don't feel safe walking at night, street lights are not good enough.

A4: Street lights now mostly LED and provide a better coverage.

A Board measurement in metre: 1.4m

Q5: On School Road, road is cluttered by drain covers from utilities companies.

A5: RBC can request utilities companies to act and remove dangers, usually within 2 hours. If not, RBC will arrange for dangers to be mitigated. Utilities companies can't drill roads where they want. We have a diagram of where utilities can be laid. Any Issues need to be raised with us and we will escalate to utilities companies.

Q6: Do you deal with foot paths cracked and open due to tree roots?

A7: In the Highways code, we take action when the crack is 50mm deep x 300mm square. If on a foot path there is a crack 20mm deep, we will it score as per the risk of what could likely happen. But if it is repaired on that basis, the Council is not covered by insurance. We could check the area on a daily basis.

Q8: Problems with bicycles and raised hazards on the roads. What steps are taken to assess trip hazards? How much enforcement is undertaken by Street Care Services or is this done by another dept.?

A8: Any issues need to be raised by calling the Council; we need to ensure we keep maintaining the roads in safe conditions for users.
A boards Enforcement is done by Street Care Services.
Visits of streets and pavements at night are being planned.

Q9: What are the rules for external firms to resurface the roads? What is the time-lapse between resurfacing and getting a work permit?

A9: The work permit is granted by the Council. If piping, 3-7 days for road closure. If digging without work permit, we claim back any costs as to the damage done. If the work permit expire, can claim back too.

Agenda item 6: Reading Buses - routes and schedules updates

Neil Scott/Joe Wood, Reading Buses

Updates

- Bridge street - from 9th - 24th November - there will be no buses up Bridge street due to maintenance and resurfacing work.
- Christmas season: bus services will run similar to previous years - Christmas day: no service; Boxing day: service 9 am - 6 pm
- 1st January - normal public holiday service, except for bus 6A
- Service changes in January 2018
 - Line 2/2a
 - Line 3 - Monday/Friday to suit schools
 - Lines 5/6/6A - complete timetable change and evening every 20mins
 - Line 30 - slight changes due to school journeys
 - Line 33/33A -
 - Coming up - 15/15a/16

Consultation in Caversham

- Background: due to huge costs pressures Reading Buses have had to revise the bus network to make it more compatible with usage.
- The main shareholder is RBC - all profit made is reinvested into Reading Buses.
- The Caversham bus network represents half a million pounds loss every year.
- We have listened to the feedback and we are now consulting on a 2nd proposal based on feedback received - consultation is open until Friday 10th November 2017.
- Bus routes 9 / 19 - there is a Whitley Project to improve those routes. Currently, there's not enough usage to make them sustainable.

Questions & Answers / Comments:

Q1: Concern that bus route 24 is taken off. I need it to go to Emmer Green surgery. Otherwise, I will need to walk to another bus stop.

A1: On 2nd the consultation proposal, route 24 has been put back in to service the community and Emmer Green surgery.

Q2: Concerns that the consultation was not properly publicised. There was an expectation that users could use social media/internet to know about it and feedback. There was no information in poster format in the buses.

A2: Non-Executive Director, Jane Stanford-Beale (JSB), didn't know about the consultation. JSB extended sincere apologies that the proper process for running a consultation and informing users wasn't followed.

Q3: Whitley bus routes: 5/6/9. Adverts on bus shelters give waiting time as 8mns, in fact the waiting time is 40mns, then and three buses come at the same time.

A3: At the moment, there are major road works on the A33. Basingstoke Road has been heavily congested as a result. A new timetable is coming in January 2018 for those bus routes.

Q4: Line 23. A lot of buses go by empty. There is a lot of competition from other bus companies. Three buses going along in one area when there's not enough people to fill the buses.

A4: Competition has had a knock-on effect on usage of buses. Bus companies

are competing with each other.

Q5: Plan to travel on concessionary bus pass - does the Council refund bus company full fare? How much is that?

A5: It's about 75p a pass. Other funding comes from Central Govt. This scheme encourages people to use buses in particular in rural areas.

Q6: How often will the bus 24 be running?

A7: Bus 24 will run hourly.

Note to Reading Buses: Need to establish clear timetables

Agenda item 6: Pharmaceutical Needs Assessment (PNA)

Jo Jefferies, Public Health Shared Team

Public Health has a Statutory responsibility to do a Pharmaceutical Needs Assessment (PNA).

The current PNA consultation was officially launched on Monday 6th November and will run til end of December. The aim is to get the views of residents in each Local Authorities areas.

What is a PNA?

- Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area
- The previous PNA ran from 2015 to 2018 and this update will run from April 2018 to March 2021
- The PNA describes the needs of the population of Reading
- It considers current provision of essential pharmaceutical services and assesses whether services meet the identified needs of the population
- It also considers whether there are any gaps in the delivery of pharmaceutical services

What is the PNA used for?

- PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets
- The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and Reading Borough Council about the current provision of pharmaceutical services and where there are any

gaps in relation to the local health priorities.

- Where such gaps are not met by NHS England, these gaps may then be considered by those organisations

How is the PNA carried out?

- Public Health Services for Berkshire do a descriptive analysis of information about the population and health needs of Reading
- They also do a survey of community pharmacies to map current service provision - using an online survey accessed through the PharmOutcomes system
- There is also a survey of the public to ascertain their views on services - using an online survey promoted through local authority, CCG and local Healthwatch
- A Public Consultation on the initial findings and draft PNA is carried out - using local authority consultation mechanisms and supported by Healthwatch
- Finally, agreement of final PNA by the Reading Health and Wellbeing Board

We want to seek your views on the conclusions reached by the PNA recently carried out in the Reading area:

1. Current Necessary Provision:

Whilst not all the current provision described in Section D is necessary (as defined in the 2013 Act), it is concluded that the majority of the provision is likely to be necessary and that advance services provided outside the core hours provide improvement or better access

2. Current Gaps:

Based on the information available at the time of developing this PNA, there may be gaps in provision of essential and advanced pharmaceutical services within walking distance for some residents in Whitley, Mapledurham and Thames wards

3. Future gaps:

Although there is likely to be an increase in the number of houses available,

there are no known future developments that are likely to significantly alter demand for pharmaceutical services in normal working hours due to the coverage currently provided by pharmacies.

Developments in Whitley ward mean that an increased number of residents may have to travel further to access essential services in the evenings and at weekends

4. Current additional provision:

NHS England does not commission any enhanced services within Reading. Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified

5. Future gaps:

Based on the information available at the time of developing this PNA, there is opportunity to improve access to essential services for residents living in Mapledurham, Thames, Whitley and Peppard wards.

As part of the essential pharmacy offer, pharmacies are required to deliver up to six public health campaigns a year to promote healthy lifestyles. These are selected by NHS England. There is scope to gain more impact from national public health campaigns by ensuring that these are delivered in a coordinated way through community pharmacies

6. Current additional provision:

Based on the information available at the time of developing this PNA, no NHS services have been identified which would affect the need for or impact on the need to secure improvements or better access to pharmaceutical services either now or in specified future circumstances

How to give your views on the above conclusions?

- The PNA Consultation launched on 6th November in Reading and runs to 31st December 2017
- The Reading PNA is here:
<http://www.reading.gov.uk/jsna/pharmaceutical-needs-assessment>
- A short survey form has been developed to collect comments and

feedback http://consult.bracknell-forest.gov.uk/portal/public_health_berkshire/pna_2017_1/pna_2017_feedback_consultation

- For hard copies please contact Nina Crispin at opwg@reading.gov.uk; on 0118 937 2383 or at Wellbeing Team, Level 2 Civic Centre, Reading RG1 2LU

Questions & Answers / Comments:
Q1: In Whitley, a new South Reading Health Centre is being planned, has it been taken into account into the PNA?
A1: We taken into account the development as a whole, we are required to send the consultation to all stakeholders.
Q2: Some Lloyds Pharmacies are closing down, how will it affect the PNA?
A2: There are no details which ones are affected in Reading. We have not been able to assess that in this consultation document.
Q3: Food on prescription bread. CCG's have voted that from 2019 we won't get food on prescription. This is of concern for users.
A3: That type of service is classed as Local Services commissioned by the CCG (Clinical Commissioning Group). I am not representing the CCG and can't respond. But please let us know your views if you're not satisfied that your needs won't be met elsewhere.

Agenda item 7: Current issues and suggestions for future meetings
Cllr Gul Khan

Suggestions for next meeting (on 2nd February 2017):

- Wills/Probate/Power of Attorney
- Cyber crime

Next Meeting:

- Friday 15th December 2017 - *seasonal programme with quiz, singing and music performances*
2 - 4 pm, Council Chamber, Civic Centre
- Friday 2nd February 2017
2 - 4 pm, Council Chamber, Civic Centre