

**HEALTH OVERVIEW AND SCRUTINY PANEL
7 JANUARY 2014
7.30 - 9.45 PM**



Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Baily, Finch, Mrs Temperton, Thompson, Ms Wilson and Heydon (Substitute)

Apologies for absence were received from:

Councillors Mrs Angell

Also Present:

Councillor Birch, Executive Member for Adult Social Care, Health & Housing
Richard Beaumont, Head of Overview and Scrutiny
Glyn Jones, Director Adult Social Care, Health & Housing
Lisa McNally, Public Health Consultant

30. Minutes and Matters Arising

The minutes of the Panel held on 3 October 2013 were approved as a correct record and signed by the Chairman.

Matters Arising

Actions Taken:

The Head of Overview and Scrutiny reported that a special meeting of the Health O&S Panel had now been arranged on 4 February 2014 to meet with representatives from Heatherwood and Wexham Park Trust to discuss progress with their action plan following the critical inspection report from the Care Quality Commission (CQC).

The Chairman reported that the latest CQC report concerning the Trust would be available online at midnight on 7 January 2014 on the CQC's website.

31. Declarations of Interest and Party Whip

There were no declarations of interest.

32. Urgent Items of Business

There were no urgent items of business.

33. Public Participation

There were no submissions from members of the public.

34. Departmental Performance

The Director of Adult Social Care, Health & Housing (ASCH&H) delivered a presentation and made the following points about quarter 3:

- The Public Health structure was now fully recruited. The Joint Strategic Needs Assessment (JSNA) had been redesigned and the Public Health Survey was on schedule.
- Health improvement services (eg, Health Checks, Smoking, Flu jab uptake) were performing well.
- A new weight management service was in place, improving access to this service.
- Large scale promotional campaigns delivered (Stoptober and DrinkAware)

In addition, the Public Health Consultant stated:

- Efforts had been made to reduce avoidable/preventable health conditions; there had been roadshows across the borough for Stoptober. A great deal of high profile work had also been undertaken around alcohol.

The Executive Member for (ASCH&H) reported that the efficacy rate of the flu vaccine was high and that this was a nationally mandated vaccine and that uptake should be widely encouraged particularly for vulnerable groups.

The Chairman stated that ward councillors would be able to see issues emerging in their wards from the online JSNA. There would also be a full narrative alongside the data. This information would be available online from the end of February 2014. It would act as a data repository not just for health issues but also the wider determinants of health.

The Public Health Consultant reported that neighbouring local authorities were now interested in replicating the model used by Bracknell Forest. She also reported that the Health & Wellbeing Strategy would shape the priorities of the JSNA. A summary document highlighting key priorities would be produced.

The Chairman asked if the Panel could propose priorities based on the data produced.

The Executive Member ASCH&H stated that this would be possible as the localised data would allow local input into developing priorities.

The Panel asked what would happen now this data was available.

The Public Health Consultant stated that depending on what issues emerged a cost effective means of tackling these would be identified. This would include social outcomes, such as loneliness and isolation. There would also be an opportunity to engage local communities in their own services.

The Panel understood that dementia was emerging as a significantly prevalent condition in the borough, was this the case?

The Public Health Consultant stated that this was the case and that more work was being done to identify dementia as it was clear that a dementia diagnosis gap existed. A similar situation existed for depression.

The Chairman queried whether there was enough funding available for the Alcohol Strategy?

The Director ASCH&H reported that funding for substance misuse had moved around to an extent, payment by results had allowed the Council to drive the agenda. In terms of outcomes, the work in this area had directly impacted A&E, particularly on Friday and Saturday nights.

The Chairman asked for further detail around how the Health & Wellbeing Board would be involved in decommissioning?

The Executive Member ASCH&H stated that the Board would work jointly to make these decisions and any decisions around commissioning differently based on the data.

The Panel asked about the evidence as to whether those that had given up smoking, as part of the smoking cessation work, had maintained this?

The Public Health Consultant stated that the team followed up individuals after three months. On average, people took three to four attempts to stop smoking. 65% got to one month and between 10-15% got to 12 months. Evidence showed that those that reached 12 months stood a very strong chance of stopping smoking permanently. She stated that smoking cessation led to huge savings for the NHS.

The Panel asked about hip fractures and understood that there was a higher incidence if there was an individual fell on a concrete floor.

The Public Health Consultant stated that falls prevention work needed expanding and work would be undertaken to assess people in their homes and to spot accidents waiting to happen.

The Panel asked about the procurement plan for sexual health services which was due to be published in January 2014.

The Public Health Consultant stated that sexual health services would be reviewed over the course of the year and it was hoped that a contract could be awarded in November 2014. A wide ranging consultation would take place on this including the Panel, young people and healthcare practitioners. It was hoped that an improved reconfiguration of services could be achieved that were cost effective. Out of area sexual health provision would also be considered.

The Director ASCH&H added that two ways of delivering services in this area had been inherited from the former PCT and the six Berkshire authorities. There existed the potential to improve services; Chlamydia remained a major challenge locally and nationally. It was also known that STD's among older people was rising as a result of divorces and separations in later life.

35. Integration of Health and Social Care

The Executive Member ASCH&H reported that following the publication of the Care Bill, the Government announced in, 'Integrated Care and Support: Our Shared Commitment', that local areas must develop integrated health and social care services over the next five years.

He reported that integration at the Government level was also required and that he had raised this with the Secretary of State for Health. The Council would need to consider how it could integrate its services more to reduce duplication and inefficiency. A culture change would be critical and there would need to be an integration of cultures. The timescale to develop this mandatory work was tight.

The Chairman expressed concern that this work appeared to have been hurried and expressed concerns about funding and other complexities.

The Director reported that this was a Government sponsored mandatory initiative and as a result timescales had been imposed. This would be the most significant piece of work that the Council was currently undertaking, aside from the regeneration of the town centre.

The Council would need to respond to Government timescales and submit their Integration Plan by 15 February 2014. The Council had a strong history of working closely with colleagues in the provider services and the clinical commissioning group (CCG) and would build on this. Some integrated work was already underway, for example, the integration teams that worked with people with complex needs. This work was now paying dividends.

Government guidance on this area had now been issued; the Integration Plan would need to be signed off by the CCG, the Council's Executive and the Health & Wellbeing Board. The Plan would be a high level plan and detail would be added at a later stage.

£6.1m would be allocated to the Bracknell and Ascot CCG, some of this would be existed funding that would be rebadged. It was clear that a measure of success of integration work would be to reduce hospital admissions and to provide seven day services.

A task force had been established to develop an Integration Plan and all partners were committed to this work. It was anticipated that the Integration Plan would be implemented in 2015-16. The detailed planning of this work would involve all key stakeholders.

The Panel queried how performance targets would be set?

The Director stated that this was as yet unknown; however performance indicators would be the same for all local authorities and partners would be striving continually to enhance and add value to services.

The Panel queries the extent to which the I.T systems of the Council and NHS partners could be integrated?

The Director stated that the Council's current system was capable of using NHS numbers and this would be explored, however there would be other challenges with some I.T systems.

The Chairman queried if the South Central Ambulance Service was part of the integration plans?

The Executive Member stated that this was yet to be considered.

The Panel queried the Care Cap?

The Director stated that this prevented individuals from having to sell their homes in order to pay for their care.

The Panel queried why the task force did not include Members?

The Director reported that the task force would report to the Health & Wellbeing Board and the Executive and as a result member input would be sought in this way. The Integration Plan would need to be signed off by the Health & Wellbeing Board, the Council's Executive and the CCG.

The Executive Member reported that engagement would be sought in the finer detail of this work and that members would have an opportunity to comment on the Integration Plan at Portfolio Review Groups.

36. 2014/15 Draft Budget Proposals

The Director ASCH&H reported that the Public Health budget was ring fenced and that he would be reporting regularly to the Panel on spend of this funding.

The Panel asked the Director what his greatest concern was about this budget.
The Director stated that his greatest concern was that these services were demand led, much like Social Care or Housing. As a result while forecasts could be put forward, the actual numbers requiring services was always an unknown. It was always a challenge to manage this within budget.

The Executive Member ASCH&H reported that data was improving allowing predictive analysis to be more robust and information around efficacy and commissioning also played a role.

The Chairman asked if accounting systems were robust.
The Director confirmed that they were. A Finance and Contracting Group acted as consultants for each of the six unitary authorities and played a role in bringing contracts together where this was cost efficient and desirable.

The Panel queried the provider that was being used for the weight management scheme?
The Consultant for Public Health reported that they used Slimming World and used a holistic approach, for example, smoking cessation could link into weight management work.

The Chairman thanked officers and the Executive Member for their input and asked that the Panel receive regular updates of this work.

37. **Applying the Lessons of the Francis Report for Health Overview and Scrutiny**

The Lead Member for the Working Group, Councillor Mrs McCracken thanked the Head of Overview and Scrutiny for his dedication and hard work and for all the support he had given the working group. She also thanked the Director of Adult Social Care, Health & Housing (ASCH&H) and the Executive Member ASCH&H.

She reported that the review was not convened through any concerns that the Council's arrangements were in any way lacking but rather to determine whether there were areas where O&S practices could be enhanced in light of the Francis report and recommendations.

The review highlighted that Members needed to take an active role in Health O&S in order to be fully aware of and challenge when necessary, any changes that occur in the NHS and its agencies.

The Chairman thanked the Lead Member and the Working Group for their thorough work on this. It was clear that if Members were to get into the heart of statistics and areas of the NHS they would need to lead on specific areas of health. It was agreed that the following Members would lead in the following areas:

- (i) Hospitals, Cllrs Virgo and Kensall
- (ii) Mental Health & Ambulance Service, Cllrs Baily, Mrs McCracken, Finch (re dementia) and Virgo
- (iii) Primary Care, to include the CCG, GPs, Dentists, Opticians and Pharmacists - Cllrs Mrs McCracken and Mrs Angell
- (iv) Public Health, Health and Wellbeing Board, and Local Healthwatch - Cllrs Mrs Temperton, Thompson and Ms Wilson (re Health and Wellbeing Board)

The Panel agreed that they were all committed to this work and if the right effort was made, real changes could be achieved. The Executive Member felt strongly that whilst there was apathy among the members at Mid Staffs, this was simply not the case at Bracknell Forest; members were passionate and demanded excellent services.

The Panel adopted the Working Group's report, noting that the Overview and Scrutiny Commission were being asked to consider how the necessary officer resources were to be provided to implement the recommendations and decided to stand down the Working Group.

38. The Patients' Experience

The Panel noted that the friends and family test scores had been a valuable key indicator yet had been removed from the NHS Choices website. The Chairman agreed to investigate whether this information was still accessible and report back to the Panel.

39. Working Group Update and 2014/15 Work Programme

The Panel noted the progress achieved to date by the Panel's working groups.

The Head of Overview and Scrutiny reported that he was in the process of gathering views of each directorate on the draft future work programme of each O&S Panel. Draft work programmes would then be submitted to the Overview and Scrutiny Commission to agree.

The Chairman regarded the current plan to review the Brants Bridge facility as being too early. The Panel considered that final proposals should derive from specialist member activity in due course, but possible future review topics might include:

- Mental Health
- Sexual Health
- The agenda of the Health & Wellbeing Board
- Alzheimer's
- The Joint Strategic Needs Assessment

The Chairman suggested that Members be given more time to consider this further and report back to the Head of Overview and Scrutiny.

40. Executive Key and Non-Key Decisions

The Panel noted Executive Key and Non-Key decisions relating to health.

41. Overview and Scrutiny Bi-Annual Progress Report

The Panel noted the bi-annual progress report of the Assistant Chief Executive.

42. Date of Next Meeting

4 February 2014 (special meeting)

CHAIRMAN