

HEALTH SELECT COMMISSION
Thursday, 8th December, 2011

Present:- Councillor Jack (in the Chair); Councillors Beaumont, Blair, Burton, Dalton, Hodgkiss, Kirk, Steele, Turner, Wootton and Wyatt.

Also in attendance were Victoria Farnsworth and Jonathan Evans (Speak Up) and Russell Wells (National Autistic Society).

Councillors G. A. Russell and Wyatt were in attendance at the invitation of the Chair.

Apologies for absence:- Apologies were received from Councillor Goulty and Jim Richardson (Aston-cum-Aughton Parish Council).

30. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

31. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press present at the meeting.

32. COMMUNICATIONS

Councillor Wyatt, Cabinet Member for Health and Wellbeing, made reference to a couple of issues arising from the meeting of the Health and Wellbeing Board which took place on Wednesday, 7th December, 2011, which included inclusion in the terms of reference of scrutiny reviews which may benefit from a Health and Wellbeing dimension.

The Scrutiny Review into Diabetes was also considered and limited feedback was provided. There was some reference to screening, which was the best in the region, but concern was expressed about the tone of some of the wording used by the Foundation Trust.

33. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the previous meetings held on 15th September and 27th October, 2011 be signed as a true record.

34. HEALTH AND WELLBEING BOARD

Resolved:- That the minutes of the Health and Wellbeing Board held on 26th October, 2011, be noted.

35. HEALTH INEQUALITIES SUMMIT

Rebecca Atchinson from NHS Rotherham, gave a powerpoint presentation on the methodology used and the findings from community consultation and feedback from the Health Inequalities Summit held on 1st December, 2011:-

- Methodology.

- Triangulation of Methods.
- Partnership Engagement.
- Documentary Analysis.
- Community Consultation.
- Survey Questions.
- Focus Groups.
- Focus Group Discussion.
- Methods of Data Analysis.
- Survey Findings.
- Focus Group Findings.
- Look and Feel of Rotherham – Key Issues.
- Solutions Identified.
- Rotherham Communities – Key Issues.
- Solutions Identified.
- Skills for Life – Key Issues.
- Solutions Identified.
- Health – Key Issues.
- Solutions Identified.
- Cost of Living – Key Issues.
- Solutions Identified.
- Summary.

The findings of the consultation were presented to the Health Summit, which was attended by approximately forty people. A number of workshops took place where the views of the community were shared. The findings were still to be presented at various meetings which would then result in formalisation of the issues into an action plan.

A discussion and a question and answer session ensued and the following issues were raised and subsequently clarified:-

- Age range of the parents consulted.
- Supportive role for parents from the Speak Up Advocacy Project.
- The Summit's role in highlighting the health inequalities in Rotherham.
- Lifestyles in various communities across Rotherham and the mountainous task of educating vulnerable communities.
- Consideration of research and small scale projects that had previously been successful.
- Number of Communities of Interest and whether this had been extended to groups such as those affected by Autism.
- Avoidance of vulnerable groups falling through the gap and their views not being represented.
- Soft touch approach to consultation using a "Nudge" rather than a "Shove".
- Next steps and evaluation of the findings.
- The Select Commission's work programme and its support to the wider role of health inequalities.
- Engagement of partner agencies and the joint working arrangements.
- Inclusion of businesses in the focus groups.

Resolved:- That Rebecca Atchison be thanked for her informative presentation.

36. PUBLIC HEALTH IN THE LOCAL AUTHORITY CONTEXT

Giles Ratcliffe and Gilly Brenner, Specialty Registrars, gave a presentation on behalf of Dr. John Radford, Director of Public Health for NHS Rotherham and Rotherham RMBC on the new arrangements for Public Health. Giles and Gilly were on placement in the Public Health Department at NHS Rotherham.

The presentation drew specific attention to:-

- Health and Social Care Bill.
- New Arrangements.
- Public Outcomes Framework.
- Public Health in the Local Authority.
- Implications for the Council.

A discussion and a question and answer session ensued and the following issues were raised and subsequently clarified:-

- Simplistic format of the new arrangements.
- Sustainability and the funding transfers to the Local Authority.
- Transfer of responsibility to the Local Authority and the challenging times ahead.
- Moves towards an early Shadow Forum.
- Opportunities to tackle some of the issues raised and the closer partnership working.
- Unresolved funding allocations.

Resolved:- That Gilly Brenner and Giles Ratcliffe be thanked for their informative presentation.

37. BREASTFEEDING REVIEW - UPDATE AND ACTION PLAN

Rebecca Atchinson, Public Health Specialist, NHS Rotherham, reported on the progress of the breastfeeding agenda and gave a presentation which focused on:-

- Background.
- Breastfeeding Performance.
- Infant Feeding Support.
- UNICEF UK Baby Friendly Initiative.
- Peer Support.
- Increase Mother-to-Mother Support in Community.
- Promotional Events and Resources.
- Promoting Breastfeeding.
- Breastfeeding Friendly Public Places.
- Negative Press.
- Breastfeeding Friendly Rotherham.
- Next Steps.

Kate Green, Scrutiny Adviser, reported on the work that had taken place since

the Scrutiny Review of Breastfeeding was completed in March, 2010.

The Select Commission were asked if they wanted to add two/three key recommendations to build on the previous work that could be taken forward.

A discussion and a question and answer session ensued and the following issues were raised and subsequently clarified:-

- Lack of publicity and awareness raising about locations for breastfeeding and accredited facilities.
- Barriers to breastfeeding and the need to arrange a press release to publicise this widely.
- Inclusion of Riverside House in the list of Breastfeeding Friendly Rotherham premises.
- Support to mothers who experience difficulties with breastfeeding.
- Breastfeeding Friendly public places awards.

Resolved:- (1) That breastfeeding be recognised as a continued priority area for action.

(2) That consideration be given to where support could be made available to aid continued progress and the achievement of UNICEF Stage 2 in the Spring 2012.

(3) That an annual update be submitted from Health leads.

(4) That discussion take place with Barnsley and Rotherham Chamber of Commerce to encourage Rotherham businesses to become Breastfeeding Friendly.

(5) That all Local Authority premises and those that had been identified as Breastfeeding Friendly accredited facilities should have notices clearly on display.

38. CONSULTATION - AVASTIN

Consideration was given to a report presented by Sue Smith and Helen Hawley from NHS Rotherham, as the Clinical Commissioning Group was considering adopting off-label Avastin as the first line treatment of wet age-related macular degeneration (wet AMD) instead of the currently licensed first line treatment recommended by NICE which was Lucentis®.

Public Health had reviewed the evidence base which indicated that both options were similarly safe and effective. However, before making any decision, a consultation was being undertaken with relevant stakeholders including patients, public, clinicians and managers to establish the feasibility of commissioning a service based on Avastin.

The Health Select Commission was invited to comment on the consultation process and offer its view on the option that the Clinical Commissioning Group was considering.

Wet Aged-related Macular Degeneration (AMD) was the most common cause of visual loss in people over the age of sixty years and had approximately

26,000 new cases in the UK each year. Rotherham's Wet Age-related Macular Degeneration (AMD) Service was established in October, 2008 and each week received between four and six new referrals.

Avastin continued to be widely used off-label world-wide to treat a number of eye conditions, including wet AMD. In the United States, practice pattern reports from the American Academy of Ophthalmology and the American Association of Retinal Specialists suggested that most patients received Avastin rather than Lucentis® for the treatment of wet AMD.

In August, 2008 National Institute Clinical Evidence (NICE) issued guidance on Lucentis®, recommending it as a possible treatment for people with wet AMD. Avastin was not considered as it was not licensed for the treatment of eye conditions, but for certain cancers. NICE were currently reviewing Avastin.

Avastin and Lucentis® were both monoclonal antibodies that acted as anti-VEGF and were developed by Genentech which was now a wholly owned subsidiary of Roche. The older drug, Avastin, had been in use for longer which allowed more time for long term side effects to manifest themselves and it was reassuring that they had not done so. The newer drug, Lucentis®, had been through a more systematic process of testing within the licensing process.

At NHS Rotherham, there were general processes and agreements via Medicine Management Committee that covered G.P.s for using off-label drugs. If Avastin was chosen as a first choice treatment, the liability would be considered as part of a service specification and NHS Rotherham through Medicine Management Committee for approval.

An evidence review (safety and effectiveness), which included most recent comparative clinical and current practice in the UK, was presented at NHS Rotherham's Commissioning Executive and Medicines Management Committee.

NHS Rotherham was currently undertaking a consultation process to investigate both clinicians and patients' views of the use of Avastin as the first choice for the treatment of wet AMD. The Commissioning Executive and the Medicine Management Committee at NHS Rotherham were fully supportive of a move towards Avastin as the first choice treatment for wet AMD. There had been agreement that NHS Rotherham was able to indemnify the provider against any potential litigation from treating patients with an off-label drug.

Clinicians delivering the wet AMD service at Rotherham Foundation Trust (RFT) were supportive of the use of Avastin for the treatment of wet AMD as long as a number of conditions were met.

However, they currently felt that they were not at an appropriate stage in discussions to consult with their patients. Therefore, there was a need to establish patient opinion on the use of Avastin via other routes.

The options/recommendations resulting from the consultation would help dictate the next steps in commissioning decisions.

Discussion ensued on the comparative costs, benefits and improvements to patients' lives and the long term side effects of both drugs.

Members present were supporting of the use of Avastin as a first choice and were supportive of further consultation through the route of Area Assemblies.

Resolved:- (1) That the finds of the evidence review be noted.

(2) That the process of consultation include the Area Assemblies.

(3) That the option being considered by fed back to this Select Commission in due course.

39. DATES AND TIMES OF FUTURE MEETINGS:-

Resolved:- That meetings be held during 2011/12 on the following dates commencing at 9.30 a.m. in the Town Hall:-

26th January, 2012

8th March, 2012

19th April, 2012