

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 23 MARCH 2016 FROM 7.00 PM TO 9.25 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Laura Blumenthal, UllaKarin Clark, Malcolm Richards, Rachelle Shepherd-DuBey, David Sleight and Alison Swaddle

Others Present

Nicola Strudley, Healthwatch Wokingham
Julian McGhee-Sumner, Chairman of Health and Wellbeing Board
Madeleine Shopland, Principal Democratic Services Officer
Darrell Gale, Consultant in Public Health

55. APOLOGIES

Apologies for absence were submitted from Councillors Kate Haines and Bob Wyatt and Jim Stockley, Healthwatch Wokingham Borough.

56. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 26 January 2016 were confirmed as a correct record and signed by the Chairman.

57. DECLARATION OF INTEREST

There were no declarations of interest received.

58. PUBLIC QUESTION TIME

There were no public questions received.

59. MEMBER QUESTION TIME

There were no Member questions received.

60. UPDATE FROM HEALTH AND WELLBEING BOARD

Councillor McGhee-Sumner, Chairman of the Health and Wellbeing Board provided an update on the work of the Health and Wellbeing Board since the Committee last received an update in September 2015.

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

- The Health and Wellbeing Board had participated in a Local Government Association Health and Wellbeing Board Peer Review in March 2016. The review had comprised three Health and Wellbeing Boards: Wokingham, Reading and West Berkshire. It was the first time a multi-Board review had been carried out.
- The Board was awaiting the final report of the Peer Review. The outcome of the report would influence a review and refresh of the Board's terms of reference and a refresh of the Wokingham Health and Wellbeing Strategy. Verbal feedback received had highlighted the need for better communication with the public, a lack of dedicated resource and that the Board had a good focus on prevention. There would be a greater emphasis on cross border work going forward.
- Councillor Miall asked when the Board would be updated on the National Information Board – Local Digital Roadmap and was informed that this was scheduled for the June meeting. He also asked when progress would be made against the Ofsted recommendations relevant to the Health and Wellbeing Board

and was informed that the Board would be discussing this matter at a future meeting.

- Councillor McGhee-Sumner explained what the Urgent and Emergency Care review entailed.
- Members asked whether mental health patients could also access the Step Up Step Down beds and were informed that the route patients took depended on their diagnosis.
- Councillor Blumenthal commented that there had been stories in the media regarding carers not being paid for their travel time to appointments. She questioned whether this was an issue in Wokingham. Councillor McGhee-Sumner indicated that Optalis paid carers for travel time to appointments.
- In response to a question from Councillor Richards, Councillor McGhee-Sumner commented that if Optalis were aware that carers would be absent, for holidays for example, they could plan cover. Agency staff were only used as and when required.

RESOLVED: That the report on the work of the Health and Wellbeing Board be considered.

61. PUBLIC HEALTH GRANT

Darrell Gale, Consultant in Public Health updated Members on the Public Health Grant.

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

- Darrell Gale outlined the mandated services that Public Health offered.
- Public Health had set a fully committed budget for 2015/16, including investment across council services supporting public health outcomes of £751,200, and commitment to commissioned services including the recommissioning of stop smoking services.
- In July 2015 an in-year cut to the national public health grant of £200million had been announced. A cross-cutting 6.2% reduction to each council's public health grant was made, with this being taken as a reduction in the Quarter 4 grant. For Wokingham this had equated to a saving of £319,000 needing to be found.
 - £57,000 – within Public Health – staffing, training, projects and marketing;
 - £15,000 – within Sport's Department – projects and casual staff;
 - £67,000 – other Council departments (including Beat the Streets);
 - £56,000 – decommissioned services – small legacy projects;
 - £64,000 – Drugs and Alcohol Services – based on previous underspend;
 - £60,000 – Local Enhanced Services (GP and Pharmacy) – based on in year estimates.
- Corporate savings for 2015/16 had totalled £202,000:
 - Cancellation of planned stop smoking service expansion;
 - Reprourement of GUM and sexual health services;
 - Physical activity and prevention services provided by Sports Development;
 - Internal efficiencies and recruitment freeze.
- Members were informed of the challenges for 2016/17. The budget was not yet completely confirmed. It was noted that the 6.2% cut had been made permanent. In addition the Autumn statement had made a further 2.5% cuts. In total the 2016/17 Public Health grant to Wokingham Borough Council had been cut by £419,000 from the expected position, to £5,634,000. The Council's ongoing financial position remained difficult whilst there was an ongoing challenge across local government and the NHS to increase preventative activities.

- The Health Improvement Officer post had been removed. It was anticipated that £82,000 would be saved from the joint agreement, including the decommissioning of some services. £70,500 would be saved from legacy services. It was noted that funding for chlamydia screening and oral health promotion had reduced.
- The Council had one of the lowest spends on public health per head of population in England at £32. Darrell Gale explained how this figure was calculated. The Committee asked how Wokingham compared with other Berkshire authorities and were informed that it had one of the lowest spends on public health per head of population.
- Members were notified that any further cuts would require major change. Consideration would have to be given to decommissioning services and there would be potential for Public Health not to be able to provide or commission mandated services. This would have an effect on Public Health outcomes.
- Councillor Richards asked how there had previously been an underspend in the Drugs and Alcohol Services. Darrell Gale indicated that options for services included residential treatment. However, this element had not been taken up by service users.
- The Committee discussed smoking cessation. It was noted that those who solely vaped were not counted as smokers. Councillor Shepherd-DuBey questioned whether information on smoking could be sought from GPs and was informed that not all GPs would have a complete picture of smoking prevalence amongst their patients.
- Councillor Shepherd-DuBey also asked about how more information could be collated regarding alcoholism. Darrell Gale indicated that there was a low rate of problem drinking within the Borough. Information could be gathered informally via routes such as GPs and social workers.
- With regards to the nationally set chlamydia testing target, Darrell Gale commented that it was based on national and not local prevalence. There was not the level of chlamydia within the local population.
- In response to a question from Nicola Strudley regarding an increase in suicides and a number of these cases having links to substance abuse, Darrell Gale emphasised that a Dual Diagnosis Worker was funded with Berkshire Healthcare NHS Foundation Trust.
- With regards to the removal of the sexual health information service from schools, the Sexual Health Needs Assessment had shown that many young people wanted to access services online.
- There was little discretionary funding available. Nevertheless, some anxiety workshops for children and parents were being funded.
- In response to a question from Councillor Blumenthal regarding the use of consultants, Darrell Gale responded that they had been used for work regarding GP provision in the Strategic Development Locations and nutrition work. A locum consultant had also undertaken work on liver services and long term conditions. There was no forthcoming work where a skills or knowledge gap would require the use of consultants. Specialist Registrars, Interns and GP trainees on attachments could also be used for specific pieces of work if required.

RESOLVED: That the contents of the paper be considered and support to the public health department to make the best use of the ring-fenced public health grant within the context of the corporate financial position, and the reductions in public health grant to 2020, be continued.

62. HEALTHWATCH UPDATE

The Committee received an update on the work of Healthwatch Wokingham Borough.

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

- Nicola Strudley took the Committee through two impact stories.
- Members were informed that Nicola had given a keynote speech on the CAMHS Transformation Plan at the Reach AGM in March which had been attended by over 30 parents.
- Members were informed that the Health Question Time with John Redwood held on 4 March had been very successful. Lots of questions had been asked around access to GPs and how Developers' money was spent by the CCG, as well as support for those with Learning Disabilities once they left full time education. A request had been received for a second Question Time involving the Council and the CCG.
- The Committee considered Healthwatch Wokingham Borough's Work Plan for 2016-17. Healthwatch's new website would be launched next month and new mystery shopper leaflets were being produced. The annual report was being developed.
- Healthwatch Wokingham Borough had signed up to be part of the National Citizen Service Scheme.
- The Committee was informed that Healthwatch Wokingham Borough would be supporting NHS England on two pieces of work regarding dental care; the take up orthodontic services and changes to access for out of hours and emergency dental treatment in Berkshire. Nicola Strudley agreed to feed back to Members what the fee structure for such treatment was.
- Healthwatch Wokingham Borough had published a report on the implementation of the Care Act. Members were disappointed to note that it had showed that some carers were reluctant to speak out and that those that did had a low awareness of the Care Act and felt that it made virtually no difference to their lives.
- In response to a question from Councillor Blumenthal regarding trends, Nicola Strudley commented that CAHMS waiting times and access to GP services were common enquiries.
- People were also beginning to ask about the population growth which the development of the Strategic Development Locations would bring, and the impact that this would have on the provision of health services. Councillor Clark asked who was responsible for informing the public about this matter. Darrell Gale indicated that from April the CCG would be responsible for commissioning primary care. The CCG was currently working on a Primary Care Strategy and an Estates Strategy. NHS England provided separate funding for estates. In future there would be a strategic move toward practices of approximately 30,000 patients.

RESOLVED: That Healthwatch Wokingham Borough be thanked for their presentation.

63. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT MARCH 2016

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report March 2016.

It was proposed that representatives from the NHS Wokingham Clinical Commissioning Group and the Royal Berkshire Hospital NHS Foundation Trust be invited to further explain the performance indicators at a future meeting.

A number of comments were made regarding mental health information available.

RESOLVED: That the Wokingham Clinical Commissioning Group Performance Outcomes Report March 2016 be noted.

64. EXCLUSION OF THE PUBLIC

RESOLVED: That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act as appropriate.

65. SUICIDE PREVENTION

The Committee received an update on suicide prevention from Darrell Gale, Consultant in Public Health.

RESOLVED: That Darrell Gale be thanked for his presentation.

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