

# HEALTHIER SELECT COMMITTEE

## MINUTES OF THE MEETING HELD ON TUESDAY 30<sup>th</sup> JUNE 2009

**Councillors:** Carol Jackson-Doerge (*Chairman*) (P), Geoff Findlay (P), Paul Hewer (P), Owen Jeffery (*Vice-Chairman*) (P), Gwen Mason (P), Quentin Webb (P)

**Substitutes:** George Chandler, Billy Drummond, Adrian Edwards, Alan Macro

**Also present:** Teresa Bell (Corporate Director), Jan Evans (Head of Older Peoples Services), Bev Searle (NHS Berkshire West), (Jeremy Speed – NHS Berkshire West), Jo Naylor (Principal Policy Officer).

### PART I

#### 4. APOLOGIES.

There were no apologies for absence received.

#### 5. MINUTES.

The Minutes of the meeting held on 12<sup>th</sup> May 2009 were approved as a true and correct record and signed by the Chairman.

#### 6. DECLARATIONS OF INTEREST.

There were no declarations of interest received.

#### 7. HEALTH AND WELLBEING PRIORITIES.

The Committee considered a presentation from Bev Searle and Jeremy Speed (Agenda Item 5) concerning the West Berkshire Health and Wellbeing Partnership priorities.

They outlined how the Partnership was about everyone working together on health and wellbeing and not just health and social care organisations.

The Partnership had 7 priority targets to meet as part of the Local Area Agreement (2) (LAA 2), these were:

- Reduction in mortality rate from all circulatory diseases at ages under 75
- Reduction in the rate of alcohol related admissions
- Reduction in obesity among primary school children in Year 6
- Adults in contact with secondary mental health services in employment
- Independence for older people through rehabilitation/intermediate care
- Timeliness of social care assessment
- Carers receiving needs assessment or review and a specific carers' service, or advice or information.

The West Berkshire area had higher than average life expectancy however there were still pockets where lower standards of health existed and this inequality needed to be addressed.

Members asked questions in relation to:

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- Setting the health related targets at a challenging level.
- The resources spent on prevention to avoid alcohol related hospital admissions.
- Whether the same people with alcohol misuse issues were repeatedly presenting at A&E.
- The lack of money spent on alcohol treatment compared to drug treatment services.
- Whether screening and brief interventions for alcohol misuse is available for those in rural areas and for hard-to-reach groups.

Bev Searle explained how progress against targets was closely monitored and detailed Action Plans accompanied each target.

Bev Searle suggested the Committee may wish to explore the areas of primary prevention of illness and how to provide universal information on services. She spoke of the community leadership role that can be taken by organisations on health improvement. Equally 'Tertiary Prevention' was a critical area of concern to keep those with long-term conditions healthier and prevent them from entering an acute hospital (tertiary care).

**RESOLVED that:**

- 1. The priorities of the Health and Wellbeing Partnership be noted;**
- 2. Primary Prevention and Tertiary Prevention are added as items on the Select Committee's Work Programme.**

### **8. DEMENTIA STRATEGY.**

The Committee considered a presentation from Jan Evans (Head of Older People's Services) (Agenda Item 6). She explained that Dementia not only affects memory but can also affect mood and result in a general deterioration of physical health.

The majority of the £15.6 million Older People's Service budget primarily goes towards supporting those with dementia. She also acknowledged this does not take into account the huge amount of unpaid care undertaken by carers.

Jan Evans described the objectives of the National Dementia Strategy and the delivery of these through the Implementation Plan.

Members wished to be able to study the Implementation Plan in more depth prior to endorsing its contents.

**RESOLVED that Dementia and the Implementation Plan is considered at the next meeting to allow Members more time to consider the contents of the Plan.**

### **9. WORK PROGRAMME.**

The Committee considered the Work Programme for the Select Committee (Agenda Item 7). The Chairman suggested there should be a balance of health and social care items on each agenda.

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Teresa Bell (Corporate Director) highlighted how the District Profile information could be used to gain an understanding of health inequalities within West Berkshire as part of the Committee's Work Programme.

### **RESOLVED that:**

- 1. There would be three main presentations at the next meeting on: Dementia, End of Life Care and Tackling Health Inequalities.**
- 2. Members are provided with an Executive Summary on Autistic Spectrum Disorder, circulated outside of the meeting initially.**
- 3. System Transformation should be an item on every future agenda.**
- 4. Patient Advice and Liaison Service (PALS) reports would be considered at the next meeting.**
- 5. Items on the agenda for monitoring purposes were: Local Area Agreement 2 (LAA 2) activity, System Transformation and Maternity at West Berkshire Community Hospital.**
- 6. Lord Laming's Review recommendations on Baby P would be considered by the Stronger Select Committee and that this change should be reported to the Overview & Scrutiny Management Commission.**
- 7. Members will receive a briefing report on Aiming High for Disabled Children.**

## **10. SUBSTANTIAL VARIATION DECISION ON PROPOSED IVF POLICY.**

The Committee considered a report (Agenda Item 8) which described changes to the IVF policies currently in operation within the South Central Strategic Health Authority area and a decision which needed to be taken on whether the change was substantial.

A Member described how the intensive deliberations had taken place over this IVF policy change at the former Health Scrutiny Panel on 20<sup>th</sup> April 2009. It was mentioned how the proposed age criteria was one area the Panel had not previously agreed with, however, it was felt there needed to be some final conclusion of this item. Also highlighted was the concern for patients awaiting treatment and the need to not unduly delay the process.

### **RESOLVED that:**

- 1. The IVF policy changes did not represent a substantial variation to service and that the Specialised Commission Group be duly informed.**

## **11. PRIMARY ANGIOPLASTY SERVICE**

The Chairman introduced this item (Agenda Item 9) and highlighted the clinical complexity of the report and the difficulty fully appreciating the options being presented.

It was explained that the Cardiovascular Network were at the early stage of engagement and the Healthier Select Committee had been consulted to ensure they were well informed early in the process.

Members felt a presentation of the risks and benefits of any options was required from the Cardiovascular Network. Also a simplified format was required to make

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the options clearer to comment upon. It was felt the Royal Berkshire Foundation Trust should also be invited to the meeting to listen to their views.

**RESOLVED that:**

- 1. An additional meeting of the Healthier Select Committee be arranged in September 2009 to request a presentation from the Cardiovascular Network and to invite the Royal Berkshire Foundation Trust to express their views.**

*(The meeting commenced at 6.30pm and closed at 8.37pm)*

**CHAIRMAN** .....

**Date of Signature:** .....