

## MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 28 JULY 2015 FROM 7.00 PM TO 8.20 PM

### **Committee Members Present**

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Laura Blumenthal, Philip Houldsworth, Rachelle Shepherd-DuBey, David Sleight, Bill Soane and Alison Swaddle

### **Others Present**

Carol-Anne Bidwell, Public Health Project Officer  
Madeleine Shopland, Principal Democratic Services Officer  
Darrell Gale, Consultant in Public Health  
Dr Debbie Milligan, Wokingham Clinical Commissioning Group  
Jim Stockley, Healthwatch Wokingham  
Councillor Tim Holton

### **12. APOLOGIES**

Apologies for absence were submitted from Councillors UllaKarin Clark, Malcolm Richards and Bob Wyatt (substituted by Bill Soane).

### **13. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 3 June 2015 were confirmed as a correct record and signed by the Chairman.

### **14. DECLARATION OF INTEREST**

There were no declarations of interest made.

### **15. PUBLIC QUESTION TIME**

There were no public questions.

### **16. MEMBER QUESTION TIME**

There were no Member questions.

### **17. UPDATE ON NHS 111**

Dr Milligan of Wokingham Clinical Commissioning Group provided the Committee with an update on NHS 111. Her CCG responsibilities included NHS 111 and she was a lead for Berkshire West for the recommissioning of the service.

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

- Nationally the need to redesign Urgent and Emergency Care had been recognised. Pressures across health, social and community care were significant. A fundamental redesign was required of front door access (NHS 111, 999, Out of Hours (OOH), A&E, Community, Social Care).
- Dr Milligan outlined the vision for change:
  - people with urgent but non-life threatening needs get responsive, effective and personalised services outside of hospital;
  - people with more serious or life threatening emergency have treatment in centres with the very best expertise and facilities.
- Integrated 24 hour 7 day a week access, advice and treatment services were needed.

- The Berkshire West Vision for Urgent Care was outlined in the Berkshire West 5 Year Strategy.
- Dr Milligan took Members through the Berkshire West model of care.
- NHS 111 had started 3 years ago as a pilot and was now due to be reproced.
- Berkshire West had joined up with Berkshire East, Oxfordshire and Buckinghamshire for the procurement process.
- Dr Milligan took Members through some of the common myths relating to NHS 111;
  - *Patients wait hours to be answered* – 97% of calls were answered within 60 seconds.
  - *Callers have to wait hours for a clinical call back* – 82% of calls were closed at the first stage and of those transferred only 1% waited more than 10 minutes for a call back.
  - *Public do not know when to call NHS 111* – statistics suggested that marketing had been successful for NHS 111 as an urgent care service.
  - *NHS 111 does not refer to primary care* – nationally 67% of callers were referred to primary care or the out of hours service. 6.8% of call in Berkshire West were referred to the Emergency Department and 8% had an ambulance dispatched.
  - *NHS 111 refers people to A&E who would not have gone there otherwise* – statistics suggested that this was not the case.
  - *NHS 111 is increasing the pressure on A&E* – 79% of NHS Confederation members had said it was not a big cause of pressure on A&E.
- Some changes had been made such as increased clinician input.
- The current NHS 111 and Out of Hours landscape was complex with non-coterminous boundaries, non-aligned 111 and OOH contracts, non-aligned with ambulance and other services and non-aligned performance and incentives. NHS England had confirmed in early July that closer integration of NHS 111 and OOH would be required.
- Following a formal announcement at the National Conference in May, the direction of travel and procurement for NHS 111 and OOH services were paused until after September 2015. Revised commissioning standards and supporting procurement advice for integrated services were due in September.
- The OOH service would be aligned with the NHS 111 service and a specification for the OOH service considered. There would be a move towards a 24 hour 7 day integrated model.
- Councillor Miall asked about peak call times and was informed that the NHS 111 provider, South Central Ambulance Service, had considerable experience of modelling for peak times and staff numbers were planned accordingly. Nationally there had been a 40% increase in calls to NHS 111 between Christmas and New Year.
- In response to a Member question regarding staff ratios, the Committee was informed that the ratio was four call handlers to one clinician (nurse or paramedic). There were also floor walkers who could offer support to less experienced call handlers if required.
- Councillor Miall referred to a recent undercover investigation of the 111 service by a Daily Telegraph journalist. Members were assured that an internal investigation was being carried out.
- Members questioned what difference NHS 111 had made. Dr Milligan commented that GPs were seeing fewer urgent cases and those who could be dealt with via other means such as pharmacy.

**RESOLVED:** That Dr Milligan be thanked for her presentation.

## **18. SEXUAL HEALTH SERVICES RECOMMISSIONING**

The Committee received a report and presentation on the recommissioning of sexual health services.

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

- Mandated services provided by Public Health included:
  - NHS Health Check;
  - Sexual Health (STI testing and treatment);
  - Sexual Health (Contraception);
  - Protection;
  - Public Health advice to Clinical Commissioning Group;
  - National Child Measurement Programme.
- From October Public Health responsibilities would increase further.
- The Public Health budget for 2014/15 was £4,223,000. 36% of this had been spent on sexual health services, including non-mandated prevention.
- A total of £1,315,000 had been spent on sexual health services in 2014/15 (mandated STI testing and treatment £862,000 and mandated contraception £317,000).
- Under the Venereal Diseases Act 1974, patients could access any sexual health clinic in the UK regardless of area of residence and could do so anonymously. The provider Trusts, if given sufficient information by the patient, could then invoice the local authority of resident of the patient. The Council had received invoices from some 37 providers or Trusts across the country and in 2014/15 had paid a total of £39,748 for such out of area sexual health services.
- The East Berkshire service at the Garden Clinic in Slough had cost the Council £41,720 and the West Berkshire service at the Florey Clinic has cost £735,610. Neighbouring providers under contract had cost £26,580 and primary care services in Wokingham had cost £130,542.
- It was important that sexual health commissioners were aware of cultural changes and outbreaks of different infections. Cultural changes and increased use of social media to make sexual connections had an impact on the type of service provision required. The Committee was provided with statistics regarding the number of people in the Borough that day seeking sex online. Members were also informed that there had been a recent increase in the number of people diagnosed with syphilis in the Berkshire area and that Public Health had co-ordinated a campaign to address this.
- Some sexual health services such as HIV treatment and termination of pregnancy services were not the commissioning responsibility of Public Health and as such had not been included in the process. Nevertheless, in order to provide a virtual integrated service for residents, joined-up sexual health provision required close collaboration between the Council and the providers and commissioners of these services.
- Chlamydia screening had also been excluded from the tender process because Berkshire Healthcare Foundation Trust, who ran the service in the East of Berkshire as well as the West under two separate contracts, had agreed to introduce Dual Testing for Chlamydia and Gonorrhoea throughout the county at no extra cost within the current financial year.
- Local stakeholder events were held across Berkshire in January and February 2014 to feedback the findings of the sexual health needs assessment. The stakeholder

events helped to determine local priorities and services and the outcomes fed into the service specification.

- Recommendations from the Sexual Health Needs Assessment had included:
  - Central web based information resource on services in Berkshire;
  - Integration and closer working between services;
  - Maintenance of integration between HIV and sexual health services;
  - Strategic approach to the provision of services;
  - Improved access and its challenges.
- Reprourement discussions had revealed that different approaches were required in East and West Berkshire. Bracknell and Slough had agreed to remain with their current provider, Berkshire Healthcare NHS Foundation Trust. The Royal Borough of Windsor and Maidenhead had felt that they should test the market to consider their options and had agreed to enter into the tendering process in partnership with the West of Berkshire councils. However, after tenders were received; they decided to pull out of the procurement exercise. The Berkshire West councils had written a service specification and financial specification had been defined.
- The current provider Royal Berkshire Hospital Foundation Trust had been awarded a new three year contract, which had come into effect from 1 April 2015.
- A new IT platform and website was being developed across Berkshire which would provide information for residents and bring together all sexual health related services, including advice on child sexual exploitation, as a one stop shop.
- The Gauge Clinic, a walk in clinic specifically for men who had sex with men, had been developed.
- The Consultant in Public Health took Members through the savings that the new contract was estimated to bring about. It was anticipated that £196,000 would be saved each year for the three years of the contract. There was potential for additional savings in all years, although there was also a £20,000 risk in Year 1.
- Councillor Miall asked if there were links between the sexual health services and other services. The Consultant in Public Health commented that there were strong links between the sexual health services and other services such as those relating to drugs and alcohol.
- Information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments, was requested to give the Committee a clearer picture of local service users and the different infections and treatment.

**RESOLVED:** That

- 1) the process and outcomes of the re-procurement and recommissioning process be considered and that Members be aware of the rationale for the re-tendering, benefits achieved and reduction in overall costs.
- 2) Public Health be requested provide information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments.

## **19. HEALTHWATCH UPDATE**

Members received an update on the work of Healthwatch Wokingham Borough.

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

- Jim Stockley reminded Members of staffing levels within Healthwatch Wokingham Borough. There were also approximately 40 volunteers.
- Members were informed that as a result of a deaf blind champion walkabout at Wokingham Medical Centre a number of changes made to make it more accessible. A local sight impaired resident had met at the Citizens Advice with Healthwatch, SEAP (Support, Empower, Advocate, Promise) and a CAB representative to discuss access issues the resident was facing at their local GP practice.
- Healthwatch Wokingham Borough had introduced Twyford Village Partnership to the CCG Better Care Fund “Neighbourhood Cluster” project manager and they were willing to be a pilot site.
- There had been an excellent response to the young people’s emotional health survey which had been undertaken at St Crispin’s School. The results had been fed back to the service providers to inform challenges. Healthwatch Wokingham Borough had presented its findings back to the school. Members were referred to an animation on Healthwatch’s website which outlined the results. Healthwatch Wokingham Borough was working with the Deputy Headteacher to introduce a ‘Secret to Happiness’ workshop which would look at matters such as coping strategies. Three other schools had approached Healthwatch Wokingham Borough with a view to undertaking similar work. Councillor Haines questioned whether other schools would be encouraged to participate and was informed that this was possible.
- Healthwatch Wokingham Borough was looking for young people to help develop a wellbeing app.
- Jim Stockley informed the Committee that the volunteer driver project was progressing and that a blog and video inside a volunteer’s car was being created to highlight the challenges that they faced.
- Councillor Haines asked whether Healthwatch Wokingham Borough had received any feedback, particularly from residents with mobility, sight or hearing issues, on Reading Borough Council turning off some traffic light controlled crossings. Jim Stockley indicated that they had not. Darrell Gale indicated that the Council was planning changes to Wokingham town centre in conjunction with the Town Council, to ensure a better designed area for all. Two events would be held in September, one on a market day and one on a non-market day and those with mobility, sight or hearing issues would be invited to walk around and identify any issues. This invitation was also extended to Healthwatch Wokingham Borough.

**RESOLVED:** That the update on the work of Healthwatch Wokingham Borough be noted and Jim Stockley thanked for his presentation.

## **20. WORK PROGRAMME 2015/16**

The Committee considered the Work Programme 215/16.

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

- At the meeting of the Overview and Scrutiny Management Committee it had been proposed that the Health Overview and Scrutiny Committee receive an update from the Executive Member for Health and Wellbeing on his area, including performance. Members requested that Councillor McGhee-Sumner be invited to provide an update on his area, including the impact of the delay of the second phase of the Care Act, at the September meeting.
- It was suggested that the Council’s representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust – Board of

Governors, Councillor Pitts, be invited to the Committee's September meeting to provide an update on his role and share information where appropriate. Contact between the Committee and the Council's representatives on the Trusts had in the past been minimal and there was a potential for information sharing.

- It was proposed that the Committee receive updates on the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy (HWBS), the development of which were key responsibilities of the Health and Wellbeing Board, to assist in its holding of the Board to account. It was agreed to programme an update on the JSNA for the September meeting and an update on the HWBS for the Committee's January meeting.

**RESOLVED:** That amendments be made to the Work Programme 2015/16 as detailed above.