

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTHIER SELECT COMMITTEE

MINUTES OF THE MEETING HELD ON THURSDAY, 20 JANUARY 2011

Councillors Present: Geoff Findlay (Chairman), Tony Linden, Gwen Mason, Andrew Rowles and Julian Swift-Hook (Vice-Chairman)

Also Present: ,

Apologies for inability to attend the meeting:

Councillor(s) Absent: Councillor Paul Hewer

PART I

1. Minutes

The Minutes of the meeting held on 12th October were approved as a true and correct record and signed by the Chairman.

2. Declarations of Interest

Councillor Julian Swift-Hook declared a personal interest in all Agenda Items by virtue of the fact he is the Chairman of West Berkshire Mencap. Councillor Geoff Findlay declared a personal interest in all Agenda Items by virtue of the fact he was Governor of the Royal Berkshire Hospital. They both reported that, as their interests were personal and not prejudicial, they determined to remain to take part in the debate and vote on the matters.

3. Changes to the NHS Policy Landscape

Mrs Bev Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) provided an overview of the complex changes taking place in the NHS (Agenda Item 4). She described how the Health and Social Care Bill 2011, published on 19th January 2011, would require further analysis to understand how the changes would be delivered.

Mrs Searle described how local GP consortia would work together to commission health care services in the future. At the moment four GP commissioning groups operated in the Berkshire West area and these seemed to be effectively functioning and served as a good foundation for future proposals.

She described how the public health function of Primary Care Trusts (PCTs) would become a responsibility for the local authority. She drew Members attention to the consultation document "Healthy Lives, Healthy People" which gave a useful summary of how the functions would be split in the future.

Mrs Searle described the need for a good balance between local arrangements and effective working across boundaries. She also explained how the PCTs were merging to form PCT clusters to provide some resilience in the system whilst the NHS was under

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going these reforms. It was explained how staff departures did make maintaining statutory functions difficult at times

Members enquired about the GP commissioning focus and the need for strong GP leads within West Berkshire. Members also described concerns about losing services e.g. sexual health clinics. Mrs Searle confirmed that there were no plans to change existing services at the moment but that there was a general focus on providing services in a community setting wherever possible, but this did not constitute a withdrawal of a service.

Concerns were expressed about the risk of losing core staff from within the PCTs. Mrs Searle explained there was a risk during such times of transition but that patient safety was still critical along with the monitoring of quality and meeting financial targets. The Strategic Health Authorities still maintained a role in ensuring that all statutory and non-statutory functions were maintained.

Mrs Teresa Bell (Corporate Director for Community Services) explained that in future Health and Well Being Boards would be established to monitor activity. This included locally responsive outcome measures and included the monitoring of performance. Work to establish the board would begin now with a target of them being in place by the end of 2011/12.

RESOLVED that the update regarding the changing NHS policy landscape be noted.

4. Health Performance Indicators

Mr Jeremy Speed (Public Health Locality Lead, NHS Berkshire West) presented an update report in relation to the health performance indicators for West Berkshire (Agenda Item 5).

He described the 3 main priorities for health as listed in the former Local Area Agreement (LAA) targets. These were around circulatory diseases (NI 121), alcohol related hospital admission (NI 39) and obesity in primary school children in year 6 (NI 56). He explained how although the LAA was no longer in existence these public health issues remained key concerns.

Mr Speed described the significant reduction in people dying from cardiovascular disease and how numbers had more than halved in a 15 year period. This was attributable to advances in technology and public health interventions such as a reduction in smoking rates and adult obesity.

He described the cardiac rehabilitation programme for those who had a diagnosed heart condition. He also mentioned the exercise referral scheme "Activity for Health" which offered primary prevention to people at risk of diabetes or hypertension as well as the important links with the Council's Trading Standards Service to restrict young people's access to tobacco.

Mr Speed outlined the numbers of hospital admissions as a consequence of alcohol related harm. He described how there was an upward trajectory since 2002 and an LAA

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target had been set inline with this. The latest figures had shown a reduction in the anticipated number of cases.

Members felt it would have been helpful to have the data broken down by age to understand more about young people's drinking. Mrs Bev Searle confirmed that the admissions figures for young people in relation to alcohol related harm were low but it was possible that higher numbers of attendances at Accident & Emergency Departments might be seen.

Members raised the issue that there might be a correlation between changes to the alcohol licensing laws in 2003 and the increasing trend of alcohol related hospital admissions.

Mr Speed explained the early screenings for hazardous and harmful drinking through opportunistic interventions at GP surgeries and in other health settings. The numbers screened were significantly higher during Q1 and Q2 of 2010/11 than the previous figures for the whole of 2009/10. This was seen as a positive in terms of people being identified and treated sooner. This equally applied to Tier 2 alcohol services and where Turning Point, were reported as achieving good results locally.

The need for early intervention was identified several years ago and Members were pleased to see greater GP awareness and how this process had been better systematised and embedded.

Childhood obesity figures had changed little from 2005 to 2010. In order to achieve a more marked difference targeted interventions would be required with specific individuals and communities. The current interventions had a focus on encouraging fitness and healthy living as well as greater education for primary school children around cooking healthy meals.

Members discussed the branding issues of intervention programmes to avoid any stigma associated with being from a low income family.

Members also asked for reasons as to why the rates of obesity were static and whether this was a reflection that interventions had been unsuccessful or the lack of availability of places on schemes. Mr Speed responded by explaining how uptake of the schemes was low in the first few years but this had now improved.

Mrs Searle explained that childhood obesity rates might continue to increase in the next few years. She stressed that importance of childhood patterns in influencing adult behaviour. Starting interventions with very young children was necessary in order to see long-term change in the adult population.

Members welcomed the work underway at the Children's Centres to promote healthy eating with children from the age of 3 and their parents.

RESOLVED that the update on performance against health related targets in West Berkshire be noted.

5. Update from the Royal Berkshire Hospital on Maternity Services and 'Choose and Book'

Members received an update from the Royal Berkshire Hospital (Agenda Item 6) in relation to Maternity Services and 'Choose and Book'. This provided the latest position on two issues listed as part of the Select Committee's work programme.

Significant changes to the maternity services at the Royal Berkshire Hospital were being made to include a midwife led unit and a high dependency unit as part of the service.

Members were surprised that the birth rate was now steady over the last two years, when previously the pressure on the service resulted in women being diverted to other hospitals. Members remained concerned about future incidents of diverting women to alternative hospitals. Other Members accepted that demand would fluctuate and the unit was unlikely to be able to operate and be financial viable with excess capacity.

Member discussed whether a midwife led service at the West Berkshire Community Hospital (WBCH) might be considered. Mrs Searle clarified that there were not any immediate plans for this. The new midwife unit at the Royal Berkshire Hospital was provided alongside obstetricians, available for the more complicated deliveries, and this model provided the best option in relation to mother and baby safety.

Members view was that this issue was of significant concern to the community and that a progress update should be received in 12 months time.

The Chairman provided an update on the 'Choose and Book' online booking system for making appointments. He stressed the importance of password access to be able to enter the system and alter any bookings. The system gave patients a better understanding of appointment waiting times and comparisons of the quality of services. Technical issues in terms of online availability of the site appeared to be resolved.

RESOLVED that the 'Choose and Book' update be noted and that the maternity services progress report be received in 12 months time.

6. Work Programme

Members considered the Work Programme (Agenda Item 7) and discussed which items should remain on the work programme. Several items were altered or removed from the work programme, including LAA health performance indicators, review of the Council's eligibility criteria for accessing social care and the 'Choose and Book' online booking system.

It was agreed the issue of delayed transfers of care from hospital would remain on the work programme, maternity services would be considered in 12 months time and child poverty would be considered at the April meeting.

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RESOLVED that the work programme be amended as agreed.

7. Exclusion of Press and Public

RESOLVED that members of the press and public be excluded from the meeting for the under-mentioned item of business on the grounds that it involves the likely disclosure of exempt information as contained in Paragraphs 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the [Local Government \(Access to Information\)\(Variation\) Order 2006](#). [Rule 9.10.4 of the Constitution](#) also refers.

8. Community Services Update

Mrs Teresa Bell (Corporate Director) provided an verbal update to Members on this Council's Community Services function (Agenda Item 9). This covered the background to the current pressures on services provided by this Council and those at the Royal Berkshire Hospital and the West Berkshire Community Hospital. The age profile and demographics of the West Berkshire population significantly contributed to the huge demand on services. Actions to ameliorate the problem were being put into effect.

RESOLVED that Members noted the update.

(The meeting commenced at 6.35 pm and closed at 8.25 pm)

CHAIRMAN

Date of Signature