

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 2 JUNE 2010 FROM 7.00PM TO 9.00PM**

*Present: Tim Holton (Chairman), Malcolm Armstrong, Andrew Bradley, Gerald A Cockroft, Kay Gilder, Kate Haines, Charlotte Haitham Taylor and Emma Hobbs*

*Also present*

*Christine Holland, LINK Steering Group*

*Alex Gild, Berkshire Healthcare Foundation Trust*

*Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West*

*Pat Jones, Head of Community Care Commissioning and Development,  
Wokingham Borough Council*

*Jo Cozens, PALS Manager, NHS Berkshire West*

*Ella Hutchings, Interim Partnership Development Officer, Wokingham Borough Council*

*Dave Gordon, Senior Democratic Services Officer, Wokingham Borough Council*

Prior to the meeting, the previous Chairman Gerald Cockroft wished to record his thanks to last year's Committee. In particular, he wanted to thank Julian McGhee-Sumner and Malcolm Armstrong who had spoken on his behalf at Council to present the Chairman's Annual Report. He also thanked Wokingham Borough Council officers Rachel Masters and Ella Hutchings for their support to the Committee and those involved with the production of the Committee's Annual Report for 2009/10.

**5. MINUTES**

The Minutes of the meetings of the Committee held on 24 March 2010 and 20 May 2010 were confirmed as correct records and signed by the Chairman.

**6. APOLOGIES**

Apologies for absence were submitted from Alistair Corrie and Norman Gould.

**7. DECLARATION OF INTEREST**

No declarations of interest were received.

**8. PUBLIC QUESTION TIME**

There were no public questions.

**9. MEMBER QUESTION TIME**

There were no Member questions.

**10. PATIENT ADVICE LIAISON SERVICE (PALS) ANNUAL REPORT FOR 2009/10**

Jo Cozens, PALS Manager, NHS Berkshire West, gave a presentation to the Committee about the service and its work over the previous financial year. The Annual Report had been included in the Agenda papers pages seven to eleven.

Jo Cozens said PALS was like the Customer Services Department of the NHS, as its work involved responding to queries from the public and giving feedback to help inform local health service providers. The work that PALS undertakes in partnership with the Health Overview and Scrutiny Committee was seen as a vital part of this process to ensure it was kept informed about the current concerns being raised.

The presentation showed statistics for enquiries taken from Wokingham residents, and the subject matters involved. Across the NHS Berkshire West area, 3,814 enquiries had been received by PALS; of these, 699 came from Wokingham residents (amounting to just over 18% of the total). The subject matters raised frequently involved dentists or GPs, with prospective patients being given details as to where to access dentistry services; as a result of this, dentists' lists have been updated and circulated to GPs.

Jo Cozens also explained that last year had seen a peak in the interest regarding swine flu. One task that PALS had undertaken was to cover those who did not have an identified 'flu friend' who could pick up any pharmaceuticals as required. PALS co-ordinated deliveries from pharmacies to cover these difficulties. The Committee were also informed that the end of the financial year had seen many calls taken regarding the Summary Care Records Scheme.

An example of changes to service provision brought about by PALS was given in relation to dentistry. There had been problems with people accessing this service, so two new surgeries were opened in the Wokingham Borough area. However, it soon became apparent that pockets of the area were still not accessing services. As a result, tendering for a new surgery to help resolve this was underway and would be concluded in July 2010. Similar work had been conducted in relation to orthodontistry. Overall, the coming financial year would see much work undertaken as part of the World Class Commissioning agenda, with the responsiveness of NHS services under scrutiny; PALS would play a major role here, and would inform the Committee as progress was made.

The Committee discussed the item and made a number of comments. There was some questioning as to the precise role of PALS, and whether it overlapped with NHS Direct. Jo Cozens replied that their functions were separate, with NHS Direct offering clinical advice whilst PALS was a general information service. However, PALS also offered greater local knowledge, offering its users an advantage. In terms of clientele, PALS has seen a growing number of users who have given up private health care during the economic downturn, whilst its work on getting potential patients in touch with dentists had continued through a series of road shows. PALS were also disseminating their information widely, and had appointed a new Campaigns Manager to build on this. As part of this, an exercise had been initiated to identify and target sections of the population with a low take up of dentistry services.

**RESOLVED:** that the Annual Report of PALS be noted.

## **11. INTRODUCTION TO HEALTH SCRUTINY**

Ella Hutchings, Interim Partnership Development Officer, introduced the presentation designed to introduce new Members to health scrutiny and give experienced Members a refresher. This presentation was included in the agenda pages twelve to fifteen.

Dave Gordon, Senior Democratic Services Officer, explained the legislation in relation to health scrutiny. The Local Government Act 2000 saw the division of Councillors into Executive and Non-Executive Members, with overview and scrutiny also established. For this Committee, the Health And Social Care Act 2001 was of particular importance, as it gave the Committee certain rights, including:

- NHS must reply within 28 days (if requested) should the Committee write a report or list recommendations;
- 'Substantial developments or variations to health services' must be referred to HOSC;

- NHS Trusts must provide the Committee with information as requested;
- If reasonable notice given, NHS officers must attend HOSC to provide information;
- Joint Committees may be established if issues affect more than one Local Authority.

Furthermore, the Local Government And Public Involvement In Health Act 2007 had largely been focused on scrutiny of external bodies and also established Local Involvement Networks (LINKs). The Committee was informed that it did not have a managerial role – it could not dictate matters to NHS or the Council. However, it could call up NHS representatives, demand information, request site visits or write reports with recommendations. It could also contact the Secretary of State if it deemed proposals before it would not be in the interests of the health service in the area or it was concerned about consultation undertaken by an NHS body.

Ella Hutchings discussed the rest of the presentation, noting that public involvement was a key aspect to the Committee's work and explained the different parts of this such as patient panels and LINKs. LINKs were set up under the 2007 Act, although the current contract was due to run out in March 2011 leaving the future somewhat unclear. The Wokingham LINK gave an update to every Committee as a standing item.

One of the major benefits that the Committee could deliver was to promote consultation and community involvement, working with other bodies to examine a range of issues and acting as an effective means for high level communications. It was pointed out that it was important that the Committee should not only focus on care for the ill; avoiding health problems and identifying health inequalities for Wokingham Borough residents was a key responsibility too.

**RESOLVED:** that the presentation be noted.

## **12. INTRODUCTION TO THE NHS**

Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West gave an introduction to the NHS. The NHS had over 60 years history as a vital part of British culture, after the various health providers were brought into one organisation in 1948. Essentially, the modern NHS could be divided into two sections. The first is primary care, which is the first point of contact for service users (e.g. GPs, dentists, pharmacies); and secondary care, which comprises the services to which they may be referred (e.g. emergency units, NHS trusts, mental health trusts). Primary Care Trusts had originally been established to assess local need and commission care, but were now moving towards only being involved in commissioning. These bodies worked alongside the Department of Health and Strategic Health Authorities (SHA).

Primary care was delivered by independent contractors; whilst the NHS maintained quality standards and undertook monitoring, it did not employ these people directly. Secondary care was acute healthcare; however, this term related to the treatment being delivered at short notice rather than necessarily the seriousness of cases. The main acute care centre for the Wokingham Borough area was the Royal Berkshire Hospital, but some secondary care was administered by Foundation Trusts which had some different powers from traditional NHS structures (e.g. they could carry over financial surpluses). The NHS had also worked on improving patient and public involvement, with a range of bodies such as PALS, NHS Choices, NHS Direct and the LINK forming part of this drive. NHS Berkshire West was part of the South Central SHA, which covered an area from Milton Keynes to the Isle of Wight.

Funding was worked out on a per capita basis, but the indices of multiple deprivation were also used and so Berkshire West was the seventh lowest funded in the country. Whilst the demographics of the area suggested relative affluence, there were pockets of deprivation (particularly in Reading); the meeting was informed that, to bring NHS Berkshire West in line with the national average, another £100 million would be required. Funding would continue to be an issue, as new technology and pharmaceuticals tended to drive costs up on a permanent basis; in addition, an ageing population and the problems identified with modern adults' and children's lifestyles could raise future problems.

The Committee discussed the presentation and made a number of comments. Regarding the change from giving GPs indicative to real budgets, Bev Searle informed the Committee that the specific arrangements for budgets were unclear; as it had just been announced as new Government policy, the situation would be clearer after the Budget on 22 June 2010, and as soon as there was further information available it would be brought to the Committee.

**RESOLVED:** that the presentation be noted.

### **13. MEMBER REPORT – VISIT TO CARDIOLOGY UNIT, ROYAL BERKSHIRE HOSPITAL**

Malcolm Armstrong introduced his report, included in the agenda papers pages sixteen to twenty. In particular, he wished to record his thanks to Clive Walsh and Nigel Davies, who had been honest and open in their discussions. In addition, the positive approach of staff to a demanding role was noted, as was the impressive technology at the Unit. However, other Members, whilst reflecting these positive messages, were concerned about funding; in particular, the fact that much of the equipment was purchased via private subscription.

The Committee discussed the report recommendations and felt that it would be important to pass the report on and also to ask relevant hospital officers to attend a future meeting to discuss matters further

**RESOLVED:** that:

- 1) Recommendations a) and b) (*the unit manager be invited to the Committee in order to increase the level of knowledge and the Committee should invite the senior management of the Royal Berkshire Hospital to report on long term strategy*) be approved as presented;
- 2) Recommendation c) (*a further visit to the hospital be undertaken during the coming municipal year in order to exchange views*) be approved, with possible subjects to include maternity services, care for the elderly, eating disorders, X-rays in Accident and Emergency and infection control / cleaning contracts;
- 3) Recommendation d) (*it is recommended that this report be passed to the senior management of the Royal Berkshire Hospital*) be approved, with the report to be sent to the Chief Executive of the Royal Berkshire Hospital, and also Christine Holland from LINK;
- 4) The Committee's thanks to the Hospital and Malcolm Armstrong be noted.

#### **14. INTRODUCTION TO QUALITY ACCOUNTS AND CONSIDERATION OF THE SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST QUALITY ACCOUNTS AND ANNUAL QUALITY REPORT**

Ella Hutchings introduced the report, included in the agenda pages 21 to 30. Quality Accounts were a new process which replaced the Annual Health Check; under the new system, the Quality Account would be presented and the Committee would then comment on it. Once the Committee had formed its definitive view, it would be submitted to the relevant Trust and published verbatim; other NHS Trusts would submit their Quality Accounts when appropriate.

The Committee discussed the presentation and made a number of comments. A lack of close contact with the Trust was raised and possible methods of resolving this were discussed, including inviting the Trust to a future meeting.

**RESOLVED:** that:

- 1) The possibility of appointing a representative to the South Central Ambulance Service NHS Trust be investigated;
- 2) The Chairman, Gerald Cockroft and Ella Hutchings would collate a response on behalf of the Committee and submit it to the Trust.

#### **15. LINK INTRODUCTION AND UPDATE**

Ella Hutchings presented a report reviewing the LINK Steering Group progress since the last meeting of the Committee on 24 March 2010; the report was included in the agenda pages 31 to 34. The Committee was, in particular, referred to Appendix A, which outlined the various parties involved and their specific responsibilities. However, the end of their contract in March 2011 raised questions as to the future, and a presentation from the host organization, Help and Care, at a future meeting would include information about this.

The Community Survey had been launched in May 2010 and would be likely to raise matters of interest to the Committee. 25 May 2010 had seen a volunteer induction event take place; whilst the future meetings with Chief Executives Phillipa Slinger (Berkshire Healthcare) and Ed Donald (Royal Berkshire Hospital) were also noted as positive developments. Christine Holland, LINK Steering Committee, had also noted the role that LINK's local knowledge had played in offering information to residents regarding out of hours pharmacies and presented this as an example of the benefits they could provide.

**RESOLVED:** that the report be noted.

#### **16. COMMITTEE WORK PROGRAMME 2010/11**

The Committee considered a report by Ella Hutchings setting out proposals for the Committee's 2010/11 Work Programme. Attached to the report at Appendix A was a document that set out the Committee's future meetings and suggested Agenda items.

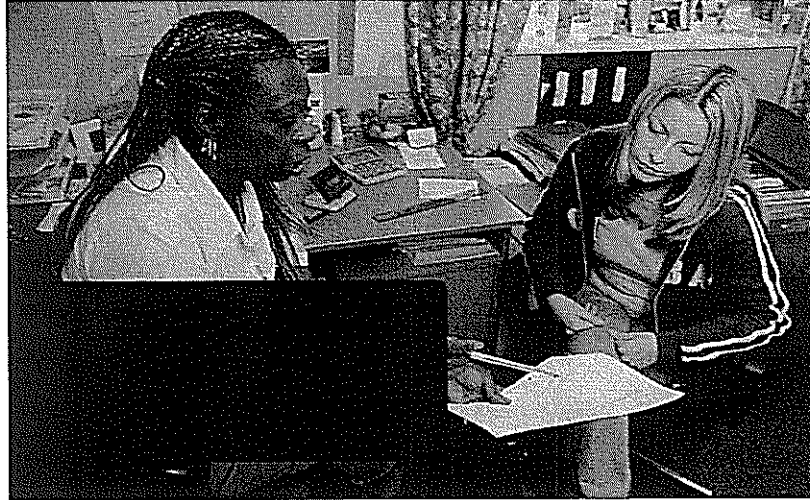
Members were asked to think about what it was they wanted to get out of each of the scheduled items so that these could be included in the Work Programme. Ella Hutchings asked Members to inform her of any new items they might want included in future Agendas. Bev Searle informed the Committee that the two items which she had been nominated for on 27 July 2010 were updates on service changes; these could be kept short, with the Committee re-inviting her to discuss them at length at a later meeting if appropriate. The Committee considered the Work Programme and made a number of comments.

**RESOLVED** that:

- 1) the agenda for 27 July 2010 and the 2010/11 Work Programme be agreed;
- 2) a presentation from the LINK Host be included in the 29 September 2010 agenda;
- 3) a discussion on NHS Direct be scheduled for 2010/11;
- 4) a discussion on patient records be scheduled for 2010/11;
- 5) a visit to mental health treatment facilities be organised, with a related discussion on 'Next Generation Care' scheduled for 24 November 2010.

*These are the Minutes of a meeting of the Health Overview and Scrutiny Committee*

*If you need help in understanding this document or if you would like a copy of it in large print please contact one of our Team Support Officers.*



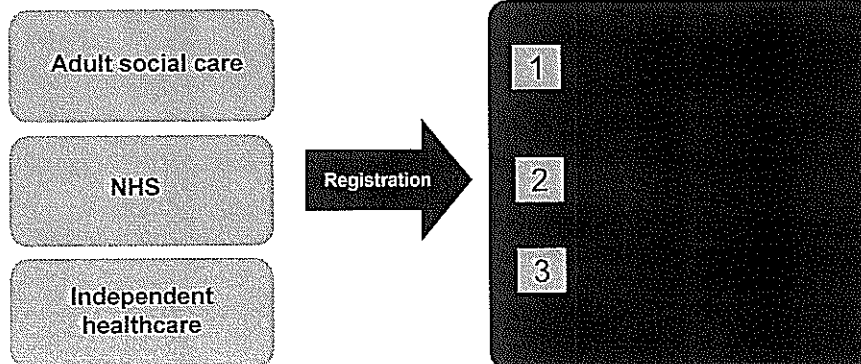
Today we will:

- Update you on how CQC is assessing health and social care services
- Discuss any information you have gathered about people's views and experiences of services
- Agree a way of working together over the next few months

Make sure people get better care

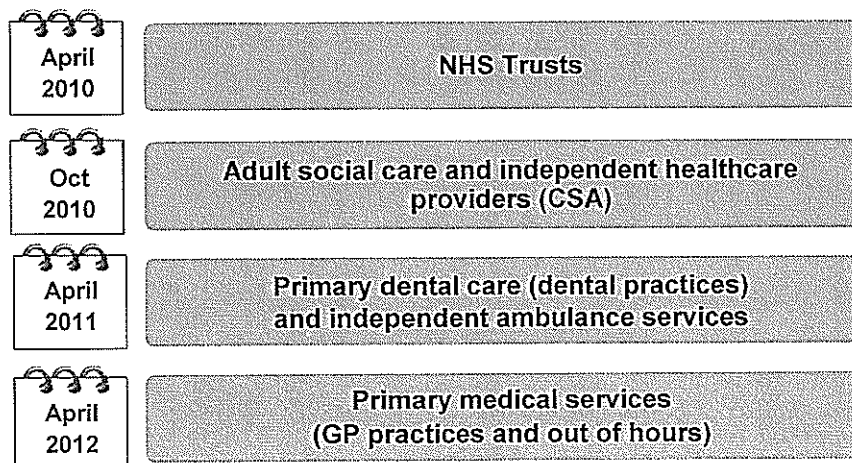
- Driving improvement
- Putting people first and championing their rights
- Acting swiftly to remedy bad practice
- Gathering and using knowledge and work with others

People can expect services to meet essential standards of quality, protect their safety and respect their dignity and rights.





- We are assessing commissioners of services, including councils and primary care trusts
- We are developing a new ratings system for adult social care services, to help us identify excellent services. This will replace the 'star ratings' system
- We also have powers to undertake cross-cutting reviews and studies





- All health and adult social care providers are meeting a single set of essential standards of quality and safety
- Standards are focused on what is needed to make sure people who use services have a positive experience – a direct result of what people said they wanted
- A single regulatory framework across health and adult social care; people receive safe and quality care no matter which part of the care system they experience and where

The regulations mapped to six outcome headings:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

Plain English

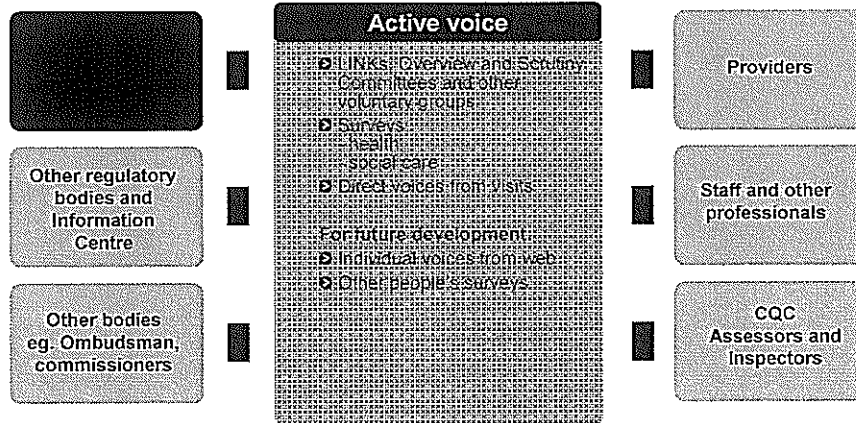
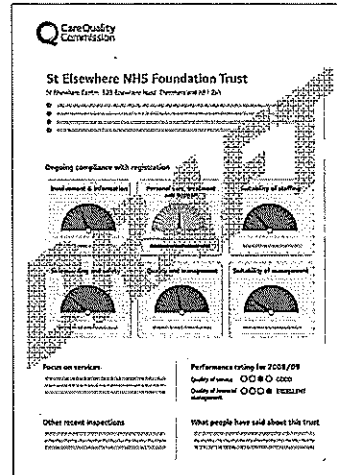
People focused

Outcome based

We will hold a **Quality and Risk Profile** on each provider summarising all relevant information.

The Quality and Risk Profile will enable us to **assess where risks lie and prompt front line regulatory activity**, such as inspection.

As new information arrives, it will be added to the profile and assessors and inspectors will be alerted and will take **action proportionate to the risk**.



### Responsive

A responsive review of compliance:

- is triggered when specific information, or a gap in information raises concern about compliance
- is not a full check of all 16 core quality and safety outcomes
- is targeted to the area(s) of concern
- May include a site visit
- All findings will be published

### Planned

A planned review of compliance:

- is a scheduled check that looks across all regulated activities (at a location) to assess compliance with all 16 core quality and safety outcomes
- Will take place at intervals of 3 months to no less frequent than 2 years
- Will be proportionate, with additional activities focused on gaps on information
- May include a site visit
- All findings will be published

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*Voices into Action*' is our commitment to working with you. We are involving you in our work, and finding new ways for you to tell us your views and experiences about health and social care.

The Health and Social Care Act 2008 says that we must listen to and work with people who use services. We welcome this duty.

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**In all our activities**

- In our decision making (such as our scrutiny sounding board)
- In our assessments of services
- In our reviews and studies

**In lots of ways**

- Directly as experts by experience and as advisers
- Through surveys and consultations
- Through voluntary bodies, including LINKs and Overview and Scrutiny Committees

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- Know who we are and what we do
- Help us develop how we regulate health and social care services
- Have contact with local Care Quality Commission staff to share information
- Know what we have done with any information they give us
- Work with us more closely as we monitor services

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We both want **better care** for **local people**



Your information has already made a difference. Some scrutiny committees have:

- joined our national sounding board
- shared information about their work with us in local meetings with CQC
- sent information through our website, commented on our consultations and taken part in pilot work

We have taken account of your information about the NHS, to help us register NHS services and to monitor them since April 2010. You can see our assessment of each NHS organisation on our website

Any information you have sent us about social care services and independent health services is being used now to help us register these services by October

We are also using information you may have contributed to NHS Quality Accounts

- What local people tell you about particular services and their care
- What you find out when you look at services and ask questions about them, including issues about joined up care
- The recommendations from your reports
- The common issues and concerns you hear from different groups, especially people in vulnerable circumstances

- You can share information with us about how your local services are doing at any time during the year
- You can meet with our local CQC staff to discuss your work, including your plans to enter and view services.  
**Our local compliance managers will be your main contact**
- You can also send information to us through our website. You can fill in a form and attach your reports at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices). We have improved the form based on your comments to make it easier to use.

- You can tell us about any health or social care organisation, independent healthcare providers, PCTs or councils who commission services. This will help us monitor these services throughout the year
- **You can now give us information about dental services in your community and independent ambulance services. It will be helpful to have this by the end of December 2010** to help us judge if they meet essential standards of quality and safety to register with us.
- We also hope you will raise any urgent concerns with us straight away if local solutions are not being found.

- If you send us information through our website at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices) you will receive an email confirming we have received your information
- Your compliance manager can let you know how your information has been used in the meetings you have with them.
- We will share information we have about services with you in our local meetings, especially where we find performance is poor.
- We can share our reports with you when we review services. These will also be on our website



- How would you like to work with CQC?
- What information do you have from people who use services that we might use?
- How would you like us to share our information with you?
- What else would you like to know about CQC?

- Go to our website at [www.cqc.org.uk](http://www.cqc.org.uk)
- Send information to us about what people think about local services to [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices)
- Sign up for our newsletter at [www.cqc.org.uk/newsandevents](http://www.cqc.org.uk/newsandevents)
- Talk to *your local CQC compliance manager*
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