

HEALTHIER READING PARTNERSHIP BOARD MINUTES - 19 JANUARY 2011

Present:

Bev Searle (Chair)	NHS Berkshire West
Councillor Benson	Reading Borough Council
Sheila Booth	Reading LINK
Anne Laing	Reading Voluntary Action
James Momoh	Berkshire Legloma Association
Sam Otorepec	NHS Berkshire West
Grant Thornton	Reading Borough Council
Chris Turner	Reading Citizens' Advice Bureau
Kim Wilkins	NHS Berkshire West
Avril Wilson	Reading Borough Council

Also in Attendance:

Dr George Boulos	North & West Reading GP Commissioning Consortium
Dr Rod Smith	North & West Reading GP Commissioning Consortium
Nicky Simpson	Reading Borough Council

Apologies:

Councillor T Harris	Reading Borough Council
Councillor Lockett	Reading Borough Council
Councillor Ralph	Reading Borough Council
Dr Elizabeth Johnston	South Reading GP Commissioning Consortium
Melani Oliver	Reading Borough Council

1. MINUTES

The Minutes of the meeting held on 5 October 2010 were confirmed as a correct record and signed by the Chair, subject to changing Judith Williams to Judith Chapman in Minute 2 (2).

2. MATTERS ARISING

Further to Minute 2 (2) of the last meeting, Sam Otorepec reported that there was already a task and finish group in place meeting monthly to look at opportunities for coordinating partnership working to provide psychological support to people with long term health problems, coordinated by Nick Buchanan. A pilot project for diabetes had been started in December 2010 between Reading Borough Council and NHS Berkshire West. A range of regional and national workshops had been held and further training and development was needed. Sam said that other stakeholders were welcome to be involved and she was willing to coordinate this if people were interested.

Further to Minute 2 (3) of the last meeting, regarding alcohol harm reduction, Bev Searle reported that she had still not received the outstanding information requested at a previous meeting, but that work was progressing on securing detox beds at Prospect Park Hospital.

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Further to Minutes 3 (2) and 4 (2) of the last meeting, it was noted that information had been circulated to members of the Board since the last meeting on the Reading Cultural Partnership and on the British Medical Association's response to the White Paper.

Further to Minute 6 of the last meeting, Grant Thornton said that the Local Strategic Partnership (LSP) was likely to approve the final draft of the Sustainable Community Strategy on 21 January 2011, and was holding a workshop to look at key areas for action. Further to Minute 11 (2) of the last meeting, Grant also reported that the LSP had agreed to adopt child poverty as a key issue. There was a current consultation on key areas for the LSP Strategy, and poverty was emerging as a key issue.

Further to Minute 8 of the last meeting, Bev Searle said that, in the light of legislative changes, including the Health & Social Care Bill which had been published on 19 January 2011, the Management Group were not yet in a position to make proposals for using the information from the South Reading Survey, but that it would be considered as part of all the needs information to be considered as part of the plans for new ways of working.

Further to Minute 9 (2) of the last meeting, Sam Otorespec reported that she had spoken to Debra Cole regarding which GP practices were not following up on learning disability health checks and it was confirmed that GP Consortia were also checking up on gaps in this area. Further to Minute 9 (3) of the last meeting, Sam said that she would check with Janette Searle and Debra Cole that all parents with learning disabilities had been reported to the Young Carer Leads.

AGREED:

- (1) That the position be noted;
- (2) That Sam Otorespec send Nick Buchanan's contact details to Anne Laing for potential involvement in partnership working on psychological support to people with long term health problems;
- (3) That Bev Searle chase the outstanding information on alcohol harm reduction requested at a previous meeting;
- (4) That Sam Otorespec check with Janette Searle and Debra Cole that all parents with learning disabilities had been reported to the Young Carer Leads.

3. CHANGING POLICY LANDSCAPE FOR HEALTH

Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, submitted a briefing note giving an overview of the policy changes impacting on the NHS.

The note included a Quick Guide to Health and Social Care Reform from the Department of Health (DoH) website, a brief description of the local implications (covering GP Commissioning, Public Health, Health and Wellbeing Boards, HealthWatch and PCT Clusters) and sources of further information on policy changes. The note had appended DoH factsheets on Local Democratic Legitimacy and

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Commissioning for Patients, to provide further details about Health & Wellbeing Boards and GP Commissioning in particular.

Bev tabled a schematic showing the expected timeline of the Health Economy Transition, saying that the Health and Social Care Bill had been published on 19 January 2011 and the health policy landscape was complicated and fast-changing, with a number of areas still unknown. She noted that the consultation on the Government's long-term vision for the future of public health, "Healthy Lives, Healthy People", was still live until March 2011.

Sam Otorespec suggested that she could email updates to members of the Board as relevant information on the health economy became available.

AGREED:

- (1) That the position be noted;
- (2) That Sam Otorespec email updates to members of the Board as relevant information on the health economy became available, as appropriate.

4. GP PRACTICE-BASED COMMISSIONING

Dr Rod Smith and Dr George Boulos, from the North and West Reading GP Commissioning Consortium, gave a presentation on GP practice-based commissioning, with particular reference to their Consortium.

The Consortium, which had been in existence for 2.5 weeks, was one of four in Berkshire West and consisted of ten GP practices in North and West Reading, covering a total population of 106k; it was a Pathfinder Consortium, so was able to move forward relatively quickly. Under new government proposals, GPs would be responsible for local commissioning, and consortia brought GPs together, enabling them to build effective partnerships between themselves, managers and social services and other partners, in order to encourage both good housekeeping and the development of new care pathways to provide value for money whilst maintaining patient outcomes.

The Consortium had in mind the principle expressed by the Dickens character Mr Micawber: "Annual income twenty pounds, annual expenditure nineteen pounds nineteen and six, result happiness. Annual income twenty pounds, annual expenditure twenty pounds ought and six, result misery." Mr Micawber had also been famous for asserting his faith that "something would turn up", but the Consortium was wanting to make things happen to ensure that expenditure did not exceed income in future, as currently the Consortium was heading for a 2.6% overspend on its annual budget (although there was a 2.8% underspend on elective spending).

In order to get from "misery" to "happiness", this would require changing GP's behaviour, providing alternatives in primary care and the community and simplifying pathways. Ultimately, if costs were not reduced, the Consortium could face takeover. An example quoted was commissioning work from other GPs for procedures where there was no expertise within the practice (eg carpal tunnel syndrome injections), rather than from more expensive consultants, and using these savings to re-invest in areas such as community nursing, physiotherapy services etc.

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The presentation gave details of the progress of incentive schemes for both elective and non-elective (emergency) referrals to first outpatients, whose aims were to encourage consortia and practices to manage more appropriately their referrals of patients to hospital, reducing the number of ineffective and potentially expensive referrals where the referral had not been necessary. If GPs saw that others were doing far fewer referrals, this would encourage them to look at how to change their processes; for example if paediatric referrals were high, GPs might get a second opinion from a colleague or ask the parent to bring the child back later and see if they had recovered, before considering referring the child. The Consortium was exploring clinical practice variation to ensure that an appropriate balance was being kept between costs, risks and benefits and that patients were not being denied appropriate treatment, and to see where things could be improved. The outcomes of referrals by individual GPs were now also being audited to see how to improve things further; for example, initial audits had suggested that inexperienced registrars made more referrals, so more supervision might help reduce referrals.

Another key area for making savings was reducing unnecessary tests ordered by GPs and the example was given of two different tests available for kidney disease. One of these was more expensive than the other, and was not usually necessary, but GPs sometimes ordered both tests, or selected the more expensive one because it came earlier on the order form than the other. Explaining the issue and informing practices of the costs involved had changed some GPs' behaviour and had saved £200k across the Consortium, and a further £1m could be saved if all GPs stopped ordering the unnecessary tests.

An example of joint working on new care pathways was the Community Rapid Response & Re-ablement Programme, which had come out of a multi-agency admissions avoidance group convened in July 2010. The programme focussed on patients who did not need a hospital level of care, and would involve investment in additional community nursing, a Reading Consultant Geriatrician, Occupational Therapists and Physiotherapists and social care packages. Phased implementation of the programme was planned across Berkshire West from May 2011.

The four Consortia might merge further in future, possibly eventually having just one across Berkshire West, but GP ownership was key to developing better healthcare and some quick wins were needed to engage GPs. The Consortia were working closely together in a federation and might develop joint management and commissioning, and the two Reading groups were keen to work together on areas of joint interest, although there were concerns about the number of meetings everyone had to attend. A number of initiatives to improve care and control costs had already been introduced by the Consortia, mainly from the three established Consortia, for example Admissions Avoidance and Community Ophthalmology schemes.

It was noted that it was not yet clear what resources would be available to GP commissioners under the new government proposals, although the transfer of the majority of the annual funding of around £660m for NHS Berkshire West was expected. In terms of working together, there was a need to clarify Public Health data, understand local priorities better (such as teenage pregnancies, smoking cessation and heart disease), and contribute to the new Health & Wellbeing Board. Bev Searle said that good work was already going on to integrate health and social care providers and commissioning, with good relationships being developed between

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local stakeholders, and the PCT was providing a supporting role in the development of GP commissioning, aiming to work with GPs at a pace they were comfortable with.

AGREED:

- (1) That Dr Boulos and Dr Smith be thanked for their presentation;
- (2) That, if it was possible to anonymise the data in the presentation, the presentation be circulated to members of the Board.

5. HEALTH & WELLBEING ACTION PLAN

Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, said that discussions were under way about the most appropriate approach locally to Health & Wellbeing Boards (HWB Boards), in order to achieve an effective balance between locally-focussed activities within a single Council area, with local accountability and governance, as well as a strategic approach across the Berkshire West area.

The Boards had to be established by 2013 to achieve effective strategic commissioning across the NHS, Social Care and related children's and public health services and, in order to achieve an effective functioning system, there was a requirement to establish shadow arrangements at the earliest opportunity. The HWB Boards would be required to develop a joint health and wellbeing strategy across the NHS, social care, public health and potentially other wider health determinants such as housing.

Bev therefore suggested that, due to the major changes happening in the health economy, and uncertainty about future plans for Health & Wellbeing Boards, whilst partners would continue to work on the relevant issues in the Action Plan, the current Health & Wellbeing Action Plan should be suspended until the next scheduled meeting, when there might be more clarity and the position could be reviewed further.

AGREED:

That, in light of the current changes to the health economy and uncertainty about plans for Health & Wellbeing Boards, the Reading Health & Wellbeing Action Plan be suspended and the position be reviewed at the next meeting.

6. NICE GUIDANCE

Further to Minute 10 (2) of the last meeting, Kim Wilkins, Locality Public Health Lead - Reading, NHS Berkshire West, reported that an appropriate person had been identified to review the two sets of NICE Guidance on Social and Emotion Wellbeing in Primary and Secondary Schools and a final response was awaited.

Kim also submitted information on recently-published NICE guidance on "Four commonly used methods to increase physical activity", and suggested that Jeremy Speed, in the Public Health team, would be an appropriate person to review the guidance and produce a response for consideration by the Board.

AGREED:

- (1) That the position be noted;
- (2) That Jeremy Speed be asked to review the NICE Guidance on "Four commonly used methods to increase physical activity" and produce a response to bring back to the Board.

7. OUT OF CYCLE MEETING

Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, said that the Board was due to hold an out of cycle meeting in February or March 2011 to review and roll forward the Health and Wellbeing Strategy and develop the Board's work programme linked to budgets and priorities for 2011/12. However, in light of the major changes happening in the health economy, as discussed earlier in the meeting, she said that she felt there would be little value in holding an out of cycle meeting at this stage, so suggested that no out of cycle meeting should be held, work on the Health & Wellbeing Strategy should be suspended and the situation should be reviewed at the next scheduled meeting.

AGREED:

That no out of cycle meeting be held at this stage and the situation with regard to reviewing the Health & Wellbeing Strategy be considered at the next scheduled meeting.

8. COMMUNICATIONS

Kim Wilkins, Locality Public Health Lead - Reading, NHS Berkshire West, said that she had circulated to members of the Board in November 2010 the NHS Berkshire West response to the Reading Local Transport Plan 3 consultation, in relation to public health issues. She said that the Local Sustainable Transport Fund had now been announced, and Public Health and Transport colleagues would be working together to apply for funding and take forward work on the issues involved.

Grant Thornton, Head of Community Planning, referred to a note which had been circulated to members of the Board on 18 January 2011, giving details of the Council's public consultation on Transforming Adult Social Care Services taking place from 6 December 2010 to 27 February 2011, and circulated copies of consultation packs containing more information.

AGREED: That the position be noted.

9. FORWARD PLAN

The meeting considered the latest draft forward plan of items to be considered at future meetings of the Board.

AGREED: That the forward plan be noted.

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10. DATE OF NEXT MEETING

AGREED: That the next scheduled meeting of the Healthier Reading Partnership be held on Tuesday 12 April 2011.

(The meeting started at 6.00pm and closed at 7.49pm)

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