

DRAFT

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

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 11 JUNE 2024

Councillors Present: Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Justin Pemberton, Owen Jeffery and Carlyne Culver

Also Present: Paul Coe (Interim Executive Director – People), April Peberdy (Acting Service Director - Communities and Wellbeing) and Kate Toone (Project Manager (Integration and Quality) and TEC Service Manager), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Fiona Worby (Healthwatch West Berkshire), John Ashton (Director of Public Health), Charlotte Pavitt (Consultant in Public Health), Sally Moore (Royal Berkshire NHS Foundation Trust), Pete Hunt (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Kiera Walker (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Apologies for inability to attend the meeting: Councillor Heather Codling

PART I

3 Minutes

The Minutes of the meetings held on 12 March 2024 and 9 May 2024 were approved as true and correct records and signed by the Chairman.

4 Actions from the previous Minutes

Members were asked to note the outstanding actions which were in progress.

5 Declarations of Interest

There were no declarations of interest received.

6 Petitions

There were no petitions received at the meeting.

7 Healthcare in New Developments Task and Finish Group - Final Report

Councillor Carlyne Culver presented the Healthcare in New Developments Task and Finish Group report (Agenda Item 7).

During the Committee's discussion the following points were raised:

- Councillor Culver thanked Members, partners and officers involved in the Task Group, noting that there was already improved collaboration between Planning and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and that the BOB ICB would now be consulted on developments of 10 or more dwellings.
- It was confirmed that planning officers attended all task group meetings and were involved in the discussions regarding recommendations.

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- The resource implications of the recommendations, as well as the preventative approach, were noted.
- Training was a key element in the report to ensure all Councillors had an understanding of Public Health and that there was specific training for Councillors of Planning Committees on the Healthy Planning Protocol.
- It was acknowledged that there were restraints with S106 and CIL funding, however there was best practice from other local authorities and insight from Savills that could be reviewed. Early discussions with many stakeholders was essential to consider new ways of providing provisions and healthy places.
- It was confirmed that the report would go to the Executive and to the Integrated Care Board and the response to the recommendations would return to a future Health Scrutiny Committee.

RESOLVED to refer the Healthcare in New Developments Task and Finish Group's recommendations to Executive and the BOB ICB for consideration.

8 **Public Health West Berkshire - Annual Report**

Charlotte Pavitt (Consultant in Public Health) presented the West Berkshire Annual Public Health Report (Agenda Item 8).

During the presentation the following points were highlighted:

- West Berkshire was a healthy place to live as a whole. However, there were local variations between groups of people and indicators of concern. Nearly one third of Year 6 children and 61.3% of adults were overweight or obese. There was a high rate of self-harm and alcohol related hospital admissions for under 18's. The three highest recorded long-term conditions locally were depression, hypertension and diabetes.
- Extensive health improvement programmes of work were noted. These included for children and young people, healthy weight, smoking cessation services, the community wellness outreach service, mental health promotion and the ageing well focus across West Berkshire. The health improvement priorities moving forward were also described.
- The Public Health approach was highlighted noting collaboration with the BOB ICB and the importance of understanding patterns of health and disease, identifying needs and prescribing effective interventions.
- Evidence-led interventions, communications and workforce priorities were explained. Embedding the Health in all Policies (HiaP) approach at West Berkshire Council was a key priority.

During the debate the following points were discussed:

- John Ashton (Director of Public Health) explained that a strong primary and social care focus was needed, with more resources upstream for self-care and community organised responses rather than for secondary care. The local authority was key for that approach. In particular, partnership working across and beyond the local authority to mobilise and support the community was needed. This was beyond the services provided by Public Health such as vaccinations and targeting groups that were difficult to reach.
- The importance of the built environment and housing was noted. John Ashton said that a strategic and integrated approach to housing and health was essential to ensure that people remained living independently for longer. This was particularly critical with the ageing population.
- It was highlighted that one third of children in Year 6 were overweight or obese and it was queried how public health campaigns could influence that. John Ashton advised

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that individual behaviours were important, but there were also commercial determinants that needed addressing at a higher level.

- It was asked what could be done locally. An example was shared by John Ashon on the benefit of providing water fountains in streets. That would enable people to choose not to drink sugary drinks. By-laws could be strengthened to prevent fast food outlets from opening near schools. Parking outside schools could be addressed to encourage walking. It was advised it was important to think laterally and that the Council could influence new developments to ensure cycling, walking and active travel was built in.
- Health inequalities were noted and the importance of allocating resources to the right areas.
- The use of technology was discussed. For example, in nutritional information on food shop receipts. While early diagnostics and screening were important, they were not an alternative to primary prevention. For example, three – five million people in the UK had Type Two diabetes which was strongly related to people being overweight. This was at enormous cost to the NHS. Prevention was the real answer.
- It was highlighted that early detection of cancer was the best option for many cancers. However, some cancers were known to be determined by environmental or behavioural factors. Those environmental and behavioural determinants needed to be addressed.
- Members expressed concern with specific issues including tooth decay children and adolescent mental health. The wait for neurodiversity assessments, a crisis in adolescent mental health and support in schools were particularly noted. John Ashton noted that children's mental health had deteriorated particularly since the pandemic and was complicated by social media. It was emphasised that it was essential to get upstream of the issue. John Ashton explained that the concepts of self-esteem, self-directedness, the locus of control and sense of coherence were useful. These were measurable concepts that could provide data to compare between schools, classes and locations. John Ashton advised that he promoted the notion that every child should have a passion by the age of 18. To do that, there needed to be opportunities available for children and these varied hugely between backgrounds and schools. The local authority could facilitate improving this, not just in the classroom but outside it. An asset-based approach of mapping the assets of the community and mobilising them to ensure all children have opportunities to feel mastery of their own personal universe was needed. It was essential to provide a strategic and coordinated approach across West Berkshire.

RESOLVED to note the report.

9 To receive an update on Diabetes Services

Keira Walker (Integrated Diabetes Delivery Network Manager, BOB ICB) presented the report on Diabetes in West Berkshire (Agenda item 9).

During the presentation the following points were highlighted:

- The achievement of all eight care processes in West Berkshire were above the national average. They were slightly below the national average in the achievement of the three treatment targets.
- Diabetes services were focused on secondary prevention which was to stop deterioration after diagnosis.
- Locally there was good uptake in Berkshire West for a nationally commissioned lifestyle intervention (NHS Diabetes Prevention Programme). This would now be expanded across BOB (Buckinghamshire, Oxfordshire and Berkshire West).

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- There had been very good uptake in Berkshire West in the Type Two Path to Remission using the shakes and soups diet.

During the debate the following points were discussed:

- It was highlighted that weight management was crucial and that programmes needed to be directed to the right people. It was advised that the programme was targeted to address health inequalities and that all the places on the programme had been filled.
- It was noted that there were variations between practices in meeting performance targets in the eight care processes. I was advised that variations between practices were a challenge and that it was being looked at across Buckinghamshire, Oxfordshire and Berkshire West. They were looking to fill the gaps in workforce, educate staff and integrate services so that there was a multidisciplinary approach.
- It was advised that the variation in deprived areas was not due to workforce gaps. It was a lengthy support process of education which was not part of core medical services provided by general practice.
- It was noted that 10% of the NHS budget was related to diabetes and that it was largely preventable. The public health approach to diabetes was highlighted. April Peberdy (Acting Service Director, Communities and Wellbeing) confirmed that a healthy weight and a physically active population was key. The community outreach wellness service was currently delivering health checks to the population. As part of this advice was given about healthy eating and physical activity. There were also opportunities in West Berkshire such as the West Berkshire Exercise Referral Scheme in leisure centres and the healthy walks programme.
- Kate Toone (Project Manager, Adult Social Care) provided an update on the Community Wellness Outreach Service. This was a BOB ICB funded programme carried out jointly with Reading and Wokingham. The target was 2,500 targeted health checks across West Berkshire. Each local authority had slightly different models. It was advised that 439 health checks had been carried out across West Berkshire since the pilot began in January 2024. 227 of these were in target priority groups. Letters had recently been sent to 4000 eligible people and so uptake would increase in coming months. As a result of the health checks, 13 people had been referred to the GP and 3 had been referred to the NHS Diabetes Prevention Programme. Cardiovascular disease champions were being recruiting from the community. Community outreach was taking place. An example of an event with Veolia employees was shared where healthy eating education was shared, and good feedback was received. It was highlighted that people were supporting each other because of the event.
- Early indicators were that the Community Wellness Outreach Service was effective so far. The service would be evaluated at the end to see if there was scope for extension. There were some learnings from it and evidence would be used to make further decisions.

RESOLVED to note the report.

10 **Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Helen Clark (Deputy Place Director, Berkshire West) gave an overview of the report on the activities of the BOB ICB (Agenda item 10). During the discussion the following points were highlighted:

- It was queried whether patients were getting used to seeing the variety practitioners available at GP practices. It was confirmed that the way the Additional Role

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Reimbursement Scheme was implemented varied between practices. Further information could not be shared by the BOB ICB due to the pre-election period.

Action: Helen Clark to provide Members with an update on roll out of the additional role reimbursement scheme, including patient feedback.

RESOLVED to note the report.

11 Healthwatch Update

Fiona Worby (Lead Officer from Healthwatch West Berkshire) presented the report on the work plan for 2024/25 and other activities carried out by Healthwatch West Berkshire.

The following points were noted during the discussion:

- The role of Healthwatch was to understand the needs, experiences and concerns of the public and to speak out on their behalf. The importance of communicating the work of Healthwatch with the public was noted. Healthwatch was a statutory body with powers to enter and view health and social care service providers. It monitored public feedback and worked closely with services.

RESOLVED to note the report.

12 Health Scrutiny Committee Work Programme

The Chairman invited Members to review the work programme. It was noted that Children and Young People's Mental Health and Neurodiversity Pathways, as well as Adult Mental Health, were on the work programme for 11 June 2024. Both items would be rescheduled.

The importance of Health in All Polices and prevention was noted as being crucial. It was confirmed that the Health and Wellbeing Board was the forum where key leaders from the health and care system worked together to improve the health and wellbeing of their local population and reduce health inequalities. The activities of the Health and Wellbeing Board and its sub-groups, within the Health and Wellbeing Board Strategy and Delivery Plan, showed the wider approach to health in West Berkshire.

RESOLVED to note the work programme.

(The meeting commenced at 1.30 pm and closed at 3.55 pm)

CHAIRMAN

Date of Signature