

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON WEDNESDAY 23 MARCH 2011 FROM 7.00PM TO 9.41PM**

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

Also present:

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

Janet Maxwell, Director of Public Health, NHS Berkshire West

David Townsend, Berkshire Healthcare Foundation Trust

Christine Holland, LINK Steering Group

Tony Lloyd, LINK Steering Group

Mike Wooldridge, Development and Improvement Team Manager, Community Care Services, Wokingham Borough Council

Stuart Rowbotham, Strategic Director of Commissioning, Wokingham Borough Council

Rachel Masters, Partnership Development Officer, Wokingham Borough Council

Ella Hutchings, Principal Democratic Services Officer, Wokingham Borough Council

Kathie Smallwood, Member of the Public

Bill Smallwood, Member of the Public

67. MINUTES

The Minutes of the meeting of the Committee held on 24 January 2011 were confirmed as a correct record and signed by the Chairman.

68. APOLOGIES

There were no apologies for absence submitted.

69. DECLARATION OF INTEREST

Charlotte Haitham Taylor declared a personal interest with regards to her having used the Maternity Unit at the Royal Berkshire Hospital in the last few years and having written the Member Report about the visit to the Unit later on the Agenda.

70. PUBLIC QUESTION TIME

There were no public questions.

71. MEMBER QUESTION TIME

There were no Member questions.

72. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) SUMMARY

Janet Maxwell, Director of Public Health, NHS Berkshire West, attended the Committee to give a presentation, explaining the process, findings of the Joint Strategic Needs Assessment (JSNA) and how they were using the results.

The JSNA assessed the health needs of the population and was a collaborative process between the three Local Authorities in the area, NHS Berkshire West and the Joint Commissioning Board. The assessment focused on key areas to help inform commissioning priorities for the area.

The presentation, which had been included in the Agenda papers, covered the following information:

- Future population changes predicted;
- Life expectancy and deprivation information, including causes of death;
- Dementia information as an example of a key issue arising from the JNSA;
- Summary of the key issues that had emerged;
- Early intervention in maternity, and infant mortality, showing the differences between the three Local Authority areas, the key issues and gaps, and the commissioning recommendations for these topics;
- A diagram showing the related risk factors for Coronary Heart Disease causing death in people under 75 years old;
- Information about physical activity in the area, the key issues and gaps, and the commissioning recommendations;
- Finally, a slide listing the key findings and recommendations for commissioning, which were:
 - Ageing population;
 - Inequalities in morbidity and mortality (although this was less marked for Wokingham than other areas in the JNSA);
 - Rising prevalence of Long Term Conditions;
 - Unhealthy lifestyles;
 - Focus on prevention;
 - Increase in primary and community care;
 - Invest in good start to life;
 - Invest in good end to life.

Janet Maxwell explained that summary results were available on the NHS Berkshire West website, consultation was taking place with relevant groups, such as the LINKs, and Janet was going to each of the Local Authorities to give presentations on the results. Once this work had been completed the information would be available publically as well as to professionals. All commissioning would then be driven by the work of the JNSA, although work would continue in all these areas, as it was a rolling programme and areas would be revisited as the need to update them arose.

The Committee discussed the information and asked a number of questions for clarification. The Chairman thanked Janet Maxwell for presenting the findings and it was suggested that an update be brought to the Committee on this work as and when appropriate.

RESOLVED: That:

- 1) the presentation be noted;
- 2) Janet Maxwell, Director of Public Health, NHS Berkshire West, be invited back to the Committee to give an update on this area of work when appropriate.

73. PUBLIC HEALTH AND PREVENTION

Janet Maxwell, Director of Public Health, NHS Berkshire West, attended the Committee to give three presentations, explaining the forthcoming changes to Public Health and Prevention work arising from the 'Healthy Lives, Healthy People' Public Health Strategy which had come out of central Government and was being consulted on at the current time (see Minute 74 below).

The first presentation the Committee received on this subject was from the Department of Health and it had been emailed to Committee Members as well as being tabled at the meeting. The presentation covered issues such as the health background for England, the new approach proposed, how the Strategy planned to deal with health and wellbeing throughout life, how the new Public Health System would work under Public Health England and the proposed role for the Director of Public Health (the role that Janet Maxwell held).

The Committee were shown a diagram which laid out how Public Health funding and commissioning would work under the new system, some examples of how the commissioning responsibilities would work, the role of the NHS in Public Health, information about funding allocations and how the health premiums would work and the accountability for Public Health. The presentation also gave information about the Public Health Outcome Framework Vision, explanation of the criteria used to develop the proposed indicators and a diagram showing how the Public Health Outcome Framework would align with the NHS and Adult Social Care.

Janet Maxwell ran through the timetable for the Strategy, subject to Parliamentary approval of the legislation, and the picture for the overall transition to the new system. The 'Healthy Lives, Healthy People' consultation deadline was 31 March 2011 and the Committee would be submitting a response as per Minute 74 below.

The Committee then went on to receive two presentations that had been included in the Agenda, one giving more details about the funding the commissioning routes for Public Health and one giving more information about the Public Health Outcomes Framework, both as proposed in the Healthy Lives, Healthy People Strategy. These presentations went into more detail about what was being proposed, including tables about the proposed areas of Public Health and who would have a role in each area – the Local Authority, the NHS, Public Health England, GPs, NHS Commissioning Board and so on. The presentations also detailed the five domains covered by the proposed Public Health Outcomes Framework and the potential outcome measurements that could be used as indicators for these by which the work would be monitored.

The Committee discussed the three presentations and suggested that Janet Maxwell be asked to come back to a future Committee meeting, in six to nine months time, to give an update on the situation. The Chairman thanked Janet Maxwell for the wealth of information she had provided.

RESOLVED: That:

- 1) the presentations be noted;
- 2) Janet Maxwell, Director of Public, NHS Berkshire West, be asked to give the Committee an update on the situation with Public Health, in six to nine months time, as appropriate.

74. HEALTHY LIVES, HEALTHY PEOPLE: CONSULTATION ON THE FUNDING AND COMMISSIONING ROUTES FOR PUBLIC HEALTH – COMMITTEE RESPONSE TO CONSULTATION

The Committee considered the consultation paper on 'Healthy Lives, Healthy People' that had also been presented to the Committee at its last meeting on 24 January 2011, and the suggested responses that had been compiled by Charlotte Haitham Taylor that were included in the Agenda papers. Charlotte Haitham Taylor explained to the Committee that

she had been to a number of events related to the consultation and had worked on the suggested responses with Madeleine Shopland, Senior Democratic Services Officer, Wokingham Borough Council. The responses presented to the Committee were to be used as a starting point for discussion, following which the final responses agreed would be submitted formally by the deadline of 31 March 2011.

The Chairman informed Members that whilst he wanted the Committee to submit an agreed formal response as a whole Committee, and reach a consensus on the responses submitted, if Members had other comments to make they could also submit their own response directly.

The Committee discussed the suggested responses and made the following changes, which would be incorporated into the formal response:

- Question 6 to have an additional bullet point to address the fact that Public Mental Health was proposed to be just with the Local Authority in the future which concerned Members. It was felt this responsibility should be with both GPs and the NHS as well;
- Question 12 to have smaller groups and LINKs added into the list of those who needed to be represented;
- Question 13 to include some of the wider determinants listed in the presentation earlier in the meeting on the Public Health Outcomes Framework, under Domain 2 such as children in poverty, NEETS, people in long term unemployment, green space and community safety.
- Question 14 - Stuart Rowbotham, Strategic Director for Commissioning, Wokingham Borough Council, also commented that it seemed strange that the money for the Public Health Premium was not awarded until health outcomes had been improved, yet if an area of deprivation needs to address health outcomes it would need the money to be able to improve.

The Chairman thanked Charlotte Haitham Taylor and Madeleine Shopland for the work they had put into interpreting the consultation and bringing the Committee some suggested responses to start the discussion.

Ella Hutchings, Principal Democratic Services Officer, Wokingham Borough Council, was asked to submit the formal response on behalf of the Committee by the deadline of 31 March 2011.

RESOLVED: That:

- 1) the consultation responses be noted;
- 2) Ella Hutchings, Principal Democratic Services Officer, Wokingham Borough Council, submit the Committees formal response to the 'Healthy Lives, Healthy People' consultation by the deadline of 31 March 2011.

75. CHANGES TO PROVIDER SERVICES

The Committee considered a report which had been included in the Agenda papers, by Stuart Rowbotham, Strategic Director of Commissioning, Wokingham Borough Council, and Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, about the Changes to Provider Services.

Bev Searle explained that the changes from the NHS side were coming about because the provider functions were being separated from the commissioning functions of the Primary Care Trust and so the vast majority of the provider services were now transferring to

Berkshire Healthcare Foundation Trust. Palliative Services would be transferring to Sue Ryder.

Stuart Rowbotham updated the Committee on what was happening with Adult Social Care at Wokingham Borough Council, including reminding the Committee about the Putting People First Initiative which the Committee had received information about on a number of previous occasions and gave service users more choice and control over their care packages by using personal budgets. Due to these changes it became apparent that the old structure at the Council did not fit this new way of working and so the Council had re-shaped its social care pathway, which was attached to the report at Appendix 2.

Stuart Rowbotham went on to inform the Committee that from 6 June 2011 the Council would no longer provide these services and instead all the current staff would transfer to a Local Authority Traded Company to carry out the services on the Council's behalf. The Company would be wholly owned by the Council, but this would allow the Company to respond to commercial needs and offer service users the care they wanted. As part of this work, Stuart Rowbotham reported that the Council had managed to reduce the number of Managers, realising a saving of £100,000.

The Committee discussed the report and asked a number of questions. Stuart Rowbotham confirmed to Members that the Company could make a profit and it was in fact in the business case that it would over the course of five years do so, although profit would not be made from those who were receiving care at the critical needs level, only from those who were choosing to use the Company to buy services privately. It was explained that there would be robust monitoring and checking of services taking place, including that carried out by the Care Quality Commission and service users would still have a case manager in the Council who would oversee their whole care package. The Board of the Company was also going to have two Borough Councillors appointed to it.

The Company would be registered at Companies House and corporate governance arrangements had been adopted and been through the Executive. The Committee were informed that proper insurances were in place for the Company. The finances of the Company would be part of the Council's annual accounts and the relevant Executive Member and Strategic Director would still be responsible and accountable in terms of any harm caused to vulnerable people.

The Chairman thanked Stuart Rowbotham and Bev Searle for the report and update.

RESOLVED: That the report be noted.

76. LINK UPDATE

The Committee considered a report from the Wokingham LINK that had been included in the Agenda on page 30 - 31 updating the Committee about the current work of the LINK. Christine Holland, Chair, and Tony Lloyd, Finance Officer, from the Wokingham LINK Steering Group also gave some further information about the projects they had been working on. The current contract with the Host organisation, Help and Care, was due to expire on 31 March 2011 and the Steering Group had been trying to finish the projects that were on the current work programme, however they had been approached by some stakeholders to continue some of the work into the next year.

Tony Lloyd also gave the Committee an update on the Neurological Project that the Wokingham LINK had been involved in and was led by the West Berkshire LINK (for which

Tony Lloyd was the Steering Group Chair). It was suggested that Members would like to know more about this project once the report had been reviewed by providers and so an update to the May meeting would be appropriate.

Members asked a number of questions about the projects and noted the progress being made. One Member also queried where things were with Health Watch England and how it would affect the LINKs. It was explained that Local Health Watch would replace LINKs from April 2012, but as yet it was unclear who would run them as Royal Assent was still needed for the Health and Social Care Bill which contained these changes. It was expected this would happen in December 2011, after which more information would be available, however that did not give much time for work to be tendered for if that was what was required. The Chairman confirmed that the Committee Work Programme already had updates on this issue scheduled for later in the Municipal Year and information would be brought to the Committee as soon as it was available.

RESOLVED: That:

- 1) the update be noted;
- 2) Tony Lloyd be asked to give the Committee an update on the Neurological Project at the 31 May 2011 meeting.

77. MEMBER REPORT ON VISIT TO THE MATERNITY UNIT AT THE ROYAL BERKSHIRE HOSPITAL

The Committee considered a Member report by Charlotte Haitham Taylor about the visit by Members of the Committee to the Maternity Unit at the Royal Berkshire Hospital. The visit took place on Monday 14 March 2011 and the Members involved were Charlotte Haitham Taylor, Gerald Cockroft and Kate Haines.

The report had been circulated to Members by email and was tabled at the meeting due to the short timeframe between the visit and the Committee meeting. Gerald Cockroft also commented that unfortunately they had not been given hard copies of the slides from the presentation they were given on the visit, and whilst they had been told these would be sent over to them electronically the following day, it had been several days before they had been received. This meant that it had been hard for Charlotte Haitham Taylor to complete her report any sooner. A suggestion was therefore put forward that in future, when Members of the Committee go on official visits, copies of any paperwork/presentations are provided to them in advance so that they can formulate questions beforehand.

The report contained the following information:

- Introduction;
- Facilities;
- Staffing;
- Initiatives to encourage women to give birth naturally;
- Vaginal birth after caesarean section;
- Breastfeeding;
- Infection control;
- Information about the number of births at the Hospital by women who were born outside the UK and the services offered to them, such as the use of an interpreter, and information about how the Hospital deal with perinatal mortalities;
- Areas for improvement moving forward and plans to install a dedicated midwifery birthing centre at the Hospital;
- Finally, the report listed a number of recommendations.

The report was very detailed and gave the Committee a good understanding of the Maternity Unit and the work that it undertook. The Committee discussed the content of the report and Members who had been on the visit highlighted a number of points. Charlotte Haitham Taylor said that it had been a very interesting visit, but it was a shame that they had not been given a tour of the Unit, which was a therefore one of the recommendations for the future. It was also noted that it was a very busy hospital, but that it was hard to predict when the busy times would be, which had meant that it had unfortunately had to shut eight times during 2010. This was of concern to the Committee and so a recommendation based on this was also put forward.

The Committee had concerns about the way that perinatal mortalities were dealt with by the Unit. They felt that whilst some improvements had been made, mothers who would be delivering known stillborn babies still had to give birth in rooms right next to those where women were giving birth to live babies. Also, after the birth there was a specialist room, but it was still on a ward where mothers and their live babies were also staying. This concerned the Committee, who felt that more should be done to look into the alternatives in terms of providing more separation, or facilities such as sound proof rooms or separate access to areas so that they did not have to pass lots of babies. It was noted that this had been achieved at other hospitals.

RESOLVED: That:

- 1) if the move towards two 12 hour shifts within the Maternity Unit was agreed, the Committee would review the new shift working, one year on, to see if there had been any detrimental safety impacts on the patients within the care of the Maternity Unit. Item to be added to the Committee work programme;
- 2) in light of the Maternity Unit needing to close for admissions at various points during 2010, the Committee review the number of times the Maternity Unit had needed to close again in six months time. Item to be added to the Committee work programme;
- 3) in view of the fact that one to one care for mothers in established labour was currently only being achieved 97% of the time, the Committee to review the matter again in one year's time. Item to be added to the Committee work programme;
- 4) in 2011 so far 6.7% of women giving birth were current smokers at the time of delivery. Although this rate was average, with Local Authorities being given more responsibilities for Public Health matters such as smoking and drug prevention, the Committee recommend that the Health and Wellbeing Board, and other appropriate agencies, continue to run campaigns targeting this issue;
- 5) the Committee establish whether the Maternity Unit's new Early Labour Triage Telephone Service has led to any mothers giving birth prior to admission to the Unit, on account of being advised to remain at home for too long. As the service had only recently been introduced and it was only moving to 24 hour access in a few months time, the Committee would review the situation in one year's time. Item to be added to the Committee's work programme;
- 6) if conditions allow, Members of the Committee receive a short tour of the Maternity Wards during their next visit to the Maternity Unit. Democratic Services discuss the matter with the Maternity Unit and if possible arrange a date for the visit;

- 7) the Committee request that the Royal Berkshire Hospital review arrangements for women who give birth to known stillborn babies to allow full separation from the normal labour ward and to give grieving patients the privacy they require;
- 8) a copy of the Members report be sent to the Royal Berkshire Hospital Maternity Unit, with the Committee's thanks to the Unit's staff for their kind assistance during an informative and interesting visit.

78. CHAIRMAN'S ANNUAL REPORT 2010/11

The Committee considered the Chairman's Annual Report 2010/11 which had been included in the Agenda papers. Following the item on the visit to the Maternity Unit at the Royal Berkshire Hospital, see Minute 77 above, information about this would be included in the final version.

The Chairman confirmed that the Annual Report would be submitted to Annual Council in May 2011, and thanked Members and Officers for the work they had put into the Committee over the past Municipal Year.

RESOLVED: That the Chairman's Annual Report 2010/11 be submitted to Annual Council in May 2011, following the inclusion of the information about the Members visit to the Maternity Unit at the Royal Berkshire Hospital.

79. POSSIBLE WORK PROGRAMME TOPICS 2011/12

The Committee considered the report and possible work programme topics for 2011/12, as included in the Agenda.

Ella Hutchings, Principal Democratic Services Officer, Wokingham Borough Council, suggested that instead of having training included in the first Committee meeting of the new Municipal Year as per the attached work programme, Members could have a longer session in the week before the meeting, to give new Committee Members the training they needed to carry out their role on the Committee, and provide information to all Committee Members about some of the changes arising from the Health White Paper. The Committee felt this would be a good idea and a date would be agreed outside of the meeting. The Centre for Public Scrutiny would be asked to put forward a suitable trainer, who would work with the Council and Bev Searle, NHS Berkshire West, to provide a valuable session for Members.

A request for information about Clinic Waiting Times at the Royal Berkshire Hospital had been put forward by a Member through the Chairman of the Committee, and as a result this item was to be added to the Agenda for the 31 May 2011 meeting. The Neurological Conditions Report by the West Berkshire LINK was also added to 31 May 2011 Agenda.

An update had been requested previously from the Chief Executive of the Royal Berkshire Hospital on his last visit to the Committee and so this was to be added to the appropriate meeting.

The Committee also discussed suggestions for Member visits during the 2011/12 Municipal and the following ideas were put forward:

- Care for the elderly/end of life care – possibly visiting Age Concern Woodley;
- Eating Disorders;
- Infection control/cleaning contracts – commissioning side but also physically at the Royal Berkshire Hospital. It was suggested that an item be brought to the Committee

at its September 2011 meeting, after which Members could decide whether a visit was also required. Democratic Services be asked to follow this up;

- As per Minute 77 above, a second visit to the Maternity Unit at the Royal Berkshire Hospital, to include a tour of the Unit if possible.

RESOLVED: That the possible topics for the 2011/12 Work Programme be agreed, including those suggestions made at the meeting.

80. HEALTH CONSULTATIONS

The Committee considered a letter from the Berkshire Healthcare Foundation Trust that had been included in the Agenda pages, about the consultation it had previously seen on the location of inpatient psychiatric beds for the population of East Berkshire. The letter listed the options again and gave the results for each:

- Option 1: All beds to be relocated to Prospect Park Hospital in Reading – this option was being progressed by the Trust to an Outline Business Case to allow the detail to be worked up. Only once this had been done would a final decision be made;
- Option 2: Beds for older people to be at St Mark's Hospital in Maidenhead and for working age adults in Prospect Park – this option was not supported as it meant older people would continue to be mixed with people who had functional illnesses and those who had organic problems;
- Option 3: For the 2008 decision of a new unit on the Upton site to proceed – this option was thought to be unaffordable in the current and future economic environment, but until the final decision was made would still continue to be examined should a new investment stream become available.

The final decision on this matter was due to be made in June 2011.

RESOLVED: That:

- 1) the outcome of the consultation be noted;
- 2) the Committee be informed of the final decision when it has been made in June 2011.

81. CHAIRMAN'S CLOSING REMARKS

The Chairman thanked Dave Gordon, Senior Democratic Services Officer, for the help he had given the Committee whilst he worked for the Council earlier in the Municipal Year, and Ella Hutchings, Principal Democratic Services Officer who had taken the role back on after being on secondment elsewhere in the Council temporarily. The Chairman thanked Members for the work they had put into the Committee and hoped to see as many of them as possible back next Municipal Year with all the same enthusiasm. The Chairman also thanked all the Officers and members of the public who had contributed.

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

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON THURSDAY 19 MAY 2011**

DURING THE ADJOURNMENT OF THE ANNUAL COUNCIL MEETING

Present:- Andrew Bradley, Gerald Cockroft, Kay Gilder, Mike Gore, Kate Haines, Charlotte Haitham Taylor, Tim Holton, Philip Houldsworth and Sam Rahmouni

1. ELECTION OF CHAIRMAN FOR THE 2011/2012 MUNICIPAL YEAR

RESOLVED: That Tim Holton be elected Chairman of the Committee for the 2011/2012 municipal year.

2. APPOINTMENT OF VICE-CHAIRMAN FOR THE 2011/2012 MUNICIPAL YEAR

RESOLVED: That Charlotte Haitham Taylor be appointed Vice-Chairman of the Committee for the 2011/2012 municipal year.

3. APOLOGIES

An apology for absence was received from Councillor Emma Hobbs.

4. DECLARATION OF INTEREST

There were no declarations of interest.

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

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South Central Specialised Commissioning Group

Safe and Sustainable

– Review of Children’s Heart Surgery Services

Briefing note for HOSCs on the implications of the options in the Consultation Document for the population in NHS South Central

May 2011

1. Background

HOSCs have been provided with regular updates on the progress of the review by the National Safe and Sustainable Team and South Central Specialised Commissioning Group. A formal consultation process has commenced seeking views on the future of congenital heart services and covering four main areas:

- The proposed national quality standards of care (p33)
- The model for congenital heart networks (p37)
- The options for fewer larger surgical centres (p107)
- The proposed new systems for measuring quality (p126)

Full details are set out in the consultation document which can be accessed on the S&S website - www.specialisedservices.nhs.uk/document/safe-sustainable-a-new-vision-children-s-congenital-heart-services-in-england-consultation-document

2. The Five Key Principles

The Safe and Sustainable review has been driven by five key principles:

- **Children** - The need of the child comes first in all considerations.
- **Quality** - All children in England and Wales who need heart surgery must receive the very highest standards of NHS care.
- **Equity** - The same high quality of service must be available to each child regardless of where they live or which hospital provides their care.
- **Personal service** - The care that every congenital heart service plans and delivers must be based around the needs of each child and family.
- **Close to families’ homes where possible** - Other than surgery and interventional procedures all relevant cardiac treatment should be provided by competent experts as close as possible to the child’s home.

3. Purpose of Paper

Four options for the future potential configuration of surgical centres in England are being consulted upon. The consultation document is over 200 pages, and the purpose of this paper is to provide a simple summary of the four options and to highlight the proposed changes in patient flows and the associated implications for the population of NHS South Central so that HOSCs can make an informed response to the consultation question concerning surgical centres.

Members are asked to note that consultation events are being held on 4 May in Oxford and 24 May in Southampton, when there will be opportunities to ask an expert panel further questions. In addition, Hampshire HOSC has set up a formal Select Committee evidence day on Thursday May 26, to which all HOSCs will be invited to attend as observers.

The four options have significant implications for changes to patient flows for the population of NHS South Central.

4. Standards of Care

Over 150 standards have been developed in partnership with healthcare professionals, parents and patient groups and are endorsed by professional associations and national patient groups. They stand at the heart of the review aiming to achieve the best possible care and outcomes for children.

Key standards used in the assessment of the options include:

- Each Specialist Surgical Centre must:
 - be staffed by a minimum of 4 surgeons (std C4)
 - Perform a minimum of 400 paediatric surgical procedures per year (std C6)
 - Provide sufficient staff to provide a full 24 hr emergency service (std C9)
- Critical interdependent services to be co-located with paediatric cardiac surgical services as defined by the “Framework of Critical Interdependencies” (stds C12-C16)
- Appropriate and timely retrieval and repatriation of children (std C68)

5. Assessment of Centres by Independent Panel

In May 2010 an independent panel of experts, led by Professor Sir Ian Kennedy, visited each of the centres to assess their ability to meet the new standards.

Southampton received the highest ranking assessment outside London and the service was described as exemplary in three key areas:

- Management of paediatric intensive care
- Supporting parents with information and choice
- Training and innovation

Oxford received the lowest ranking assessment, was considered the least likely of the existing centres to meet all the new quality standards for Children's heart surgery and therefore not included in any of the options for change.

6. The Four Options

Of the 11 current surgical centres:

- Five are in all four options;
 - Great Ormond Street and the Evelina, London – Only two centres needed in London, these are named as the preferred centres, already achieving minimum numbers.
 - Birmingham - second largest conurbation after London and one of largest surgical units.
 - Bristol – needed owing to geography and achievement of 3 hour target for paediatric intensive care (PICU) retrieval.
 - Liverpool - based on 2 centres for the north, one of which must be Liverpool.

- Oxford suspended their service in February 2010 and is not in any of the options – as they achieved a low score from the Kennedy independent panel review and access is not improved.

- Southampton is in just one of the four options (Option B – this is the best option for retaining centres scoring the highest in the Kennedy panel visits).

Option A (includes the 5 hospitals above plus Leicester and Newcastle) was found to be the highest scoring potential option. Option B (includes the 5 hospitals above plus Southampton and Newcastle) scored well and could have scored higher pending the outcome of the debate about future patient flows, and because it minimises the adverse risk of configuration to national PICU.

Based on a strict application of patients travelling to their nearest centre the Bristol and Southampton centres are mutually exclusive because there are not enough patients in South Central England, South West England and South Wales.

Options C (includes the 5 hospitals above plus Newcastle) & D (includes the 5 hospitals above plus Leeds) are based on 6 centre options and both scored less well than options A and B.

In essence this results in a case of either Leeds or Newcastle and Southampton or Leicester.

Option B (the 5 hospitals above plus Newcastle and Southampton) is considered to be the best option for retaining centres ranked highest for quality in terms of their ability to meet the proposed new standards of care, however,, more work will need to be carried out to test whether both centres can meet the minimum requirement of 400 procedures per year. SW and SC

Specialised Commissioning Groups, with the hospital trusts in Oxford, Southampton and Bristol will be working together to demonstrate if the minimum of 400 procedures per centre can be achieved between Southampton and Bristol.

The model of care describes three levels of care:

- **District Children's Cardiology Centres** led by paediatricians with expertise in cardiology (PECs) in most large hospitals to do diagnosis (e.g. pregnant women) and ongoing care closer to home.
- **Children's Cardiology Centres** led by cardiologists to do all non-invasive procedures and ongoing care+ diagnosis
- **Specialist Surgical Centres** to do all surgery for all children and ongoing care and diagnosis for children living nearby

In each of the options Oxford would be a Children's Cardiology Centre and Southampton a Specialist Surgical Centre under option B, and a Children's Cardiology Centre under all the other options. Both Southampton and Oxford already have strong links with the District General Hospitals in their Children's Cardiology network that are a very good basis for developing upon.

Currently Oxford links with District General Hospitals (DGHs) in Banbury, Kettering, Northampton, Milton Keynes, Slough (also links with London), Reading, Swindon (also links with Bristol) and Wycombe. Southampton links with DGHs in IoW, Portsmouth, Winchester, Basingstoke, Salisbury, Poole, Dorchester, Bournemouth, Yeovil, Plymouth, Chichester, Frimley Park and the Channel Islands.

7. What are the current patient flows to surgical centres for patients from NHS South Central

The options in the consultation document are based on a national surgical workload of around 3,600 heart surgery procedures for children every year (p57).

The number of surgical procedures by PCT and surgical centre for the past two years is given in the table below:

Table 1: number of surgical procedures by PCT and surgical centre

PCT	ORH		SUHT		Brompton		Guys		GOS		Total	
	2009/10	2010/11 to Oct 10	2009/10	2010/11	2009/10	2010/11 to Oct 10	2009/10	2010/11 to Oct 10	2009/10	2010/11 to Oct 10	2009/10	2010/11 to Oct 10
Berkshire East	1	1	6	9	2		0		10	11	19	21
Berkshire West	12	2	1	16	0		0		3	4	16	22
Buckinghamshire	10	1	2	11	0		2		7	4	21	16
Hampshire	1	0	69	78	1		3		3	2	77	80

Isle of Wight	1	0	10	9	0	2	0	0	13	9		
Milton Keynes	9	1	0		3	1	1	10	14	11		
Oxfordshire	20	3	6	26	0	0	8	10	34	39		
Portsmouth	0	0	18	17	0	0	0	0	18	17		
Southampton	0	0	26	19	0	0	0	0	26	19		
Total	54	8	138	185	6	0	8	0	32	41	238	234

Notes:

ORH – Oxford Radcliffe Hospital

SUHT – Southampton University Hospitals NHS Trust

GOS – Great Ormond Street Hospital

Source of data is SCSCG contract data and data direct from SUHT.

Data is complete for SUHT but up to Oct 10 for the rest of providers

Very occasional patient treated at Birmingham or Leicester

8. What the Options mean for NHS South Central

Under section 6 – options for change (p107) of the consultation document, there are a series of maps showing the proposed catchment populations for the four potential options, based on regional postcodes.

The following table shows where patients from NHS South Central would travel for surgery under each option.

Regional Post Code	Options A, C and D	Option B
BA - Bath	Bristol (25)	Bristol (25)
BH - Bournemouth	Bristol (39)	Southampton (39)
DT - Dorchester	Bristol (14)	Bristol (14)
GU - Guilford	London (53)	Southampton (53)
HP Hemel Hempstead	London (21)	Southampton (21)
MK - Milton Keynes	London (22)	London (22)
NN - Northampton	Leicester (30)	Birmingham (30)
Ox - Oxford	London (13) Bristol (14)	Bristol (14) Southampton (13)
LU - Luton	London 24	London 24
PL - Plymouth	Bristol (36)	Bristol (36)
PO - Portsmouth	London (60)	Southampton (60)
RG - Reading	London (23) Bristol (11)	Bristol (10) Southampton (24)
SL - Slough	London (15)	Southampton (15)
SN - Swindon	Bristol (20)	Bristol (20)
SO - Southampton	London (42) Bristol (6)	Southampton (48)
SP - Salisbury	Bristol (16)	Southampton (16)
TA - Taunton	Bristol (15)	Bristol (15)
TQ - Torquay	Bristol (13)	Bristol (13)
TR - Truro	Bristol (14)	Bristol (14)

NHS South Central

Some patients from NHS South Central will have these post codes

You can see from this that for certain postcodes, the options assume that patients will flow to more than one surgical centre. This is on the basis of minimising travel times, whilst ensuring there were a minimum of 400 patients at each centre.

The assumptions used in the consultation document are:

OX: patients would go to Bristol unless the travel time to Bristol is greater than 100 minutes in which case it is assumed that they would travel to London or Southampton.

RG: patients would go to Bristol unless the travel time is greater than 90 minutes in which case they are assumed to travel to London/Southampton

SO: In options with Bristol and London only, assumed that patients would travel to Bristol unless the travel time to Bristol is greater than 120 minutes.

These assumptions need testing during the consultation period.

9. Further work to be undertaken during the consultation period

A number of assumptions about future patient flows and manageable clinical networks have been made around the four configuration options. It is proposed that some assumptions would benefit from further testing during consultation. This will include producing a “definitive” map of current networks and patient flows for all postcodes. An independent third party is being appointed to undertake this work which will include interviewing lead clinical staff, parents of children with congenital heart disease and the general public to test the assumptions around patient flows.

In addition, further consideration is to be given to the implications for the emergency retrieval of children on the Isle of Wight be a retrieval team based in London or Bristol against configurations that would exclude Southampton as a designated surgical centre.

10. Response to Consultation

HOSCs are requested to consider the implications of the proposed changes for the populations they represent and to submit their responses ideally by 1 July. Electronic versions of the response form can be found at <http://surveys.ipsosinteractive.com/wix/p904445602.aspx>

Alternatively letters and a hard copy of the response form can be sent to: Freepost RSLT-SRLZ – JYYYY, Safe and sustainable, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG.

Since the options contain proposals for patients flowing to more than one surgical centre for a number of regional post codes in NHS South Central, attention is drawn to Q18 in the response form which asks “What, if any, comments do you have about the assumptions we have made concerning how postcodes have been assigned in any of the four options for the Specialist Surgical Centres?”.

TITLE	Local Involvement Network (LINK) update (standing item)
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee – 31 May 2011
WARD	None Specific
LEAD OFFICER	Rachel Masters, Partnership Development Officer

PURPOSE OF REPORT

To review the progress that was made by the Wokingham LINK since the last Committee meeting.
--

RECOMMENDATIONS

To note the progress update on the Wokingham LINK.
--

SUPPORTING INFORMATION

1. Background information for new Members

- 1.1 Wokingham's LINK is an independent body of local people and groups that holds statutory powers to monitor and influence the way that local health and social care services are delivered. The LINK has specific powers to influence how local services are planned, developed and managed. The provision of a local LINK is a statutory requirement under the Local Government and Public Involvement in Health Act 2007
- 1.2 Government has recently announced a new HealthWatch initiative to commence from April 2012, pending the Health and Social Care Bill currently before Parliament. The aim of HealthWatch will be to set up a local independent body to give consumers a stronger voice about the way social care and health services are delivered. It's anticipated that the local HealthWatch body would retain existing LINK responsibilities as well as hold additional functions, such as providing complains advocacy services and supporting individuals to exercise choice.

2. Appointment of a new host

- 2.1 Support Horizons has been appointed as the host organisation to support the Wokingham LINK during its transition year in the lead up to the introduction of HealthWatch. Support Horizons is a small Community Interest Company based in Wokingham.
- 2.2 This responsibility has been transferred to Support Horizons from Help & Care, a national charity organisation who had providing host support to the LINK for the past three years, however its contract came to an end in March 2011. Support Horizons have been appointed to provide a local approach to supporting and developing User Led Organisations within the borough.

3. LINK general update

3.1 Attached at Appendix A is an update on activity, as provided by the LINK Steering Group.

4. Neurological Services presentation

4.1 Tony Lloyd to give a presentation to summarise the LINK report into Neurological Services in West Berkshire – see Appendix B for powerpoint slides.

Analysis of Issues

n/a

Corporate Implications (this must include Financial Implications)

Support to the scrutiny panels is contained within allocated budgets. Value for money is achieved through the effective planning of the Panel's work programme.

Reasons for Decision

No decision required.

Alternative Options considered, if any

n/a

Reasons for considering the report in Part 2

n/a

List of Background Papers

n/a

Contact Rachel Masters	Service Policy & Partnerships
Telephone No 0118 974 6037	Email Rachel.masters@wokingham.gov.uk
Date 19 May 2011	Version No. 2

WOKINGHAM LINK

LOCAL INVOLVEMENT NETWORK

Hosting Arrangements

The Hosting contract with Help and Care ended on March 31st 2011 but was extended for one month to April 30th 2011. On May 1st the new hosting contract with Support Horizons for the 11 months to March 31st 2012 started. Initially the part-time Support Officer role was held by Emma Austin by TUPE from Help and Care. but when she obtained a new full-time post Jennie Grieve was engaged to carry out this role. Support Horizons is a local community owned social enterprise organisation based in The Courtyard Wokingham.

PROJECTS

- Neurological Survey Project:
Replies have been received from the Stakeholders and the University of Leeds has produced a report on the results.
The leader of the Survey Tony Lloyd will speak to the Committee on May 31st
- Parents Experience of the CAMHS (Child and Adolescent Mental Health Service).
The Steering Group await an invitation to be involved in the review of this service which is jointly commissioned by WBC and Berkshire West PCT and provided by Berkshire Healthcare Foundation Trust.
- Pharmaceutical Service provided by Community Pharmacists
The offer of people involved in this service to speak to groups has produced some invitations which are being met .

Progress on other projects such as: Support to the Norreys Community Health Project, the Westmead Project, extension of the Community Engagement Survey to Young Parents, Satisfaction with Personal Budgets, Patient access to information and to dentistry will depend on an assessment of the matters raised below.

OTHER MATTERS

- The number of participants on the Database transferred to the new Host is 579.
- The allocation of financial support to the Steering Group for 2011-12 is 36.5% of that used last year and the Support Officer time of 2 days per week is 33.3% of that assigned for 2010-11. This will significantly reduce the work that the Steering Group can undertake for and with Wokingham residents.
- Volunteers An invitation to volunteer to work with the LINK Steering Group on areas of people care was circulated in the last LINK Newsletter circulated in March. This is being followed up with 5 volunteers who responded.

Neurological Conditions in Berkshire West

Patients and Carers views of current
service provision.

A joint review by the LINK and the West
Berkshire Neurological Alliance.

Project design

- Questionnaires designed by WBNA and approved by local support group leaders
- WBNA provided questionnaire packs to the support groups - Jan to Aug 2010
- The LINKs funded all postage, printing and stationery costs.
- The analysis was all done by the LINK
- Transcription done by VAWB volunteers.
- Reports were prepared by the LINK
- Prof. Gillian Parker (York Univ) reviewed work.

Response rates

		Dementia	Dystonia	Epilepsy	Fibromyalgia	ME	MS	Parkinsons	Polio LE	Stroke	Others	Total
Total sent out		198	16	218	104	80	317	232	40	122	4	1331
Total returned												
	Patients	24	6	28	8	27	58	76	8	15	4	254
	Carers	29	1	14	2	13	19	55	3	14	3	153
	Patients	12.1%	37.5%	12.8%	7.7%	33.8%	18.3%	32.8%	20.0%	12.3%	75.0%	19.1%
	Carers	14.6%	6.3%	6.4%	1.9%	16.3%	6.0%	23.7%	7.5%	11.5%	75.0%	11.5%

LINKs / WBNA 2010/11

3

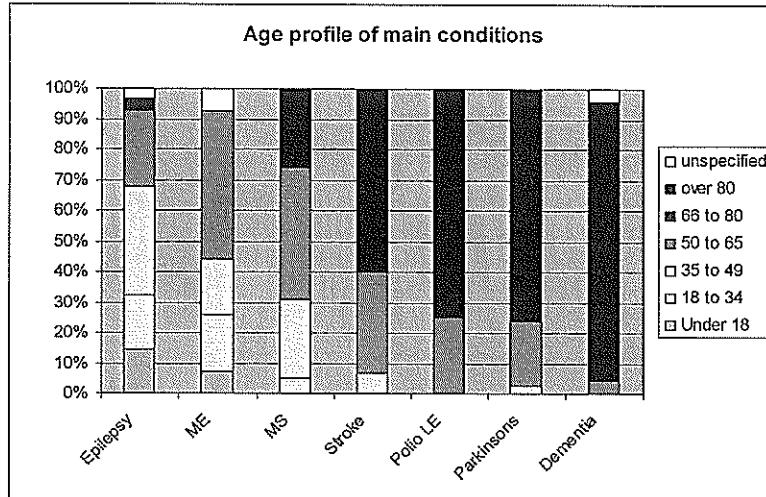
Prevalence

Condition	Source	Prevalence in Berks West	% of population
Dementia	POPPI	4,560	0.97
Dystonia	WBNA	330	0.07
Epilepsy	Soc	3,580	0.76
Fibromyalgia	Soc	6,120	1.30
ME/CFS	WBNA	2,000	0.42
MS	WBNA	710	0.15
Parkinson's	Soc	660	0.14
Post Polio Syndrome	Soc	200	0.04
Stroke	POPPI	2320	0.49
Other Conditions		n/a	n/a
TOTAL		20,480	4.35

LINKs / WBNA 2010/11

4

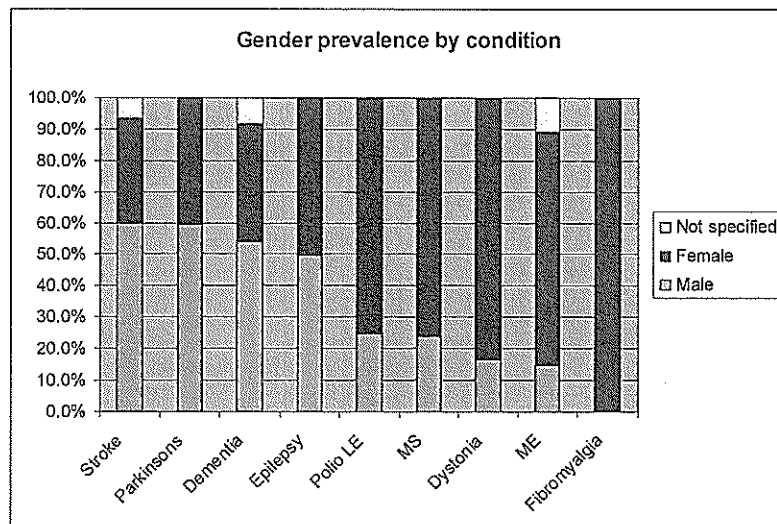
Age profile by condition



LINKs / WBNA 2010/11

5

Gender prevalence by Condition



LINKs / WBNA 2010/11

6

Resources accessed

Annual visits to services for 254 patients			
	Total	Access rate	Intensity
GP	1620	93.7%	6.8
Physiotherapist	836	30.3%	10.9
Voluntary Sector	769	34.3%	8.8
District / Community Nurse	826	36.2%	6.8
Hydrotherapist	421	11.4%	14.5
Alternative Therapist	350	15.0%	9.2
Specialist Nurse	346	37.0%	3.7
Other Hospital Doctor	337	35.0%	3.8
Consultant	331	49.6%	2.6
Specialist clinic	288	31.5%	3.6
Occupational Therapist	270	19.3%	5.5
Other	228	11.0%	8.1
Social Services Care Manager	209	18.9%	4.3
GP specialist	169	20.5%	3.3
Psychological Support Worker	159	6.7%	9.3
Speech and language specialist	128	13.4%	3.8
Continence advisor	102	11.8%	3.4
Pain Clinic Specialist	70	7.9%	3.5
Other Hospital Neurologist	59	8.3%	2.8
Rheumatologist	22	3.5%	2.4
Total	7334		29 visits /person/yr

LINKs / WBNA 2010/11

7

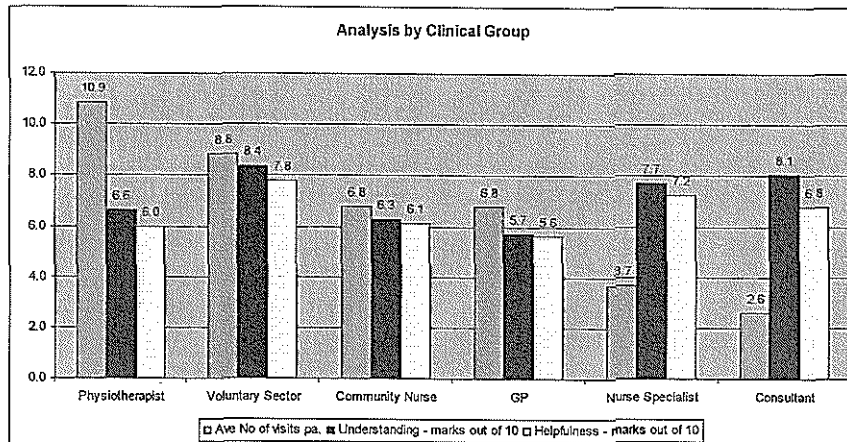
Questions

- Patients
 - In the last year how many times did you consult the following for any reason?
 - How well do you think these people understand your condition and needs?
 - Please rate the effectiveness of these in helping you manage your condition
- Carers
 - Thinking about you and the person you look after, how well do you think the following understand the needs of both yourself and the person you look after?
 - Please rate the effectiveness of these in providing the help that you and the person you look after need to manage your combined health and well-being

LINKs / WBNA 2010/11

8

Comparison of service providers



LINKs / WBNA 2010/11

9

Recommendations and responses

- 7 general recommendations
- 19 condition specific recommendations
- As at May 16th, 12 weeks after sending out the report
 - Full response from the RBHFT but additional questions asked of them about five conditions, pain management and neuro rehab.
 - PCT and 4 consortia only responded to the 7 General recommendations. Their response was referred back.
 - BHCFT have not responded at all. Staff sickness is blamed.
 - Reading Borough Council provided an excellent response
 - Wokingham and West Berkshire Councils provided good but limited responses.

LINKs / WBNA 2010/11

10

General recommendations

- Diagnosis delays / errors - More help for GPs
- Right of patients to access regional centres of excellence
- Single point of contact
- Provision for co-morbidities in contracts for hospital services
- Physiotherapy provision
- Train IAPT team in more common neurological conditions
- Don't forget the carers.

LINKs / WBNA 2010/11

11

Specific recommendations

- Dementia
 - Expert review of service provision
 - More and better respite care
 - Day care/OT work for younger people with dementia
- MS
 - Reinstate second MS nurse
 - CBT for MS patients
 - GP specialist in pain management (Also for fibromyalgia patients)
 - OT cover in local authorities
- Epilepsy
 - Need for specialist epilepsy nurse

LINKs / WBNA 2010/11

12

Specific recommendations (2)

- Parkinson's
 - Deal with delays and waiting lists
 - Lack of physiotherapy and hydrotherapy
- Polio
 - Highlight polio history on surgery medical records
 - Referral to Lane Fox unit at St Thomas's
- Stroke
 - Duration of neuro rehab to be more flexible

LINKs / WBNA 2010/11

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Specific recommendations (3)

- ME / CFS (Myalgic encephalopathy / Chronic Fatigue Syndrome)
 - Need for visiting service like OCCMET in Oxfordshire
 - Need for regular hydrotherapy session at RBH (also for fibromyalgia patients)
 - Referral service to John Radcliffe in Oxford
 - Need for allergy advice service
- Wheelchair service at the RBH
 - Reduce waiting times and mistakes.

LINKs / WBNA 2010/11

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Professor Parker's Comments

- The conclusions drawn in the main report are appropriate given the material analysed and are broadly the same as those found in National evaluations of services for people with LTNCs and their families
- I found the language in the sub- report on ME/CFS rather combative and very different from that in other sub-reports: **a strong editorial hand across the sub-reports would be helpful here.**

LINKs / WBNA 2010/11

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Comments

- All comments welcome
- Contact via John Holt or direct to Tony Lloyd on tonylloyd25@googlemail.com
- Full report available on www.westberkshirelinks.com

LINKs / WBNA 2010/11

16

Working to improve the patient experience for outpatients

1. Introduction

This paper has been written in response to the query raised by Wokingham Overview and Scrutiny Committee about delays in our outpatient clinics. The paper sets out to help members of the OSC understand how our clinics are organised, why delays may sometimes occur and how we are working to improve the experience for our patients.

2. Outpatient clinics

Each year we see over 500,000 patients for appointments. These clinics take place at a number of sites including:

- Royal Berkshire Hospital
- Prince Charles Eye Unit in Windsor
- West Berkshire Community Hospital
- Townlands Hospital in Henley
- Wallingford Community Hospital

Clinics are hosted by a number of staff including consultants, registrars and nursing staff depending on the type of clinic.

While outpatient clinics are mainly made up of planned appointments, some do include slots for urgent referrals, or emergency patients. This means that when an existing or new patient has an urgent need to be seen, and the clinic is the best place for this to happen, we make every effort to see them. We recognise that this does sometimes have a consequence for those waiting.

Our staff may also be called to emergencies elsewhere in the Trust, or be delayed in previous commitments. Again we recognise that this will impact on the clinic.

3. How we are working to improve the experience for our patients

We recognise that delays are frustrating and often tiring for our patients and those accompanying them. We are therefore working in a number of ways to improve how we schedule our clinics, how we communicate with patients and how we support staff to deliver the best experience possible.

We have an established working group which is looking at the pathway patients follow for planned care – this includes outpatient clinics. Part of the group's remit is to look at how we can improve the experience of our outpatients. This work is being monitored by our Patient Experience Steering Group, which includes patient representatives as well as senior managers.

The areas of focus for the working group were identified from the National Outpatient Survey, audit work within the Trust looking at how we use our outpatient clinics and also feedback from the staff running clinics who have first hand experience of patient issues.

A recent report to the Patient Experience Steering Group highlighted a number of elements where a difference is being made.

While we are never complacent about delays, we are constantly trying to manage the balance between responding to urgent patient needs either in clinic or on our wards, and delivering timely care to those with scheduled appointments. We recognise that although there is always room for improvement and patients routinely being delayed at every appointment is not acceptable, part of our work must focus on ensuring that when patients are delayed we do everything possible to improve their experience.

The actions we are taking cover three main areas:

The environment:

- We are working to improve the environment in our outpatient waiting areas. This includes redesigning some areas, relocating others and ensuring that they are appropriate for specific age groups eg children's areas.
- We are also considering a pager system so that if a patient is attending a clinic that is experiencing delays they can take a pager and move away from the waiting area – staff will page them to return in time for their appointment. This model has already been developed for specific patient groups.

The appointment process and keeping patients informed:

- We are constantly reviewing how we schedule clinics to ensure that each member of staff has a realistic number of appointments scheduled for the time available. Where necessary adjustments are made.
- We are standardising the electronic information notice boards within outpatient areas, to keep patients informed should there be a delay and to provide relevant information about clinics including key staff.

- We are also working with our staff to ensure that providing a great patient experience is high on their agenda so that they do not create any unnecessary delays, and are able to deal with patients in an appropriate manner should a delay occur.

Gathering feedback from patients:

- We gather feedback from patients in a number of ways to help us plan further improvements for the future. Our Talk to Us campaign encourages patients and carers to give us feedback – good or bad – on their experience. We also run a regular outpatient survey as well as participating in the National Outpatient Survey. This helps us understand the real issues of concern for our patients and to focus our efforts on what matters most to them.
- We share the actions we have taken in response to patient feedback through our 'You said, we did' boards. This demonstrates to patients that we not only listen but act in response to their comments.

4. Conclusion

While we are realistic that we will never completely eliminate delays in outpatient clinics within our current resources, the Trust is making a significant effort to prevent avoidable delays and to improve the patient experience for all of our outpatients.

Lisa Glynn
Acting Director of Operations
May 2011

TITLE	Work Programme Topics 2011/12
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 31 May 2011
WARD	None Specific
STRATEGIC DIRECTOR	Muir Laurie, Director of Business Assurance and Democratic Services

OUTCOME

To consider the Committee's Work Programme for 2011/12, generate further ideas for items and agree possible agenda items for the next Committee meeting on 27 July 2011.

RECOMMENDATION

Members are asked to:

- (1) consider the proposed items for the Committee's 2011/12 work programme and suggest any additional items to be included;
- (2) consider receiving a presentation from Kathie Smallwood on 'Continuing care in the Wokingham area from a Parkinson's sufferer's perspective at a future meeting;
- (3) agree the proposed Agenda for the Committee's next full meeting on 27 July 2011 (as set out in the Work Programme);
- (4) consider if there any further visits the Committee may wish to undertake during 2011/12.

SUMMARY OF REPORT

A work programme has been developed for the Committee covering the forthcoming Municipal Year to enable Members to plan and manage future meetings and workload.

Background

The Committee has had a work programme each year to see it through the scheduled meetings of the relevant Municipal Year.

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

The following is a list of suggested items for 2011/12, based on reports received on a regular basis by the Committee, requests in 2010/11 for updates and input from Officers about items that may be of interest to the Committee in 2011/12. Members will also be asked to put forward additional items at the meeting for inclusion.

Some of the items have been scheduled into a draft Work Programme for 2011/12, where appropriate dates could be identified, and this is attached as Appendix A.

Members may also want to consider if there are any visits they want to undertake during the year so that the appropriate arrangements can be made.

Reasons for considering the report in Part 2
N/A

List of Background Papers
2010/11 Agendas, Minutes and Work Programme of the Committee.

Contact Madeleine Shopland	Service Business Assurance and Democratic Services
Telephone No 0118 974 6319	Email Madeleine.shopland@wokingham.gov.uk
Date 12 May 2011	Version No. 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Work Programme from July 2011

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 31 May 2011.

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
27 July 2011 Agenda deadline: Close of play Friday 15 July 2011	Community Care Connect	Information about new traded enterprise for Adult Social Care services.	Information on current situation and planned work	Mike Wooldridge
	Adult Safeguarding	General update and review of the Annual Report.	Progress Update	Mike Wooldridge
	LINK Update	Standing Item	Update on progress	LINK Steering Group
	Work Programme	Standing Item	Consider items for future consideration	Democratic Services
	Health Consultations	Standing Item	To consider current consultations and results of past consultations	Democratic Services/Rachel Masters

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
28 September 2011 Agenda deadline: Close of play Friday 16 Sept 2011	Infection Control/ Cleaning Contracts Report	To inform the Committee about current processes and practices on both the commissioning side and practical side following concerns raised by a Member of the Committee.	To receive information following concern raised by Member of Committee and to decide if further review is required.	Bev Searle, PCT/ Keith Eales /Nicola Wesson, RBH
	Review RBH Maternity Unit Closures in 2011	Following the visit by Committee Members in March 2011 which revealed the number of times the Unit had been forced to close during 2010, the Committee agreed to review the situation six months on.	Follow up of visit in March 2011.	Keith Eales /Nicola Wesson, RBH
	Berkshire Healthcare Foundation Trust	Update on current and planned developments within the Trust and changes in Community Services	Update on NHS Trust	Alex Gild, BHFT/ Mike Wooldridge
	NHS Berkshire West Performance and Finance Update/ financial management at GP level	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. To include information on budget performance at practice level and future plans for GP Commissioning Consortia budget management.	To keep the Committee informed	Bev Searle/ Nigel Foster/ Dr Madgwick or Dr Perry

	Update on progress to date with the GP Consortia	To update the Committee on progress in this area in a more general sense. Linked to above item.	To inform the Committee.	Dr Madgwick or Dr Perry, contact via Bev Searle or Nigel Foster, PCT
	Update on Public Health	At March 2011 meeting, the Committee requested an update about Public in 6-9 months time, due between Sept and Dec 2011.	To update the Committee on progress.	Janet Maxwell, Director of Public Health, PCT
	LINK Update	Standing Item	Update on progress	LINK Steering Group
	Work Programme	Standing Item	Consider items for future consideration	Democratic Services
	Health Consultations	Standing Item	To consider current consultations and results of past consultations	Democratic Services/Rachel Masters

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
29 November 2011	Community Care Connect	Information about new traded enterprise for Adult Social Care services.	Information on current situation and planned work	Mike Wooldridge
Agenda deadline: Close of play Thursday 17	Patient Advice Liaison Service (PALS) Annual Report 2010/11	Annual Report on the Services provided for monitoring by the Committee.	To monitor the work being carried out and pick up any areas of concern.	Jo Cozens, NHS Berkshire West

Nov 2011	Update on Public Health	At March 2011 meeting, the Committee requested an update about Public in 6-9 months time, due between Sept and Dec 2011.	To update the Committee on progress.	Janet Maxwell, Director of Public Health, PCT
	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.	LINK Steering Group
	LINK Update	Standing Item	Update on progress	LINK Steering Group
	Work Programme	Standing Item	Consider items for future consideration	Democratic Services
	Health Consultations	Standing Item	To consider current consultations and results of past consultations	Democratic Services/Rachel Masters

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
25 January 2012	CQC Update	To update the Committee on progress being made.	6 monthly update requested by Committee	Sue Sheath
Agenda deadline: Close of play Friday 13 Jan 2011	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.	To keep the Committee informed	Bev Searle
	LINK Update	Standing Item	Update on progress	LINK Steering Group

	Work Programme	Standing Item	Consider items for future consideration	Democratic Services
	Health Consultations	Standing Item	To consider current consultations and results of past consultations	Democratic Services/Rachel Masters
DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
28 March 2012 Agenda deadline: Close of play Friday 16 March 2011	Review of RBH Maternity Unit One Year on	Following the visit by Committee Members in March 2011 which revealed a number of items the Committee wanted to review again, it was agreed they would look at these again in one year's time. These were – the move towards two 12 hour shifts on the Unit (if they had been agreed) and whether there had been any detrimental safety impacts on patients, the fact that one to one care was only achieved 97% of the time for mothers in established labour to see if this had improved, and to assess the new Early Labour Triage Telephone Service to see if it had led to any mothers giving birth prior to admission following advice to stay at home.	Follow up of visit in March 2011.	Keith Eales / Nicola Wesson, RBH
	Joint Strategic Needs Assessment Summary Report	To receive the Annual Report findings.	Information provided each year on findings of the report.	Janet Maxwell, Director of Public Health, PCT
	LINK Update	Standing Item	Update on progress	LINK Steering Group

	Work Programme	Standing Item	Consider items for future consideration	Democratic Services
	Health Consultations	Standing Item	To consider current consultations and results of past consultations	Democratic Services/Rachel Masters

Items not scheduled but due to be considered during the 2011/12 Municipal Year:

- Quality Accounts of relevant NHS Trusts;
- Children and Adolescent Mental Health Services (CAMHS)
- Information about the Health and Wellbeing Board and other relevant changes emerging from new policies of the Coalition Government and Health White Papers;
- Healthwatch: briefing on the new body, its role and preparations for establishing locally;
- Community Care Connect: information about the new traded enterprise for Adult Social Care Services;
- Berkshire Healthcare Foundation Trust: changes in Community Services;
- Mental Health: Next Generation Care and 'No Health without Mental Health' Strategy;
- Royal Berkshire Hospital – update from the Chief Executive;
- Consideration and response to any relevant consultations as they emerge.

Member Visits

Suggested Place of Visit	Reason for Suggestion	Time of year proposed	Date Agreed for Visit	Lead Member (to report back to HOSC)
Age Concern Woodley	Review of Care for the Elderly/End of Life Care	Early in new Municipal Year.		
TBC	Eating Disorder treatment	TBC		
Maternity Unit Visit at Royal Berkshire Hospital	Maternity Unit visit carried out in March 2011 by Members of the Committee following a number of concerns. Presentation received, would like to return to follow up a number of points and have a tour of the ward if possible.	TBC		
Royal Berkshire Hospital?	Infection control/cleaning contracts concern raised by a Member of the Committee, following information by PCT/RBH at 27 Sept 2011 meeting, a visit to investigate further may be appropriate.	After 27 Sept 2011 meeting.		