

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 27 JULY 2010 FROM 7.00PM TO 9.05PM**

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

Also present:

*Sue Sheath, Compliance Manager, Care Quality Commission
Dr Justin Wilson, Medical Director, Berkshire Healthcare Foundation Trust
Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West
Linda MacEachen, Safeguarding Adults Co-Ordinator, Wokingham Borough Council
Christine Holland, LINK Steering Group
Alex Gild, Berkshire Healthcare Foundation Trust
Ella Hutchings, Interim Partnership Development Officer, Wokingham Borough Council
Mike Wooldridge, Development & Improvement Manager, Wokingham Borough Council
Dave Gordon, Senior Democratic Services Officer, Wokingham Borough Council*

18. MINUTES

The Minutes of the meeting of the Committee held on 2 June 2010 were confirmed as a correct record and signed by the Chairman.

Further to the discussions on the South Central Ambulance Service NHS Trust, the organisation had been contacted regarding the appointment of a Council representative. A response to their quality accounts had also been completed and submitted.

19. APOLOGIES

There were no apologies for absence.

20. DECLARATION OF INTEREST

There were no declarations of interest.

21. PUBLIC QUESTION TIME

Mrs Kathie Smallwood asked the Chair of the Health Overview and Scrutiny Committee the following question:

Why do the local GPs refuse to display an A5 poster giving information about the local branch of Parkinson's UK, even though this organisation gives its members free access to Hydrotherapy and other therapies which helps sufferers to keep more mobile? This also helps to keep people out of their GPs surgeries and improves their well being.

Answer

GP Practices receive a very large volume of requests to display information on notice boards. Unfortunately it is not possible to display all of the notices, and declining these requests will result in disappointment for some groups and individuals. Declining to display a notice does not indicate a lack of value attributed to the organisation or individual making the request.

Mrs Kathie Smallwood then asked a supplementary question, requesting how the value of publicising the service could be emphasised further and pointing out the potential of the posters to save the NHS work in the long run. In response, Bev Searle was keen to emphasise that problems with displaying the materials did not indicate a lack of interest in their subject matter. However, she was willing to contact the GP Practice Manager in question and ensure that the matter was resolved to the satisfaction of all parties.

22. MEMBER QUESTION TIME

There were no Member questions.

23. CARE QUALITY COMMISSION PRESENTATION

Sue Sheath (Compliance Manager, Care Quality Commission) introduced the presentation, as outlined on agenda pages 7 to 17. She had recently taken responsibility for an area covering Wokingham, Bracknell and North Hampshire, having previously been in charge of other regions in the home counties. The Care Quality Commission (CQC) was currently in the process of registering health care providers; NHS Trusts had been completed in April 2010, although some were subject to conditions given concerns regarding their services. Adult social care and independent healthcare providers would be completed by October 2010, and given the fact that there were over 20,000 nationally this would require much effort. Primary dental care, independent ambulance services and primary medical services were due to be covered in 2011 and 2012, but these timeframes were subject to change given the new Government's proposals.

CQC was the result of a merger between the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission, giving it a wide remit. It intended to respond rapidly to popular concerns, and was involved in public consultation and engagement with Health Overview and Scrutiny Committees to ascertain the vital issues. By gathering these various aspects of healthcare under one body, it was the aim to ensure greater consistency across the board; they had also been handed additional powers to help with this. For example, they had been given the ability to undertake cross-cutting reviews and studies, with the intention of examining service provision across patient pathways rather than simply within one Trust. CQC was also hopeful of securing a positive relationship with the new Government, as their focus was outcomes rather than targets – an aim openly expressed in the 'Equity and Excellence' White Paper. In all, there were six outcome headings (Involvement and Information, Personalised Care, Safeguarding, Suitability of Staffing, Quality & Management and Suitability of Management) which were subdivided into 28 standards.

Once providers had been registered, a quality and risk profile was compiled for each. These were to be represented as a series of dials, coloured green, amber or red depending on the level of concern apparent for each. The information used to generate these profiles would be regularly updated, but regular routine inspections were not to be continued. Instead, such events would be responsive to risk and would vary their methods accordingly; for example, site visits may or may not be involved. Information would be taken from a wide variety of sources (e.g. patients and their families, other regulatory bodies, care providers and staff). Further details as to how service users could feed into the process could be found in the 'Voices Into Action' document and on the CQC website. Given this commitment to taking information from a variety of sources, giving regular updates to Wokingham Borough Council via its Committees was a distinct possibility.

The Committee discussed the presentation and made a number of comments. Regarding standards, as these were a matter of complying with regulations they were imperative.

Assessment of Trusts and whether they were meeting standards would be conducted by CQC in conjunction with external expert advice. In terms of representing the findings of their work, the old 'five star' rating system for social care was now obsolete but could not be scrapped entirely given the public's recognition of it. However, it needed modification to reflect the new arrangements being pursued by CQC. On the subject of plain English, it was asked if this would also apply to staff in hospitals whose medical terminology could sometimes prove beyond patients. The validity of this point was accepted, and training modules on report writing and similar themes were in existence to tackle these issues.

Given the fact that GPs are often the first contact point for patients, concerns were raised that they were to be the last people to be registered. This was accepted as a valid point; however, the fact that NHS Trusts had already undergone the process before 2010, whilst GPs had not, was put forward as a reason for this decision. Clarification was also sought by Members as to the nature and impact of imposing conditions; the example provided was Milton Keynes Hospital NHS Foundation Trust. In this case, the maternity department had suffered two infant mortalities as a result of inaction, leading to the imposition of a condition whereby every woman in labour had to receive continuous one-to-one care from a midwife during labour. One Member asked if registration could be considered equivalent to a 'kite mark'; to an extent this was the case, as it demonstrated compliance with the Regulations, although direct parallels may be inappropriate. However, some Trusts were not fully compliant but had been registered, although were in receipt of letters outlining CQC's concerns which would be monitored; this status fell short of the harsher terms imposed by formal conditions. CQC was an arms-length body, but reported to the Department of Health. In summary, given the constantly evolving policy backdrop for this organisation, the relevance of a future update was agreed by Members present.

RESOLVED: that:

- 1) The report be noted;
- 2) A possible future slot for an update in approximately 6 months from CQC be considered in the next Work Programme discussion held by the Committee.

24. SAFEGUARDING VULNERABLE ADULTS

Linda MacEachen (Safeguarding Adults Co-Ordinator, Wokingham Borough Council) presented the item covered on agenda pages 18 to 47. The previous Government's policy on the matter had been set out in 'No Secrets', but there was no legislative Act as was the case in the safeguarding of children. However, this was now being reviewed, with legislation likely to be put in place and adult safeguarding boards to be put on a statutory footing. In terms of referrals of cases in Wokingham, there had been 211 in the last year, with 97 involving the elderly, 82 learning difficulties, 8 physical issues, 12 mental health and 12 carers. Referrals are drawn from organisations such as the NHS, Police and Housing Services and investigations are dealt with under the Community Care Act; at all times, the safety of the vulnerable adult is the paramount concern. Investigations look at the balance of probabilities when making decisions, rather than the higher criminal threshold of 'beyond all reasonable doubt', and 72% of claims were substantiated last year.

In terms of the deprivation of liberty safeguards, the matter needed delicate resolution in many cases. The central difficulty here was that the people involved may well lack the ability to make the decisions themselves, and that the deprivation of their own liberty may have to take place to safeguard them; legislation in the area was very complex. In

2009/10 there had been 20 applications for the deprivation of liberty, with 4 granted; the first quarter of 2010/11 had seen 11 referrals, with an anticipated 50% increase over the course of the full year. The prevention of abuse was the main focus of the team, with the Safeguarding team aiming both to respond to cases of abuse and intervene before abuse took place where possible. Johan Baker had been appointed as Prevention Advisor, starting a two year contract in August 2009. Awareness raising events were being held, such as the 'Green Stickers' initiative (part of the Safer Places Scheme) whereby locations with suitable policies could display their accreditation. Johan also worked with the Community Safety team and offered support to the voluntary sector and vulnerable people.

The prevention strategy sought to stop abuse taking place in people's homes, the community and in services provided to the vulnerable. In people's homes, the police and community safety wardens were involved, and a Home Refuge policy was in place to offer physical security (e.g. locks on doors) to ensure that the vulnerable were protected. In the community, the Bradbury Centre reported on hate crime prevention, and campaigns such as Have A Safe Christmas and National Personal Safety Day were organised to highlight key issues. However, it was also key to avoid creating a climate of unnecessary fear, meaning that the right balance had to be struck. Wokingham Borough Council had a multi-agency approach, and was currently reviewing related policies and procedures – once agreed, it was intended to put these online.

The Committee discussed the presentation and made a number of comments. Regarding care governance, there was a team of three in charge of this area, although all employees had a degree of responsibility for detecting abuse. To ensure the best results, links with other authorities (in particular West Berkshire) and the Local Government Association were maintained. However, the picture was complicated by the fact that cases of abuse would seem to be under reported; a study in 2008 had estimated that 4% of vulnerable adults are subjected to abuse, which would represent over 700 adults in the Wokingham Borough Council area; Johan Baker was working on this matter. Officer contact was also being improved by forums such as 'Supporting People' with all related staff also receiving at least Level 1 training, whilst work was undertaken with police and community wardens to avoid abuse of the Green Sticker initiative.

RESOLVED: that the report be noted.

25. QUALITY ACCOUNTS OF THE BERKSHIRE HEALTHCARE FOUNDATION TRUST

Dr Justin Wilson (Medical Director, Berkshire Healthcare Foundation Trust) set out the main points of the quality accounts, as published on agenda pages 48 to 106. This was the first year of full publication of quality accounts by the mental health Trust which covered Berkshire. Much of the information included was mandatory under Department of Health regulations, and much detail was present in the reports given the production of local quality accounts with specific information on each team.

The first section of the account was a foreword by the Chief Executive; the next dealt with the Trust's key objectives; in particular, patients had not always perceived their treatment as being polite, whilst the culture and values workstream was of particular importance given the focus on mental health. In this area, perception was of crucial importance as well as reality on the matter of patient safety. Overall the results ensured unconditional CQC registration. The third section of the quality account outlined performance against key indicators, with the measurements themselves being developed to enable deeper

analysis. Additional information from specific services was available if requested, but not published in the quality account.

The Committee discussed the presentation and made a number of comments. Regarding mixed wards, the aim was to ensure gender separation at all times; although this had not proved completely possible, it was the case that patient bays were always separated. General wards would never be used for mental health patients; if there was a surfeit of demand in one area, then a transfer to a similar facility in another area would be pursued.

In terms of staff harassment, over 20% of workers had felt this during their employment; Whistleblowing and Dignity & Respect policies were in place to assist in this. The report outlined 121 errors in distributing medication; the Committee sought clarification on this. Dr Wilson reported that, in the last quarter, 42 low risk, 2 minor and 1 moderate incident had been recorded, with no untoward or serious cases reported. Most commonly, these cases involved the omission of medication; however, should rising numbers occur in future, this may actually be a positive sign as it could indicate better reporting rates rather than an increase in the actual number of errors made. As to whether these incidents mainly took place during night or day shifts, this information could be found on request. Formal complaints were received via the PALS service (which was advertised across the Trust), which would then be referred to the Chief Executive who would report back. Before that point, it was intended to engage with patients and families to ascertain matters of concern; the reason for the rising number of complaints was unclear, and no clear pattern seemed to be emerging. Questionnaires were used to measure patient satisfaction, with questions and the methods of responding tailored to suit the audience concerned.

On the subject of measuring the progress of the learning culture, the culture and values workstream appraised such matters via surveys and measurements regarding supervision, but specifics were difficult to produce for such a qualitative area. The fears of staff around reporting concerns could also hamper precise measurement. The various services aimed at different age ranges (e.g. CAMHS) had established interfaces to ensure continued service; age cut offs were also not rigidly applied depending on the patient's circumstances. Part of 'Next Generation Care' was also about ensuring communications between different services (e.g. Early Intervention, Assertiveness).

In responding to the quality accounts, the Committee requested that the thorough and clear nature of the report, the scale of the organisation and the progress made on MRSA and Clostridium Difficile infection rates be noted.

RESOLVED: That:

- 1) Information on the proportion of medication errors occurring during day and night shifts be provided to the Committee;
- 2) Democratic Services draft a response to the quality accounts, to be agreed with the Chairman and Vice Chairman;
- 3) The Royal Berkshire NHS Foundation Trust Quality Accounts be noted.

26. LINK UPDATE

Ella Hutchings (Interim Partnership Development Officer, Wokingham Borough Council) introduced the report on agenda pages 107 and 108, asking those present to make special note of the positive meeting held with Edward Donald (new Chief Executive of the Royal

Berkshire Hospital). Christine Holland also distributed copies of the Wokingham LINK's annual report to Members; the project reports had been sent to PCTs and the work of the organisation was gaining in public profile.

RESOLVED: That the report be noted.

27. COMMITTEE WORK PROGRAMME 2010 - 11

The Committee first considered the subjects which it wished to raise with Edward Donald, now confirmed to be a guest at the meeting on 29 September 2010. Although some matters would arise in the course of his presentation, the Committee requested that the following matters be highlighted as of particular interest:

- Priorities for the Royal Berkshire Hospital
- Strengths and weaknesses of the hospital
- How the Committee could assist the hospital
- The 'Equity and Excellence' white paper
- Matters of concern highlighted by Committee in June (e.g. maternity, infection rates)

The LINK Host Presentation was confirmed for 29 September 2010. The Next Generation Care item was also confirmed for November 2010, but the linked visit would require organisation between the Committee and the host organisation. A night visit to the Clinical Decision Unit would need to be investigated. Further to this, an invitation to Chief Executives from mental health trusts in March 2011 might allow the Committee to pursue points of interest arising from the Next Generation Care item. A response on the matter of X rays was imminent, and should be available for the next meeting. Finally, an item on the future of the NHS and any resulting impact on the overview and scrutiny of health was requested by Members.

RESOLVED: That:

- 1) Democratic Services communicate the matters of interest to Edward Donald to assist in his preparations for the Committee meeting on 29 September 2010;
- 2) Ella Hutchings investigate the possibility of a night visit to the Clinical Decision Unit prior to the Committee meeting on 24 November 2010;
- 3) That Community Care Services be asked to assist in preparations for an item on health and social care;
- 4) That a presentation on the future of the NHS and the impact on health scrutiny in local authorities be added to the agenda for 29 September 2010.

28. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

The Chairman raised the forthcoming meeting for the South Central Area Health and Scrutiny Committees, which would be held in Southampton during November 2010. Given the imminent changes to local authorities' health scrutiny arrangements, Members present were informed that this meeting may well provide a large amount of relevant information.

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.

TITLE	Update on Practice Based Commissioning
FOR CONSIDERATION BY	Health Overview & Scrutiny Committee on 29 September 2010
WARD	None Specific
GENERAL MANAGER	Susanne Nelson-Wehrmeyer, Head of Governance and Democratic Services

OUTCOME

To receive an update on Practice Based Commissioning, which was last reviewed by the Committee on 24 September 2009.

RECOMMENDATION

Members are asked to:

- a) Note the update from Dr Stephen Madgwick, Head of Practice Based Commissioning and System Reform at NHS Berkshire West and General Practitioner.
- b) make any recommendations based on the information provided.

SUMMARY OF REPORT**Background**

At its meeting of 24 September 2009, the Committee received a report from Dr Stephen Madgwick on the progress being made with Practice Based Commissioning (PBC) within Wokingham Borough. In summary, PBS is the process of assessing the need of a service, designing it, buying it and then monitoring its performance.

Members were informed that the fact that NHS resources would not increase in the near future made the need to secure the best services for the funding available paramount. In addition, depression and anxiety had increased in the Wokingham area, and therefore work was being undertaken to improve staffing for face to face counseling.

The importance of keeping GPs up to date about new treatments, new pathways available and the best way to refer patients was also stressed, with accurate referrals ensuring the best use of resources. Training sessions for GPs on these matters were currently held every two months.

The Committee had requested that Dr Madgwick provide an update in 12 months time.

Analysis of Issues

n/a

Reasons for considering the report in Part 2

n/a

List of Background Papers

n/a

Contact Dave Gordon	Service Governance & Democratic Services
Telephone No 0118 974 6013	Email dave.gordon@wokingham.gov.uk
Date 24 September 2010	Version No. 2

Equity & Excellence: Liberating the NHS

Health Overview and Scrutiny
Committee 29 September 2010

Dave Gordon
(Senior Democratic Services Officer)



Headlines

- Patient Choice & Control – *'no decision about me without me'*
- 'Political Micromangement' to stop – more power to GPs, local providers etc.
- Less NHS Management – 45% funding cut by 2015
- PCT responsibilities to be transferred to local authorities. Strategic Health Authorities also to end.



- HealthWatch England to be 'consumer champion' – will sit within Care Quality Commission
- LINKs to become 'local HealthWatch'
- Overall, reflects 'Big Society' ideology – localism, less Whitehall & more town hall.



Implications for HOSC

- KEY SECTION OF WHITE PAPER FOR HOSC – Page 35
- Local authorities (LAs) to be responsible for:

- Promoting integration and partnership working between the NHS and other local services and strategies
- Leading joint strategic needs assessments
- Building partnership for service changes and priorities.

THESE FUNCTIONS WOULD REPLACE THE CURRENT STATUTORY FUNCTIONS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEES



More or Less Power to Scrutinise?

- Previous slides – powers changing considerably
- All GPs to be part of consortia – GP Consortia to 'have a duty to work in partnership with LAs' on health commissioning
- NHS Commissioning Board – to take over assessing NHS Commissioners and GP Consortia
- Health and Wellbeing Boards to be set up within LAs



Health & Well-Being Boards

- Health improvement role of PCTs will transfer to local councils.
- New roles implemented through Health and Well-being Boards (in place by April 2012). These will:
 - Join up healthcare, social care and health improvement
 - Promote integration and partnership
 - Lead on assessing local needs
 - Build partnerships for service change and priorities



Key Future Dates

- 20th October 2010 – Comprehensive Spending Review
- Autumn 2010 – Decentralisation and Localism Bill to be introduced in Parliament (expected to be passed November 2011). Health Bill may be similar timeframe.
- April 2011 – local Government expected to have completed move to new reporting regime (replacement for CAA et al)
- At present, future not clear – these milestones should give detail to new LA environment.





Your voice on local health and social care

ITEM 37:00

Wokingham Local Involvement Network

Achievements to date

- **Relationships with our stakeholders**
- Place on the Health & Wellbeing Partnership, Various public involvement roles within the PCT and RBH, regular meetings with Berkshire Healthcare, Invitation to take part in the PCT AGM and take part in 'Health Network' meetings. Community workers are making use of the LINK and recommend people to us
- **Working with Reading and West Berkshire LINKs**
- Regularly meet with and share work streams with and receive speakers from stakeholders
- **Putting the needs of people with sensory needs on the agenda of our Trusts and local authority** an example of a piece of work that involved engaging and feeding back
- **Disabled Access to GP Premises/ Patient Information**
- Results of a survey and recommendations have been made to the PCT and have in turn been discussed with practises. CTPLD asked to see this to help with their annual self assessment.
- **Change in RBH policy**
Issue was Daughter had an operation in May to straighten toes of one foot which resulted in the need for boots to be remade. The hospital informed her she would need to go to her GP for a referral to the prosthetics department, a practise which she was told has changed recently and a referral would be needed every 6 months from now on. This is the first time she has been told she needed a referral for boots to be renewed/adjusted.
Positive outcome for the carer - the PCT said the Trust introduced the change in protocol without prior discussion with the them. The Trust has agreed to revert to the previous open door approach for patients until further notice. The PCT will be working with the Royal Berkshire Hospital NHS Foundation Trust to review the orthotics service.

Involving LINK participants

20 LINK participants met with Ed Donald CEO of RBH, and 25 participants have shown an interest in our rescheduled meeting with a CQC representative. LINK participants have come forward to offer their support of the LINK work. Our data centre numbers are currently 589.

Referrals, signposting and compliments

Someone was referred to the LINK as they had a new client with learning disabilities who needed some dietary advice. The LINK signposted them to NHS Berkshire West Health Trainer Service and through the LINK community survey the LINK was able to signpost someone to PALS to locate an NHS dentist near to them which the client has come back to the LINK with a compliment.

Current work plan

Medical Usage Review-

- Recommendation to the PCT to ensure patients understand what a medicine usage review is. The LINK is working with the PCT on this.

GP Appointment Access Survey

- Looking at difficulties with booking appointments this report is to be finalised very soon.

Carers Respite

- The LINK has, for nearly a year, sought information on where carers respite funding has been spent from the PCT. In a recent response information has been provided to show which organisations receive funding from the PCT but no breakdown of amounts spent have been forthcoming.

Joint Neurological Conditions Survey reports of 7 of the 8 conditions surveyed have now been drafted this is to be concluded in December.

Westmead –

- Making sure the voices of clients of Westmead are being heard and to ensure fair play and that the views of the clients of this service are properly represented and taken into account.

Norreys

- The LINK is working with Norreys development worker on healthier lifestyles concentrating on healthy eating.

Community survey

- 134 responses have been received from approx. 700 questionnaires. The results are to be analysed by an independent analyst and a report is to be finalised in December.

CAMHS

Working with parents from ASD Family Help and the Local Implementation group for the National CAMHS strategy to provide service feedback.

What the LINK can do by March 2011

- Follow up any outstanding recommendations for service change Following reports that are due for completion in December 2010
- Keep LINK participants informed about HealthWatch
- Supporting NHS Berkshire West 'Care for the Future' programme

Report from NHS Berkshire West

Care for the Future

1. Purpose of the Report

The purpose of this report is to give members of the committee an overview of the Care for the Future programme. As a key stakeholder, views would be welcomed on the level of engagement required with the HOSC during the pre-consultation phase over the coming months.

2. Introduction

NHS South Central, NHS Berkshire East, NHS Berkshire West and NHS Buckinghamshire have agreed to cooperate to develop a strategic plan for the health economy of Berkshire and Buckinghamshire.

The **scope of work** covers local residents' major life stage and care needs, such as urgent care, planned procedures and appointments, long term conditions and end of life, maternity and paediatrics. Mental Health has been excluded from this programme. The scope will address quality of care and ensure the most effective use of NHS resources.

The **purpose** of the initiative is for the commissioners to work with the involvement of local providers and with key stakeholders and the public to design high quality and affordable models of care for the residents of Buckinghamshire and Berkshire.

The **aim** of the work is to develop a shared vision for the people we care for in order to improve quality of life and life expectancy within the resources available to us, taking into account current and future healthcare needs of the local population; UK and international guidance on quality in healthcare and increasingly focusing in prevention as well as treatment.

3. Governance and Programme Structure

A **Steering Group** for the programme has been established to govern the process and to provide direction, challenge and validation. The group consists of the CEOs of the sponsoring PCTs, the CEOs from the three local Acute Trusts, the CEO of Berkshire Healthcare Trust (as the preferred provider of Berkshire's community health services) and the NHS South Central Director of Finance. At key points in the programme the Steering Group is extended to include the **Clinical Leadership Group** (consisting of the six Clinical/Medical Directors from the PCTs and Trusts).

Reporting in to the Steering Group are a number of work streams managed by senior staff from the participating organisations – in-hospital care, out of hospital care, communications and engagement and enablers (transport, estates, IT).

4. Progress to date

The first phase of this programme aimed to identify the scale of the challenge faced, the implications and opportunities available, and develop a shared vision of safe and sustainable NHS services.

Four Care for the Future clinical working groups were set up. These were led by medical directors and included GPs, consultants, nurses and midwives, patient and public representatives and other health professionals such as pharmacists, dieticians and physiotherapists from across our seven organisations.

This phase of work also included far-ranging and in-depth analysis of a range of public health, financial and performance data.

The programme is about to enter the second phase. This involves:

- The development of an overall commissioning plan which integrates and aligns patch specific plans and business cases
- Identification of any changes that require consultation
- Engagement and consultation on options for change

It is likely that any formal consultation will take place towards the end of the year.

5. Public engagement and consultation

The programme is still at an early stage with the vision of Care for the Future emerging. More discussion is needed to assess whether they will work in practice and, if so, how we will implement them. This will be led by the doctors and nurses who are providing the services now, and who will be providing them in the future.

In the coming months we will be discussing the emerging vision with our own employees, with doctors, nurses and GPs and with other NHS organisations. We will also be asking, patients groups, communities and the public for their early views on these findings - this is planned for the autumn. Feedback and views from this process will be reflected in formal consultation proposals later in the year.

The Wokingham HOSC is asked how it would like to be involved in this pre-consultation phase.

Report from NHS Berkshire West

1. Purpose of the Report

This report aims to give members background to changes to specialist palliative care and plans for forthcoming public engagement.

2. Background to Specialist Palliative Care and the PCT's End of Life Strategy

NHS Berkshire West's strategy for end of life services is to provide a high quality and comprehensive range of services along the end of life pathway - from the early identification of patients to the provision of bereavement services for their families. Over recent years, it has been working with local stakeholders to develop a new service model and care pathway to modernise the palliative care services. This has resulted in a strong consensus about how services should be delivered in the future.

The PCT intends to further enhance its 'hub and spoke' service to facilitate improved and equitable access to specialist palliative care beds, and support the development of local community based palliative care services. The hub refers to specialist inpatient beds and the spokes refer to a range of services working across the whole of Berkshire West. This includes existing designated beds in community hospitals and community based palliative care services to support patients and families at home.

It is anticipated that this new approach will improve the quality of care throughout the whole palliative care pathway and reduce the number of inappropriate acute hospital stays. These changes will create a significant opportunity to establish a leading edge model for delivering palliative care services, consistent with best practice and the national End of Life strategy.

3. Engagement

Our engagement plans include work with patients, carers, staff, volunteers, clinicians and local groups to ask them for their views on what quality standards could be applied to the services – for example, initial discussion has shown that care closer to home with equity of access and choice are important elements. The hub and spoke model will enable resources to be directed at enhancing the community service by introducing locality skill mix teams. We will aim to seek views on:

- Where would you suggest these teams be based and what services should they provide that will better support patients and reduce the need for them to be admitted to the inpatient specialist palliative care units?
- Would holding clinics in a range of settings such as care homes, facilitate a reduction in inappropriate unplanned hospital admissions?

All feedback and views will then be fed into the development of the services and the PCT will feedback to those who took part what has been implemented.

Materials are being developed and it is envisaged that engagement activity will take place mainly through a number of deliberative events as these are best suited to a discussion around quality.

TITLE	Work Programme 2010/11
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 29 September 2010
WARD	None Specific
GENERAL MANAGER	Susanne Nelson-Wehrmeyer, Head of Governance and Democratic Services

OUTCOME

To consider the Committee's Work Programme for 2010/11.

Members are asked to:

- (1) agree the proposed Agenda for the Committee's next meeting on 24 November 2010; and
- (2) discuss and agree the Committee's work programme for forthcoming meetings.

SUMMARY OF REPORT**Background**

The Committee has been developing the work programme for 2010 /11 at its first two meetings of the Municipal Year. A draft Work Programme for 2010/11 is attached as Appendix A, based on this work and updated as a result of discussion at the meeting on 27 July 2010.

1. The LINK Host Presentation, originally scheduled for 29 September, has been moved back to 24 November 2010 due to the number of other items that were scheduled for the September meeting as requested by the Chairman.
2. Contact has been made regarding the following proposed agenda items:
 - NHS Direct
 - Patient Records
 - 'Next Generation Care' and discussion of visit to mental health facilities (provisionally scheduled for 24 November 2010)

In addition, a response has been given regarding X ray misdiagnosis rates by Dr Jonathan Fielden; as of 24 August 2010, more detailed responses were being sought from within the Royal Berkshire Hospital NHS Trust.

At the time of agenda publication, contact with the Royal Berkshire Hospital has been made regarding the night visit and Members have been emailed to obtain information on availability. Volunteers for the visit are requested, and once logistics are resolved action will be taken to ensure that this event occurs in time for a report back on 24 November 2010, provided RBH can accommodate this request.

The Work Programme will be a rolling programme of work that will be amended throughout the municipal year. Items can be addressed as and when they arise or come to the attention of the Committee.

In 2009/10 the Committee discussed the idea of having fewer topics at each meeting that they can look at in more depth, the possibility of having extra meetings or meetings/task groups to look at particular topics. These could be taken forward in 2010/11 if the Committee has specific topics or requests it would like to review/investigate.

Future Meeting Dates

Wednesday 24 November 2010, Monday 24 January 2011 and Wednesday 23 March 2011.

Analysis of Issues

n/a

Reasons for considering the report in Part 2

n/a

List of Background Papers

n/a

Contact Dave Gordon	Service Governance & Democratic Services
Telephone No 0118 974 6013	Email dave.gordon@wokingham.gov.uk
Date 24 September 2010	Version No. 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme from July 2010

Please note that the work programme is a 'live' document and subject to change at short notice.

The information in this work programme is subject to approval at the Committee meeting scheduled for 29 Sept 2010

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

HEALTH OVERVIEW AND SCRUTINY WORK PROGRAMME

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
24 November 2010	Joint Strategic Needs Assessment	Report on results of the Annual Joint Strategic Needs Assessment.	To keep the Committee informed of current results.	Bev Searle Mike Wooldridge
	LINK Steering Group Presentation	Annual Presentation by the LINK Steering Group to report on the work they have been doing and future plans.	To keep the Committee informed.	Ella Hutchings
	Next Generation Care	To follow up findings regarding a visit to mental health treatment facilities, and discuss Next Generation Care with an NHS representative.	To follow up HOSC visit findings	
	Report on Night Visit to Clinical Decision Unit	To update the Committee as to a night visit to the facility and matters arising.	For information	Members present at visit.
	LINK Host Presentation	To update Members on the work of the LINK, intentions for the rest of the contract (until March 2011), possible info about future of LINKs if available at the time, and a general overview for new Members.	To keep the Committee informed	Ella Hutchings
	LINK Update	Standing Item	Update on progress	Ella Hutchings
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings
	NHS Berkshire West Annual Performance and Finance Update		To inform the Committee of the current position and explain any issues/future pressures, as well as highlighting any areas of concern that the Committee may need to consider further.	
24 January 2011	Changes to provider services	To report on how Health and Social Care will work together in light of the changes to provider services from April 2011.	To highlight changes about to be implemented.	Bev Searle Stuart Rowbotham/or rep
	CQC Adult Social Care report	To inform the Committee of the results of the Care Quality Commission assessment.	To inform the Committee.	Pat Jones
	LINK Update	Standing Item	Update on progress	Ella Hutchings

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings
23 March 2011				
	LINK Update	Standing Item	Update on progress	Ella Hutchings
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings

CQC Up
Registra
Health
Provider

ITEMS TO BE SCHEDULED

ITEM	AS AGREED at meeting of:	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER/ CONTACT OFFICER

REGULAR ITEMS FOR CONSIDERATION

FREQUENCY	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER/ CONTACT OFFICER