

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 24 NOVEMBER 2010 FROM 7.00PM TO 8.40PM**

Present: Tim Holton (Chairman), Andrew Bradley, Phil Challis, Alistair Corrie, Kay Gilder, Lee Gordon-Walker, Kate Haines and Charlotte Haitham Taylor

Also present:

Charlie Draper, Berkshire NHS

Pat Evans, Wokingham LINK

Christine Holland, Wokingham LINK

Tony Lloyd, Wokingham LINK

Stuart Rowbotham, General Manager Community Care

Bev Searle, Berkshire West PCT

Nicola Strudley, Regional Manager, Berkshire LINKs

David Townsend, Berkshire Healthcare NHS Foundation Trust

Michelle Wooff, LINK Development Officer

Mike Wooldridge, Development and Improvement Team Manager

Dave Gordon, Senior Democratic Services Officer

40. MINUTES

The Minutes of the meeting of the Committee held on 29 September 2010 were confirmed as a correct record and signed by the Chairman.

41. APOLOGIES

Apologies for absence were submitted from Malcolm Armstrong, Gerald Cockroft, Norman Gould and Emma Hobbs.

42. DECLARATION OF INTEREST

Kate Haines declared a personal interest with regards to her ongoing complaint with the Royal Berkshire Hospital.

43. PUBLIC QUESTION TIME

There were no public questions

44. MEMBER QUESTION TIME

There were no Member questions

45. JOINT STRATEGIC NEEDS ASSESSMENT

Mike Wooldridge introduced the report as published in the agenda papers pages 9 to 15. As the process had yet to be completed, the report discussed the current position and the methods adopted rather than the final results. The Joint Strategic Needs Assessment (JSNA) was a statutory requirement and was in its third year, and as a result was being evaluated with a view to improving the process. Previous JSNAs had been concerned with pulling together data into one document; this year, decision makers were being consulted with regards to the information they required on funding priorities. This would be coordinated in conjunction with the Primary Care Trust (PCT) and involved input from key staff. A phased approach was being adopted, with three phases being used; the first had completed its work on dementia, strokes, cardiovascular disease, diabetes and coronary obstructive pulmonary disease. Phase two concerned children and young people, a demographic overview of Berkshire West, long term conditions and the elderly, mental health and prevention and was due to reach a final draft stage before the end of 2010, and

phase three would investigate cancers, health inequalities and wider determinants of health. The Committee was advised that it may wish to return to the subject in March 2011 as the JSNA should be completed by this stage.

Bev Searle added that phase one was focused on long term conditions; this was a major point of interest given the increasing life expectation of residents and the need to ensure that these extra years were healthy and avoided unnecessary admissions to hospital. In terms of prevention, the issues which were noted (e.g. smoking, exercise) tended to be the same as predicted, and work on prevention as well as care would be required.

Committee Members made comments as follows:

- How were the priorities for the different phases decided?
The focus on long term conditions for phase one was based on their status as the greatest concern and an appraisal as to the potential to make better use of resources was undertaken. To make these judgements, the most relevant information and evidence had been used.
- Had the impact of new housing been taken into account?
As well as considering housing for the elderly, the impact of the overall housing strategy had been taken into account as part of JSNA. However, this was not duplicated in the report in the agenda papers.
- The report said that JSNA had been agreed by the Berkshire Commissioning Partnership; who was involved in this body?
This body was chaired by Bev Searle, and also involved practice-based commissioners. The development of this group will be informed by the Equity and Excellence White Paper and the subsequent Public Health Bill, and may be superseded by the required Health and Well Being Board. The timeframes would be dictated by the Public Health Bill; whilst the structure would be complex given the presence of three local authorities in the area, it should be a profitable means of engagement with health partners.
- On prevention, how would we invest in this matter and what areas might lose out as a result? Would there be a forum for discussion on these decisions?
This would be a major challenge in the future, with the Health and Well Being Partnership being one area; however, the Committee may also wish to invite the Director of Public Health to discuss this. In addition, the voluntary and business sectors could be important, as well as consultations with the local population. It was also noted that individuals could make changes to their lifestyles to assist in this (e.g. regular exercise to reduce blood pressure). Adult social care had invested (e.g. a befriending service) to encourage activity amongst the elderly population; this matter could also be discussed should the Committee ask for the item to return before it.
- Given a potential problem with funding medication, was it possible that people may be forced to pay for care which resulted from lifestyle choices? What was being done to prevent childhood obesity, diabetes and similar health problems? What might be the impact of a withdrawal of funding from schools sports?
The first point here would be a matter of national Government policy. Children's issues would be discussed as part of the Children and Young People's Plan. The funding for sports would be a matter for consideration by schools.
- Was nutrition being considered as part of prevention?
JSNA was a longer document and such details may be present in the full papers; the full JSNA would eventually be available on the Berkshire Observatory website and the link would be circulated upon publication.

RESOLVED: That the report be noted.

46. NEXT GENERATION CARE

David Townsend discussed the report circulated in the additional papers. The document laid out the plans of the Berkshire Healthcare NHS Foundation Trust for the next two years and was intended to meet the requirements of the new strategies on dementia and service provision. It also incorporated the move towards personalised service and personal budgets. In the past year, the Trust had been gathering information and reviewing its services, with eight workstreams feeding into the process. The document outlined the envisaged changes, and investment in technology was proposed. It was intended that this would enable the Trust to handle the process quickly and provide rapid triage to ensure that patients received appropriate treatment.

The core pathway was the bulk of adult provision; this should increase the hours of availability and the provision of in-house community care. By using evidence-based data and better defined pathways, it should be possible to merge a range of services (e.g. in-patient wards, urgent care services) under one management structure. However, services would still operate locally; it was their coordination and management which would be centralised.

West Berkshire was developing day service care for the elderly and was ahead of East Berkshire in this area. Sessional groups and service enhancement would be employed to meet the increased number of dementia cases, with technology also used to support these efforts; however, technology would not replace but be used to offer better access to relevant information, greater storage of material and other such possibilities.

Stakeholder engagement had informed the process, and planning was now being undertaken to turn the vision into reality. The translation into delivery would begin in April 2011 and was intended to last two years; detailed planning had now begun.

Committee Members made comments as follows:

- In terms of centralisation, could this be extended beyond Berkshire?
At present, the Trust operated out of six main bases, with the total number of centres being approximately 20. This meant that keeping track of all matters was not easy; this had led to the investment in technology. In addition, some services such as triage had to be maintained on a more localised basis.

Stuart Rowbotham added that WBC was working closely with the services involved, with discussions ongoing with staff on mental care. This was also closely linked with the transformation of community care; the contract had been negotiated and WBC would have a significant input, which may mean that the Committee could want regular updates (especially on efficiency targets). Whilst the budget was protected, an increase in demand could lead to priorities being evaluated. The Equity and Excellence White Paper indicated that any new larger Trust would mean greater WBC involvement given the pace of change; work would be undertaken alongside David Townsend to ensure the right outcomes.

- Should WBC become more responsible, how would night cases be handled?
WBC had a 24 hour crisis team; however, the bulk of WBC work would be in relation to engagement and commissioning, but WBC wanted to offer 24 hour support where applicable.

RESOLVED: That the report be noted.

47. REPORT ON VISIT TO CLINICAL DECISION UNIT

Kate Haines discussed the visit, as reported in the agenda papers pages 16 to 18. The visit had been very busy, with one and a half hours spent on site; a main conclusion had been that getting access to all required services could be a problem for patients, with the Clinical Decision Unit (CDU) endeavouring to become a 'one-stop shop'. Members were asked to consult the report for further details.

Committee Members made comments as follows:

- The report said the CDU had a target of 2-3 hours; which applied?
This was unclear, but CDU was reaching their target. Many of the patients were elderly, and those who visited had been reassured by the level of staffing. Patients were also well informed as to the care pathways open to them, which was vital in such a stressful location for those in its care.
- Were their plans to change the areas where male and female patients were mixed?
This solution did make matters easier to manage, and was handled sensitively (e.g. screens were used). In addition, patients were only in a mixed environment for a short time before being returned to separate wards. However, in terms of assessing patients' views on this, the visitors were not allowed to engage in direct discussions with patients on any matters during the visit. Despite this, a survey had recently been undertaken and patient feedback had been positive.
- The report noted that patients who became violent towards staff may be allocated to the main ward. Did this distress patients in this facility? Could the Committee undertake any work relating to patients who remained in care longer than was necessary?
Yes, this very question had been raised during the visit. Given facilities, perfect solutions were not possible, but the matter was handled well considering the situation. On those who remained in care longer than required, work was being undertaken to resolve this recognised issue. In addition, the matter of unnecessary admissions was often overlooked.

RESOLVED: That the Committee write to CDU to register its thanks for their cooperation.

48. NHS BERKSHIRE WEST ANNUAL PERFORMANCE AND FINANCE UPDATE

Due to unforeseen circumstances, this item was deferred until the next meeting of the Committee on 24 January 2011.

49. UPDATE FOR HELP AND CARE

Nicola Strudley gave a presentation, as outlined on agenda pages 20 to 28. It was emphasised that the LINK was not a membership organisation, but involved all Wokingham residents and those that use health and social care services in Wokingham; at present, approximately 600 individuals had expressed an interest in its work at a variety of levels. It intended to deliver five outcomes; inclusion through engagement, being embedded in all commissioning processes, producing 5 reports on areas of health and social care, having a work plan that reflected community desires and having a positive working relationship with all stakeholders. This should assist in securing the overall aim of making a difference in health and social care for local people.

A community survey had been undertaken, with over 130 responses being given on priorities; at present analysis was being undertaken which would inform the future work of the LINK. One example of this had been the 'Take Notice' session held for adults with barriers to learning. The LINK was also committed to ensuring that the public were aware of changes to local provision, and avoided overreaction to stories regarding facilities such

as Westmead. An appointment survey had also just been published, and the recommendations it made were currently being pursued with the PCT. The LINK was also working in areas where service users were happier to communicate with it rather than directly with staff, such as at the Liberty of Earley house; Michelle Wooff had also attended team meetings to support this. A review of Child and Adolescent Mental Health Services had been completed, with a summary report due for publication by the end of 2010. It had also responded to the statutory guidance on the Adult Autism Act 2009 after consulting with those affected.

Partnership work with the Wokingham Area Access Group had led to the production of a training DVD for local businesses, whilst the potential for an event in Norreys to discuss the results of a healthy community survey was currently being investigated. The future was still a matter of some debate, but the evolution of LINKs was a concern; the possibility for a vacuum to emerge should its role change needed to be monitored.

RESOLVED: That the report be noted.

50. UPDATE FROM WOKINGHAM LINK STEERING GROUP

Christine Holland spoke to a report tabled at the meeting. The future of the organisation was uncertain, but the work of the LINK to reflect local concerns would continue. One project concerned Medication Utilisation Reviews had been re-opened, and information would be distributed via the database to interested parties. Another project emerging from the community survey centred on the uncertainty of residents as to who to contact to obtain information regarding care in health and social care. It was intended to distribute documents which would be easier for patients to understand as a result of this initiative.

A key question faced by the LINK was the fact that the information was available but that local residents could encounter problems locating it. However, the increased involvement of the public in health (for example the presence of two local residents at tonight's meeting) was a positive sign that this could take place.

Committee Members made comments as follows:

- How did the LINK envisage taking its projects forward?
At present, information was often available electronically or via mailing lists, but there were concerns that this led to many relevant residents being omitted. It was intended that this would be resolved by using other channels. Those who knew NHS systems may find it easy to obtain information, but other means of communication (e.g. leaflets in GP surgeries) could be of assistance for the wider population.
- Why did people often struggle with health problems in silence? Also, forms for obtaining care could often be laborious; could they be made more user friendly?
The information was available, but the lack of knowledge amongst many potential patients was the issue. Social Security bodies had started to assist, referring people to the LINK, but more communications were required. Equally, whilst much of the information may be out there, it may require significant simplification. The 'digital divide' was also a concern.

RESOLVED: That the report be noted.

51. COMMITTEE WORK PROGRAMME

The Committee discussed the work programme, as detailed in agenda pages 29 to 35. The possibility of a discussion on public health and prevention on 23 March 2011 was raised and agreed, with the possibility of including some figures on the current situation to

be investigated to help inform deliberations. A visit to maternity services was also raised, which could be organised to take place in time to report back to the 23 March 2011 meeting. Also, the Committee could use the last meeting of the municipal year to launch a two year review into its own activities, and use this to plan future activity; the LINK update at this meeting could also discuss the results of the community survey discussed at tonight's meeting. Finally, the two CQC items could be placed on the agenda for 24 January 2011, although would remain as separate items given their diverse topics.

RESOLVED: That

- 1) Both CQC items be placed on the agenda for 24 January 2011 but remain as separate items;
- 2) A discussion on public health and prevention be scheduled for 23 March 2011, with figures on the current situation to be supplied to the Committee;
- 3) A visit to Maternity Services be scheduled for February 2011 to report back to the Committee on 23 March 2011;
- 4) A summary of the Committee's work in the last two years be scheduled for the meeting on 23 March 2011;
- 5) The LINK update on 23 March 2011 include the results of the community survey.

52. HEALTH CONSULTATIONS

Tim Holton registered his thanks for the work undertaken on the agenda item, as contained in the agenda papers pages 36 to 55. On the Royal Berkshire NHS Foundation Trust, members were asked to express an interest in an event regarding Quality Accounts; interest was expressed in the meeting on 31 January 2011.

53. REPORT FROM SOUTH CENTRAL HOSC MEETING

Dave Gordon spoke to a report tabled at the meeting outlining the main points made at this meeting. Previous activity raised at the event was a series of engagement events held across the region, with a Member and officer having attended one held at the Madejski stadium; the views of this meeting, and the composite response based on the views of all six, were presented to Members. In addition, a consultation regarding 'An Information Revolution' would be held on 10 December 2010, and any Members keen to attend were given application forms to register their interest. In terms of clarity regarding the future of the Committee, this had not been forthcoming, although Members were advised to be alert for any emerging 'trailblazer' examples within local authority areas which may become seen as templates for other Councils to follow. A mention was made of a review of children's cardiology services, although interest in this may be limited in the WBC area given the lack of any proximate centres. Finally, the fact that the work of the three authorities in the Berkshire West PCT had been noted by external parties was highlighted and commended to the Committee.

54. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

Members were referred to the current consultation taking place regarding the South Central Ambulance Service. They were also reminded that the remaining meetings for the municipal year would be held on 24 January and 23 March 2011.

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

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