MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON TUESDAY 24 JULY 2012 FROM 7PM TO 9.15PM

Present: Tim Holton (Chairman), Andrew Bradley, Kay Gilder, Kate Haines, Ian Pittock, Sam Rahmouni, Nick Ray, Malcolm Richards and Wayne Smith

Also present
Salma Ahmed, Partnership Development Officer
Christine Holland, LINk Steering Group
David Johnstone, Strategic Commissioner Health and Wellbeing (interim)
Tony Lloyd, LINk Steering Group
Dr Stephen Madgwick, Wokingham Clinical Commissioning Group
Janet Maxwell, Director of Public Health, NHS Berkshire West
Helen MacKenzie, Interim Director of Nursing and Governance Berkshire Healthcare NHS Foundation Trust
Liz Rahim, Interim Operations Director Wokingham Clinical Commissioning Group
Madeleine Shopland, Principal Democratic Services Officer

PART I

13. MINUTES

The Minutes of the meeting of the Committee held on 29 May 2012 were confirmed as a correct record and signed by the Chairman.

Members asked that the following points be followed up:

- Minute 6 - Healthwatch – National Policy and Local Implementation – Members asked for further clarification of the commissioning role.
- Minute 8 - Berkshire Healthcare NHS Foundation Trust - School Programmes – Sexual Health Programme – establish whether the percentage of young people under 16 who were becoming sexually active 16 in Wokingham was above or below the national average.
- Minute 8 - Berkshire Healthcare NHS Foundation Trust - School Programmes – Sexual Health Programme – Some schools were more receptive to voluntary health zone sessions. The Locality Director Wokingham had indicated that they could look at the Service Level Agreement and report back regarding service provision.
- Minute 9 - NHS Berkshire West Annual Performance and Finance Update – establish why the stroke target was lower than previous years.

14. APOLOGIES

Apologies for absence were submitted from Councillors UllaKarin Clark (substituted by Malcolm Richards), Philip Houldsworth and David Sleight (substituted by Ian Pittock).

15. DECLARATION OF INTEREST

There were no declarations of interest made.

16. PUBLIC QUESTION TIME

There were no public questions

17. MEMBER QUESTION TIME

There were no Member questions

18. UPDATE ON SAFE AND SUSTAINABLE REVIEW OF CHILDREN'S CONGENITAL CARDIAC SERVICES IN ENGLAND

The review had concluded that child heart surgery should be stopped at three of the ten hospitals that performed the procedures, Royal Brompton (London), Glenfield Hospital (Leicester) and Leeds Infirmary. However, the units would remain open to focus on care before and after surgery. It was likely that those from the Oxford and Reading areas would flow primarily to Southampton General Hospital, although some patients might prefer to attend the London centres, Great Ormond Street or Evelina Children's Hospital.

RESOLVED That the update on Safe and Sustainable Review of Children's Congenital Cardiac Services in England be noted.

19. WOKINGHAM CLINICAL COMMISSIONING GROUP

Dr Stephen Madgwick, Chair of the Wokingham Clinical Commissioning Group provided the Committee with a presentation on the Wokingham Clinical Commissioning Group.

During the discussion of this item the following points were made:

- Clinical Commissioning Group's (CCG) were the government's new NHS organisation structure for the delivery of health services in England. Dr Madgwick believed that GPs were becoming more involved because they were at the front line of the service and were more aware of patients' needs.
- It was important that clinicians and health managers worked closely together to ensure the success of the CCG and also that patients were very involved in the process.
- The CCGs would become statutory NHS bodies in April 2013. There were 7 CCGs within Berkshire and 4 within Berkshire West (Wokingham, South Reading, North Reading and West Berkshire).
- The Wokingham CCG would be assessed for approval in September 2012. The outcome of the authorisation assessment was due in October.
- There were 15 practices within the Wokingham area. The CCG area was roughly coterminous with Wokingham Borough Council's boundaries, although the Shinfield practice was part of the South Reading CCG.
- It was anticipated that the Wokingham CCG's budget would be approximately £170million pa.
- The CCG would endeavour to be as accessible as possible and would value feedback from various such as local authorities, patient groups and Healthwatch
- The Board meetings would be held in public.
- The Committee were informed of the CCG Board membership. Members included a Chairman, in Wokingham's case, Dr Madgwick. If the CCG Chair was a clinician the Vice Chair must be a lay member. The Vice Chair had not yet been appointed for Wokingham. The CCG had to include 2 lay representatives, including one who was a Patients Representative, GP representatives, an Accountable Officer, a Chief Financial Officer, a Hospital Consultant and a Nurse. Dr Cathy Winfield had been appointed as interim Accountable Officer and this appointment was required to be confirmed by the National Commissioning Board. It was noted the Hospital consultant and the nurse would be shared between the 4 Berkshire West CCGs. The CCG was awaiting government guidance regarding the appointment of the lay representatives.
- Members were informed that guidance required that the hospital consultant was not anyone who was actively involved in the local trusts so as to avoid conflicts of interest. Dr Madgwick commented that it was difficult to recruit to this post and consideration would be given to approaching retired consultants.
- The Berkshire West CCGs governance structure was noted.

- The Joint Strategic Needs Assessment identified the health needs of the local area and helped to inform the Joint Health and Wellbeing Strategy. The top 5 areas identified for Wokingham were dementia, long term conditions, learning disabilities, mental health and healthy living.
- Dr Madgwick explained that the commissioning process involved the planning, designing, paying for, and monitoring NHS services. The CCG would be responsible for commissioning most hospital care, community services and mental health services and the National Commissioning Board would be responsible for commissioning dentists, eye tests, most GP practice services and "specialist" commissioning.
- The following programme boards had been created to develop plans on different areas; Planned Care Board, Urgent Care Board, Long Term Conditions Board and Joint Commissioning (with Local Authorities) Board. The 4 Berkshire West CCGs were working together.
- The Committee's attention was drawn to some of the CCGs achievements and plans for the next year and the future.
- Members were informed of the Family Nurse Partnership project, under which practitioners would interact with teenage mothers across Berkshire. Research had shown that a good start in children's lives often led to better outcomes. Kay Gilder asked whether this something that health visitors could do and was informed that there was a shortage of health visitors. They were looking to appoint another 40-50 health workers in Berkshire but the small number of Family Nurse Workers would specifically be working with teenage mothers.
- Nick Ray commented that commissioning and procuring health services would be a resource intensive task and would require specialist expertise to ensure that the process was successful and value for money was achieved. Dr Madgwick emphasised that they were endeavouring to recruit those with the specific skills required. In addition, behind the CCG would be the Commissioning Support Services who would help to support the CCG in their work.
- Nick Ray also asked what the benefits of the change in the structure of the health service were. Dr Madgwick stated that increased clinician involvement in decision making would be helpful. A clinician summit would be held in October to help identify what services were required and how they would be achieved.
- In response to a question regarding patient involved Dr Madgwick commented that patients could help to shape services, as whilst they often did not have the relevant technical knowledge they could provide a valuable contribution. It was hoped that the Patient Participation Groups would provide an amalgamation of patient ideas and views.
- Kate Haines expressed concern that not all the board members had been appointed. Dr Madgwick indicated that the Chair, the GPs, the Accountable Officer and the Chief Finance officer were on board and interviews were being held for the Hospital Consultant representative. Kate Haines questioned whether there could be two Hospital consultant representatives, one of whom would have experience of local issues. Dr Madgwick indicated that the funding of two posts would be an issue. Specialists would be invited to provide expert information at clinical summits. The clinician summit group also met every two months.
- Sam Rahmouni asked whether health nurses would be similar to district nurses who visited the elderly and was informed that some health visitors could possibly be used for this purpose.
- Kate Haines asked how the CCG would engage the public other than via Patient Participation Groups. Dr Madgwick stated that they were interested in speaking to clubs and voluntary groups. He had recently attended the health network meeting in Woodley.

- Tim Holton enquired what the biggest issue regarding being ready to go live in April 2013 would be. Members were informed that there would potentially be difficulties if those who the CCG were trying to appoint declined, or if the relationship with the Commissioning Support Organisation did not develop sufficiently. Liz Rahim reminded Members that the CCG was being developed at the same time that the PCT was being wound down.

RESOLVED That the presentation on the Wokingham Clinical Commissioning Group be noted.

20. IMPACT OF THE HEALTH AND SOCIAL CARE ACT

David Johnstone, Strategic Commissioner Health and Wellbeing (interim) provided a presentation on the impact of the Health and Social Care Act.

During the discussion of this item the following points were made:

- Demand for treatment and treatment costs across the health and social care system had been rising. There was a need for improved health and social care service in order to reduce variation in health outcomes and to provide joined up services for the benefit of patients and communities.
- The Health and Wellbeing Boards had to be in place by April 2013. They would be important organisations and would contribute to public involvement. One of their main responsibilities would be the development of a comprehensive analysis of the current and likely future social care and health requirements of the local population through Joint Strategic Needs Assessments which would feed into the Joint Health and Wellbeing Strategy (JHWS). The Health Overview and Scrutiny Committee would be responsible for scrutinising the Health and Wellbeing Board, for example questioning whether its JSNA appropriately identifies the needs of Wokingham residents.
- Shadow Health and Wellbeing Board is currently in place in Wokingham.
- David Johnstone set out the role of local authorities in public health.
- Nick Ray asked how the success of the change to the new system would be measured. David Johnstone stated that there had to a greater emphasis on healthcare provision within the community and not just hospitals, addressing long term conditions requiring support and the provision of better and more effective care. The Health and Wellbeing Strategy would detail what was planned, changes that would be bought about, expected outcomes and cost differentials. Nick Ray went on to ask when the Health and Wellbeing Strategy would be produced. Members were informed that it was likely that it would be produced by late autumn.
- In response to a question regarding measures of success David Johnstone stated that there were lots of examples at a national level. For example a report on the benefits of telecare health systems and tele-health systems with regards to using technology to monitor social needs. If applied nationally approximately £1.5billion could be saved.
- Andrew Bradley expressed concern regarding the local healthwatch and the national healthwatch. He commented that it was important that there was a good relationship between the two so that local needs were not lost.
- David Johnstone provided further detail about what it was envisaged the role of the local healthwatch would be.
- Malcolm Richards questioned how the budget for the CCG would be arrived at and was informed that there was a national formula which was not yet finalised. It was likely that different factors would have different weighting attached, for example the age of the population. Members were informed that the cost of care for those 85 and over was double that of those aged 75 and 16 times more than the average adult. Health inequalities would be looked at as part of the formula.

- In response to a question concerning local communities wishing to retain services or structures such as old hospitals that it was not value for money to retain, David Johnstone emphasised that whilst the local community needed to have a voice, some change might be necessary to long standing infrastructure. It was important to work with and to keep the community informed.
- Bed blocking and fewer hospital referrals were briefly discussed. David Johnstone commented that intermediate care services and rehabilitation services might provide an opportunity for greater efficiency.
- Tim Holton asked how the Health Overview and Scrutiny Committee could scrutinise the Health and Wellbeing Board. Members were notified that the Health Overview and Scrutiny Committee would need to consider the JSNA and ascertain whether it identified key local issues and whether the Health and Wellbeing Strategy was properly informed by and reflected the priorities within the JSNA. It was proposed that the Health Overview and Scrutiny Committee meet with the Shadow Health and Wellbeing Board.

RESOLVED That the report on the Impact of the Health and Social Care Act be noted.

21. PUBLIC HEALTH – PREVENTION AWARENESS

Janet Maxwell, Director of Public Health, NHS Berkshire West presented a report on Public Health – Prevention Awareness.

During the discussion of this item the following points were made:

- The Committee were provided with information regarding how public health had developed.
- Janet Maxwell commented that the health service could not continue indefinitely in its current model. People were living longer but also living with long term conditions which required management. Rising population numbers put pressure on both financial and natural resources.
- The role of public health mainly centred around three areas; health protection, public healthcare and the health improvement agenda. Janet Maxwell referred in particular to the health improvement agenda and the promotion of lifestyle change.
- The Director of Public Health would still be required to produce an Annual Public Health report. It was unclear at present whether a Berkshire wide report with specific different local sections would be produced or whether six different reports would be produced, focusing on each of the six areas in Berkshire.
- The Committee noted the Annual Public Health Report for Berkshire West 2010/11. The report was an independent assessment of the health of the local population and focused specifically on the major areas of ill health and mortality and the preventative work needed to address these.
- Obesity and a lack of physical activity were issues which were particularly relevant to the Wokingham area. Encouraging lifestyle change would be important.
- Nick Ray questioned whether using the Body Max Index to identify whether someone was obese or not was always helpful as some athletic people could be technically classed as obese because muscle was heavy.
- Kate Haines questioned how those who were obese but also physically disabled could be encouraged to undertake more activity. Janet Maxwell stressed this it was important to make sure that people were encouraged to make use of the opportunities they were capable of accessing.
- Ian Pittock commented that children did not necessarily attend school within the borough that they lived and questioned whether comparing data from the school census and the national census was therefore useful. Janet Maxwell stated that not all

the data was pure and that often very out of date data had to be used. The census only took place every ten years. There was limited access to ethnicity data. Any trends which were identified from the data were looked at.

- The Chairman referred to a graph detailing life expectancy at birth by ward and questioned why life expectancy for the Hawkedon ward was much lower than that for the neighbouring Hillside ward. Janet Maxwell agreed to look into this. In response to Members' question as to why certain wards were not included in the data, Janet Maxwell commented that the smaller the area the less reliable the data could become.
- The Committee were pleased to note that the Council had put in a bid to the Local Sustainable Transport Fund and would receive £20million to review and restructure the transport systems in Wokingham

RESOLVED That the report relating to Public Health – Prevention Awareness be noted.

22. JOINT STRATEGIC NEEDS ASSESSMENT

Janet Maxwell, Director of Public Health, NHS Berkshire West presented a report on the Joint Strategic Needs Assessment.

During the discussion of this item the following points were made:

- The Joint Strategic Needs Assessment (JSNA) detailed the local population, its age, gender and ethnic make up, the populations' health, life expectancy, lifestyles, patterns of illness and disease, the use of health care and social care, and how this varies between groups. Joint Strategic Needs Assessments (JSNA) brought together data from various sources such as the health services such as the health service and the Police to provide an overall picture of the health and wellbeing of the local area.
- Responsibility for the production of a JSNA currently lay with all upper tier local authorities and the local NHS Primary Care Trust (PCT). The three local authorities covered by Berkshire West PCTs currently worked together on the JSNA.
- The requirement to produce a JSNA would become the responsibility of Health and Wellbeing Boards from April 2013.
- Members noted the summary of the key findings from the JSNA which related to the Wokingham local area.

RESOLVED That the Joint Strategic Needs Assessment report be noted.

23. BERKSHIRE NON – FINANCIAL PERFORMANCE INDICATORS REPORT

The Committee considered the Berkshire Non-Financial Performance Indicators Report.

During the discussion of this item the following points were made:

- Members asked that Democratic Service produce a glossary of abbreviations to facilitate the reading of the reports.
- The Committee expressed concern that Berkshire East failed Category A response time within 8 minutes for May 2012 at 65% against a target of 75%. South Central Ambulance Service activity was up 8% in May compared to the same month the previous year. The report stated that the drop in performance could partly be attributed to the closure of the Emergency Operations Centre in Wokingham. In the medium term the move was expected to affect performance due to a loss of local knowledge as a number staff members would not be relocating. The Committee had been informed at its meeting in May that the location of the call centre would not make a difference to the service provided. The Chair commented that he would write to the South Central Ambulance Service and indicate that targets had not been met.

- It was noted that the indicator for MRSA bacteraemia was showing red. Helen MacKenzie stated that numbers had been decreasing and that reducing the number of cases was about good management. Malcolm Richards expressed concern that anti bacterial hand wash was now placed at the entrance of hospital wards and not throughout the hospital.
- Member also noted that performance regarding the time between referrals and treatment time had deteriorated. Helen MacKenzie commented that the Committee could ask the Royal Berkshire Hospital to explain this deterioration and actions being taken to improve matters for Wokingham residents.

RESOLVED That the Berkshire Non-Financial Performance Indicators Report be noted.

24. LINK UPDATE

The Committee received an update from Christine Holland in relation to the LINk.

Christine Holland informed Members that LINk had recently produced its annual report. She also informed Members that arrangements between the Council and the LINk would now be in place until 31 March 2013.

In response a Members' query Christine Holland outlined the role of LINk. Tony Lloyd also explained what was meant by Patient Participation Groups. He referred to one which had been operating for 4 years in Wargrave and which had approximately 650 members.

RESOLVED That the LINk update be noted.