

**HEALTH OVERVIEW AND SCRUTINY PANEL
14 JANUARY 2016
7.35 - 9.25 PM**



Present:

Councillors Phillips (Chairman), Mrs McCracken (Vice-Chairman), G Birch, Hill, Mrs Mattick, Mrs Temperton, Thompson and Virgo

Co-opted Member:

Dr David Norman

Executive Members:

Councillors D Birch

Also Present:

Councillors McCracken and Peacey
Richard Beaumont, Head of Overview & Scrutiny
Lisa McNally, Consultant in Public Health
John Nawrockyi, Interim Director of Adult Social Care, Health and Housing

29. Apologies for Absence/Substitute Members

The Panel noted apologies from Mark Sanders, Healthwatch.

30. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 1 October 2015 be approved as a correct record and signed by the Chairman, subject to the following amendments:

At the start of Minute 26, add the line 'The Chair thanked all members for their feedback and work in their specialist areas.'

31. Declarations of Interest and Party Whip

There were no declarations of interest nor any indications that Members would be participating whilst under the party whip.

32. Urgent Items of Business

There were no urgent items of business.

33. Public Participation

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

34. **Public Health**

Lisa McNally, Consultant in Public Health, gave apologies for Lise Llewellyn, Strategic Director of Public Health who was unable to attend the meeting.

Lisa gave a presentation on the two main priorities for Public Health in Bracknell Forest:

- To promote active and healthy lifestyles
- To work towards mental well-being in children and adults

In order to promote active and health lifestyles, the Public Health team had launched the Year of Self Care. The Year of Self Care used the same ideas and branding as the annual national Self Care week, but extended the Self Care focus across 2016. The Self Care Foundation were in support of the Year of Self Care, and were particularly interested as it was the first scheme to span the whole year. A key driver of the Year of Self Care was its ability to connect and unite Public Health work which residents saw as disparate.

Between February and November, each month had a different health related theme and focus, including Mental Wellbeing, Learning and Volunteering, Quit Smoking and Children and Families. The themes had a direct, evidence based link to Health and Wellbeing, but were intentionally non-clinical in their approach. January was a launch month, and December would be a time of recognition, reflection and celebration.

The Public Health team were keen to involve local businesses and other community assets. Some business owners had already expressed an interest.

It was hoped that through the Year of Self Care, Bracknell Forest would become known for Health and Wellbeing.

In order to address mental wellbeing in the borough, Lisa explained that there were different focusses for children and for adults. For children, the two priorities were:

- to provide early help and support
- to reduce stigma and discrimination

The Public Health team had been involved in the development of the CAMHS transformation strategy to get early help and support for young people. Until stigma had been dispelled around young people's mental health, young people would not take up early help or express a concern.

The Time to Change campaign was a programme developed by Public Health and the Youth Council to be used with young people in schools, youth services, young carer groups and youth offending services. The scheme was made up of workshops and presentations designed to raise awareness of mental health issues and reject the stigma around mental health issues as outdated. The campaign also encouraged parents to discuss mental health with their children.

In primary schools the Time to Change campaign would use animations and storytelling to convey the importance of discussing emotions and feelings. In secondary schools, the campaign would directly address the stigma surrounding mental health. All sessions would be lead by mental health professionals.

For adults, the two priorities in order to improve mental wellbeing were:

- to improve physical health
- to reduce social isolation

Lisa informed the panel of the mortality gap of 7-15 years between adults who do not have mental health issues, and those who do. To combat mental health issues, the Public Health team were working with a number of agencies including Sport in Mind, Involve, SmokeFreeLife Berkshire and the Berkshire Health Foundation Trust.

The social isolation work had already begun, and the video developed by the Public Health team to highlight the problems with social isolation was to be shown at the Local Government Association Conference.

The Chairman thanked Lisa McNally for her presentation.

Arising from the panel's questions, the following points were noted:

- The success of the Year of Self Care would be measured by the success of its component parts, and also by the number of new partners and amount of community engagement generated. An end of year report would be produced.
- Non-traditional forms of exercise such as the Green Gym and Walking Football would be promoted alongside traditional activity such as the half marathon and Parkrun.
- The Public Health team was particularly looking to promote non-traditional activities for teenage girls, such as dancing and drumming.
- Sexual health campaigns had focussed too much on chlamydia screening, rather than on preventative and behavioural change work. This would change in the future.
- Uptake of the MMR vaccine had increased this year, but more could still be done to encourage parents to promote the vaccine to friends. A leaflet had gone out with the schools admissions information this year.
- The Executive Member was keen to ensure that the Self Care programme was not seen as solely a Council initiative, instead it needed to be widely owned by the community.
- The mental health workshops did not include a mention of meditation, although this was an omission and a useful suggestion. A course on mindfulness for council staff had attracted 50 people and been very successful.
- Lisa undertook to provide details of the take-up of anti-cancer treatments by young people
- Patients' compliance, in terms of taking their prescribed medicine, was sometimes poor, particularly with mental health patients. Lisa had approached the CCG for sponsorship to put costs on medicine bags as a low cost intervention to encourage compliance. It was commented that West Berkshire council had already done this, and that the panel had previously approached the CCG on this issue and been declined. It was agreed that Members and Lisa should be given a copy of this correspondence.
- Mindfulness sessions had been used successfully, and Lisa would consider Members' suggestion to use meditation.
- The Public Health team had been commissioned to produce the Time to Change campaign across the Berkshire local authorities, and was generating income by doing so.
- The Time to Change campaign could be reworded to include more positive language, as the word 'stigma' could produce stigma in itself.
- The aim of the Time to Change campaign was to demystify mental health issues rather than glamorise them. Behavioural change work was difficult and complex.

The Chair commented that she was encouraged by linear thinking becoming lateral and non-traditional, and by the target driven but embracing attitude around Public Health. John Nawrockyi, Director of Adult Social Care, Health and Housing commented that he and the Clinical Commissioning Group were very enthusiastic about the Year of Self Care campaign.

35. 2016/17 Budget Scrutiny

The Panel received and considered a report providing information regarding the Draft Budget Proposals 2016/17.

The Director commented that the key things to consider from the budget were:

- the Public Health budget reduction from the Department of Health
- The Council taking on public health responsibilities for 0-5 year olds
- the creation of a 0-19 year old Public Health service
- use of the surplus to support Social Care services

Arising from a question regarding service changes due to budget reduction, the Director confirmed that some services would operate differently to become more cost-effective. The Public Health team had been constructed so that many services could be done in house. Some Public Health services, such as Chlamydia Screening, had been expensive and it was believed that there were more cost-effective ways to promote Sexual Health.

There would be income generation from the Time for Change commission across Berkshire, and savings were being made by encouraging community assets to run Health and Wellbeing events for themselves. Lisa McNally reassured the panel that she was not concerned by the budget cuts.

36. The Patients' Experience

The Panel received and noted a report on the Patients' Experience, which included current information regarding patient surveys and feedback.

The Director highlighted that Section 1, questions 7, 11, 19 and 22 which were all about staffing, communication and medical responsibility had scored lower than the questions around clinical intervention. This highlighted the duty of the Care Act for intervention and advocacy.

It was commented that Section 8 of the Survey of people who use community mental health services 2015 demonstrated poor communication within mental health services. It was hoped that in the future, people would understand the choices and options available to them better.

It was reported that there had been an informative CQC inspection in mid-February into these services. The Panel suggested that Julian Emms, Chief Executive of Berkshire Healthcare Foundation Trust could be invited to expand on the inspection results.

37. Departmental Performance

The Panel received and noted the Quarterly Service Report for Adult Social Care, Health and Housing for Quarter 2, 2015-16.

The Director drew attention to the mention of delayed discharge on page 4 of the report, and acknowledged that the delayed transfer of care was a concern. Delayed

transfers could occur due to a delay in treatment, a delay in choice of nursing home to which patients are entitled, or a delay in the provision of domiciliary care. The year 2014/15 had been a challenging year for bed occupancy and referrals to local authorities, and the Director had met with Andrew Morris, Chief Executive of Frimley Health Foundation Trust in the summer to discuss what could be done. As a result of developed domiciliary care, in November and December 2015 there had been no delayed transfers which was celebrated. The Director highlighted that while in September there was a red icon for delayed transfers, the situation was now very different. Looking ahead, there would be challenges arising from growing demand and reducing funding.

There had been a £1 billion investment from the government into Mental Health services and re-arranging the care pathway. An important development was giving parity of esteem for mental and physical health. In Bracknell Forest, there was a focus on Dementia with the recruitment of a Dementia co-ordinator. The co-ordinator was working with GPs and underpinning the Dementia Action Alliance. The Mental Health team was also focussing on enhancing the service provided for people experiencing their first psychotic episode.

Health and Wellbeing as promoted through Public Health was documented in section 6.8 of the report. This reflected a shift from demand management to asset based approaches. The focuses for the future would be to review the out of hours response, and to avoid unnecessary admissions to hospital. It was commented that once people are in an acute position in hospital, they become dependent and it is more difficult to discharge them.

Lisa McNally was glad to report that in Quarter 3, 191 Bracknell Forest residents had stopped smoking, creating a 78% quit rate. This was the highest rate ever achieved in Bracknell Forest, and the highest in the country.

Arising from the panel's questions, the following points were noted:

- Frimley Health Trust were looking into becoming a registered home care provider to aid discharge.
- Bracknell Forest Council was working with private care homes to boost recruitment where maintaining the workforce had been difficult.
- Assistive technology was being researched to aid discharge to homes
- A 7 day working week for the NHS would not necessarily aid delayed discharge as people were generally not discharged at the weekend. Although the Emergency Duty Service and Out of Hours service were available on Saturdays and Sundays, discharges had not been arranged at the weekends. The pilot of a 7 day working week in a Bracknell Forest GP surgery had shown that GPs were unused at the weekend, and that patients preferred weekday appointments.
- The panel noted advances in the use of technology to diagnose via Skype and other technologies.
- People's fears about the MMR vaccine, and the perceived link to autism, had been successfully addressed. Apathy was a more significant issue affecting take-up.

The Chair thanked all panel members and officers for their contributions and presentations.

38. Executive Key and Non-Key Decisions

The Panel received and noted the report on the Executive Key and Non-Key Decisions relating to health.

The draft Sensory Needs Strategy report would be distributed to all Panel Members for their consideration.

39. Overview and Scrutiny Bi-Annual Progress Report

The Panel received and noted the Overview and Scrutiny Progress Report, which documented the work of Overview and Scrutiny across the Council.

40. Member Feedback

It was noted that some members had given feedback prior to the meeting, and they were thanked for this.

Councillor Mrs Temperton – A meeting of Healthwatch had taken place at Great Hollands Medical Practice encouraging attendees to complete surveys and share ideas. It was commented that the results of this survey and meeting would be interesting.

Councillor Hill – A CQC inspection of Green Meadows Surgery in Ascot had received a rating of inadequate. The Panel had been in contact with the surgery to find out what they had planned to do to improve, and had received a reply. It was suggested that this situation should be monitored in the following months. There had been a meeting of the Bracknell and Ascot CCG on 13 January 2016, but no minutes had been published. The junior doctors had held a strike on 12 January 2016, but it was reported that the government intended to impose the new working hours contract regardless of the strikes.

Councillor Virgo – The CCG meeting on 13 January 2016 had raised concerns regarding the South Central Ambulance Service's difficulties over the Christmas period. This had been put down to the lack of staff and difficulties recruiting, particularly in Bracknell Forest and the Royal Borough of Windsor and Maidenhead. The Chief Executive of South Central had acknowledged this as an issue.

Councillor Phillips – The Panel had received a letter to thank them for their comments on the Draft Health and Wellbeing Strategy. The letter would be circulated to all panel members.

Councillor G Birch – Councillor Birch had attended a medicine optimisation event, which had taught about medical compliance alongside the significance of self care.

Councillor Phillips – The Urgent Care Centre had recently had a CQC review. It was commented that when the Centre had first opened, a 6am – 8pm doctor and paediatrician presence had been promised. This was not believed to have happened. Locums had been heavily used, and it was noted that they did not have appropriate access to find out patient records or drug allocation. It was agreed that the panel should follow this up.

41. Work Programme

The panel received and noted a report on the Health Overview and Scrutiny Work Programme.

The GP capacity working group had met twice, and a Kings Fund research fellow had attended to speak on the future of GP services. This speaker had been co-opted onto the group. Work had continued to restructure the GP questionnaire, including questions around patient lists, workload, activities and plans to expand. Work on this questionnaire would continue. The working group would meet on Monday 18 January to agree the scoping document and progress the review.

The panel was asked to confirm their work programme for the next year. An annual report including a work programme was due to go to council in April. It was anticipated that the GP capacity work would continue until the Summer. A wider review of the Bracknell Healthspace was suggested. There were no proposals to change the current work programme, for 2016/17.

Members were needed to comment on the NHS Quality Accounts. This was to confirm that healthcare providers in the area were compliant with national standards. There was a presumption that overview and scrutiny panels would take up the opportunity to comment on their constituents' principal healthcare providers, despite the fact that they are not necessarily located within the borough.

It was agreed that the NHS Quality Accounts would be looked after by:

- Royal Berkshire Foundation Trust – Councillor Virgo
- South Central Ambulance Service – Councillor Virgo
- Frimley Health Foundation Trust – Councillors Mrs Mattick and Phillips
- Berkshire Healthcare Foundation Trust – to be decided

42. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 14 April 2016.

CHAIRMAN

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