MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON WEDNESDAY 28 SEPTEMBER 2011 FROM 7.00PM TO 9.55PM

Present: *Tim Holton (Chairman), Charlotte Haitham Taylor (Vice Chairman), Annette Drake, Kate Haines, Lee Gordon-Walker and Sam Rahmouni*

Also present:
Nigel Davies, Chief Nurse, NHS Berkshire
Nigel Foster, Deputy Director Finance and Performance, NHS Berkshire
Alex Gild, Director of Finance, Berkshire NHS Foundation Trust
Christine Holland, LINk Steering Group
Tony Lloyd, LINk Steering Group
Janet Maxwell, Director of Public Health, NHS Berkshire West
Dr Richard Perry, Wokingham GP Consortia
Bev Searle, Director of Joint Commissioning, NHS Berkshire
Charles Yankiah, Senior Democratic Services Officer

28. MINUTES

The Minutes of the meeting of the Committee held on 2 August 2011 were confirmed as a correct record and signed by the Chairman.

29. APOLOGIES

Apologies for absence were submitted from Andrew Bradley, Gerald Cockroft, Kay Gilder, Mike Gore, Emma Hobbs and Philip Houldsworth.

30. DECLARATION OF INTEREST

Kate Haines and Tim Holton both declared personal interests in Minute No. 31 as users of GP Surgeries referred to in the responses to the public questions.

31. PUBLIC QUESTION TIME

In accordance with the agreed procedure the following members of the public have submitted questions.

31.01 Question

Mrs Kathie Smallwood has asked the Chairman for Health Overview and Scrutiny Committee the following question.

Since Woodley Centre & Parkside Surgeries have moved into new premises over Lidl there have been numerous problems with build quality, parking but mostly with access for the disabled. This is due to there being only one lift at this end of the building and no suitable spaces on the ground floor for consultations. With all the current problems this building is unfit for purpose. Is there any possibility of these premises being improved in the near future?

Answer

It is understood that Kathie Smallwood is a patient in the Woodley Centre Surgery and has already made this complaint verbally to the Practice Manager.

Berkshire Social Services have been aware of just three outstanding issues with the building all of which are now under control and will be resolved imminently now that they

have accepted their offer of remedial work. The meeting to move forward was held on 12th September when together with Lidl and Rydon, the 12 month snagging review was conducted.

The first issue is the main lift and it is a fact that there have been 17 breakdowns since the building was opened for business last October. There were a great number around Christmas time and Mike Hendy and Paul Rowley, the Managing Director of BSS, personally attended the site on several occasions to meet with the lift engineer to ascertain what the fault was and if there was a pattern. From then until June 2011 there were no further breakdowns and then a cycle started again with several in a short space of time. Stannah Lifts investigated this thoroughly using senior staff in their organisation. They issued a report to Rydon's (the builders) and Lidl which is summarised in an email from Rydons on 29th July:

"As you are aware, that since we met a further breakdown has occurred with the lift, and attached for your information and records is an email from Paul Ayers, Operations Director for Stannah detailing the cause of the latest problem and their companies subsequent actions, Mike Hendy has since spoken with Paul who confirms that all works were completed yesterday AM.

Stannah have now had the opportunity to analyse the information supplied via the "lift card engineer call outs" and we have been advised that the problems are all mainly due to the in retro installation of the "Pawl" new safety devise for stopping involuntary decent.

Stannah advise that they have had problems with this devise and with it's compatibility, which as mentioned has been the cause of the issues at the PCT.

They acknowledge and accept that they have had problems but they are confident that they and their Field Service Team are now in full control and they do not foresee any future problems with the lift"

There have been no further occurrences since this last 'fix'. Stannah have extended the warranty period on the lift to March 2012 and have agreed to provide 24/7 cover for breakdown at no cost to the PCT for the same period.

The second issue has been the high temperatures recorded in the entrance lobby noted by both the Woodley Centre Surgery Practice Manager and confirmed by Dr David Buckle, Senior Partner. BSS have been pursuing this issue with the builders and in the last few days they have confirmed that the reported temperatures do coincide with some data modelling they have run and now have now installed ante glare film to the whole entrance lobby glass which should significantly lower the temperatures. Dr David Buckle has been kept informed of developments

The only other issue is the suitability of the walls in the entrance where we suspect due to damage that has recently been caused by a mobility scooter that the lining does not meet the specification. Rydon have now admitted that the specification was not followed and have agreed to install wall protection to the whole of the ground floor area.

We can confirm that the building was built to and does conform to all NHS HTM's (Health Technical Memoranda) and complies with all requirements of the Disability Discrimination Act. In an emergency we do have the right to use the Residents Lift at the back of the building which was negotiated and agreed at the beginning of the lease negotiations –

whilst not ideal as it is staff intensive, it does provide an alternative means of access and egress for those with disability issues. It can take a normal wheelchair but not a stretcher as it was never specified for that unlike the main lift. Interestingly I quote from an email received from one of the Practice Managers today "We have an impressive surgery and we want to share this with the local community not just our patients" so obviously the staff are proud of the premises. It is also worth noting that the Parkside Family Practice was recently assessed for a training practice by the Oxford Deanery and they praised the GP facilities and the building

The comment about a ground floor consulting space are noted. We have always considered the area to be space wasted, we have expressed a view that it would have been desirable to have an interview room there especially when the lift breakdowns were frequent; however we understand that, as part of the condition of planning approval to comply with DDA requirements the ground floor entrance had to be designed as it is now. However that ground floor area will only take a few mobility scooters and bikes and soon fills up so it is doubtful whether a consulting road would have been able to have been built.

Finally there is a mention of parking which is nothing that the PCT would have any control of. We are aware that this continues to be an issue with staff but have never been aware that this is an issue with patients. Woodley Centre Surgery patients had to use Pay and Display parking when they were in Crockhamwell Road and this is no different now – in fact the Headley Road Car Park is marginally cheaper than the Waitrose one at 50p for 30 minutes as opposed to 70p!! Extra Disabled spaces were provided as part of the build so we really cannot see what the issue is anyway.

31.02 Question
Earley Neighbourhood Action Group has asked the Chairman of the Health Overview and Scrutiny Committee the following question.

By its inaction and public statements West Berkshire PCT is seen to have adopted a policy of tolerating use of 0844 telephone numbers by its contracted GPs. This policy stands clearly outside the terms of the contract revisions added in April 2010, with a deadline for compliance of 31 March 2011.

As the accountable officer, Mr Charles Waddicor, is thereby in breach of his statutory duty (under the Health Act 2009) to have regard to patient rights under the NHS Constitution when framing policy. The first of these rights is to access NHS services without a charge imposed by the provider.

The Earley NAG believes that the Committee should consider this breach of duty by the PCT in detail. As this applies to all of the Boroughs served by the clustered PCT, now covering all of Berkshire, it should consider doing so in conjunction with its sister Committees.

The NAG and other concerned citizens will be happy to furnish the Committee with evidence of the policy being followed by the PCT in the form of letters and statements to newspapers. There is also evidence of the effect on the people of Wokingham and other boroughs in the county.

The terms of the contractual requirement are clear and there is evidence of clarifications provided by government ministers. These clarifications counter the position of the BMA GPC which holds and promotes a policy that 0844 numbers should be retained.

Will the Committee use its authority to hold the PCT to account over this matter?

Answer
Thank you for giving me the opportunity to respond to the question that the Early Neighbourhood Action Group has asked at the Health Overview and Scrutiny Committee on 28 September 2011. The background to this is as follows -

On 1 April 2010 the National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2010 came into force. These regulations amended GP contracts in respect of the use of 0844 telephone numbers. The regulations placed a responsibility on GP contractors to:

- Not enter into, renew or extend a contract or other arrangement for telephone services unless satisfied, having regard to the arrangement as a whole, that people will not pay more to make calls to the practice than they would to make equivalent calls to a geographical number, and

- That where a contractor was a party to an existing contact or other arrangement for telephone services under which people call a number which is not a geographical number, the contractor must:

    - before 1 April 2011 review the arrangement and consider whether, having regard to the arrangement as a whole, people pay more to make relevant calls than they would to make equivalent calls to a geographical number, and

    - if appropriate take all reasonable steps to ensure that, having regard to the arrangement as a whole, people will not pay more to make relevant calls than they would do to make equivalent calls to a geographical number.

In response to the regulation change, the PCT was required to issue a variation to each of the contracts that it has with GP Providers. This variation placed a responsibility on the GP Providers to ensure that they complied with the regulation change. We subsequently asked the providers currently using 0844 numbers to confirm their compliance and each of them submitted an assurance that their phone supplier (NEG) was charging rates in line with local geographical calls. The GP Providers consider that this means they are complying with their contract.

In response to concerns previously raised by Mr Mike Kennedy, of the Earley Neighbourhood Action Group and in order to assure itself further that the regulations were being complied with the PCT asked the Department of Health to clarify more precisely how the regulations were meant to be interpreted as it was recognised that there are many varied telephone tariffs available. In particular we sought clarification on:

- Whether the regulations only related to phone calls made from landlines, and

- Whether the wording in the regulations "having regard to the arrangement as a whole" meant that the majority of patients should not pay more than they would to make the equivalent call to a geographical number.

The Department of Health has advised that it is in the process of putting guidance together to clarify the interpretation of the regulations. Once this guidance is published, the PCT

will review again whether its GP contractors that use 0844 telephone numbers are compliant with the terms of their contract.

Supplementary Question
The Earley Neighbourhood Action Group thanked the Scrutiny the Committee for providing the response, however, we think that the response is inadequate and misleading.

Our original question was concerned with the matter of patients rights and it is our contention that NHS Berkshire West is failing to discharge its duty properly by not upholding those rights, not acting in accord with the NHS Constitution and allowing contravention of the fundamental principles of the NHS which are now repeated and enshrined within that Constitution The NAG is speaking on behalf of the 30,000 people who live in Earley, many of whom have expressed anger at the disgraceful continued use by GPs of premium charge expensive phone numbers, as reported in the Wokingham Times and on BBC Radio Berkshire recently. This response from NHS Berkshire West illustrates its failures as well as repeating inaccuracies and misrepresentations.

Accordingly we ask if this Committee will make available an appropriate resource to work with us to assemble and examine the evidence and prepare to hold NHS Berkshire West to account.

Supplementary Response
The Chairman said that he would make himself available to work with the Earley Neighbourhood Action Group to look into the issues raised.

32. MEMBER QUESTION TIME
There were no Member questions.

33. INFECTION CONTROL/CLEANING CONTRACTS
The Committee received a report from Nigel Davis, Chief Nurse Royal Berkshire NHS Trust in relation to Infection Control and Cleaning Contracts as included in the Agenda pages 10 to 13 and informed the Committee of the following –

- The Trust has an excellent record for infection prevention and control;
- The Trust is only 1 of 25 Trusts in the UK to remain MRSA free for more than a year;
- The Trust is 1 of 3 Trusts in the South Central region to remain MRSA free for more than a year;
- This has been achieved as a result of a zero tolerance approach and is based upon a more focussed approach to cleaning the patient environment and patient equipment and encouraging the use of the right hand cleaning methods and at the right point in time;
- The Trust now follows the national best guidance practices;
- The Trust made the decision to remove hand gel from some public areas such as entrances in responses to the National Patient Safety Agency issuing an alert in September 2008;
- Advice was that alcohol-based hand sanitisers are most beneficial if located at point of care;
- All Trusts have been required to undertake a risk assessment in relation to the positioning of these products;
- Alcohol-based sanitisers are still available at the entrances to clinical wards/departments and within the patient bed-space/room for use by anyone entering those areas;

- Clostridium Difficile (CDifficile) is spread primarily by the production of spores which are resistant to many antiseptics/disinfectants including alcohol;
- The best way to remove the spores from the hands is to physically wash them off with soap and water as the alcohol sanitiser does not kill the spores;
- Using chlorine releasing agents for all the routine decontamination of patient care associated equipment and the environment;
- This is also supported by the use of hydrogen peroxide "fogging" of the isolation room used by patients with C. Difficile;
- The cleaning schedule for public areas is also agreed by the Matron for Infection Prevention and Control and the Manager for Housekeeping;
- The Housekeeping team leaders allocated staff to the public areas according to frequency of the schedule covering 7 days per week;
- Daily, weekly and periodic cleaning activities are monitored according to the frequency of the cleaning activities;
- Auditing of the public areas is in line with the National Standards of Cleanliness;
- The Trust has embarked on a two cleaning initiatives this year;
    - The annual deep clean delivers a high level of cleanliness to support patient expectations and experience along with the reduction in hospital acquired infections.
    - The deep clean plus programme goes a step further and will see up to 10 wards not only achieve the same high level of cleanliness as a deep clean but will also receive a "mini make-over" in terms of general repairs, repainting the walls, update lighting, equipment testing and replacements.
- This is as a result of £750k of Capital Investment being set aside and used for this purpose; and
- The Trust takes both infection prevention and control and housekeeping seriously and these both have a direct impact on the experience of the patients and visitors and health outcomes of the patients.

Annette Drake congratulated the Trust for getting rid of MRSA for more than a year, but enquired about the amount of C.Difficile cases the Trust have had in a year.

Nigel Davis informed the Committee that it is currently about 35 cases a month, but these are in most cases referred to the Trust by GPs in the community. Only one third of cases are actually associated with the Trust. The Trust is currently working with communities and GPs to reduce these cases by improving and increasing cleaning measures and introducing the use of antibiotics.

Annette Drake enquired what the "fogging" cleaning method was and how was it done.

Nigel Davis informed the Committee that the "fogging" cleaning method was conducted in a sealed environment and involved the isolation of the room.

Kate Haines also congratulated the Trust for the report and for getting rid of MRSA for more than a year. She enquired if there was a way that the Trust knew how areas were being cleaned and despite the improvements in MRSA, there should still be hand gel dotted around the public areas.

Nigel Davis informed the Committee that it is difficult to place them in public areas given the current approach of the Trust in complying with National Guidance. He also stated that it would be very difficult to eliminate all contact with bacteria and micro-organisms, but the Trust was working hard to improve and increase its cleaning methods.

Kate Haines informed the Committee that she has made several complaints to the PALS Team in April and May but to date had not received a response.

Nigel Davis informed the Committee that he would look into it.

Dr Richard Perry commented that there were some concerns about the increase in C.Difficile and the numbers being referred to but asked what was being done to reduce it and even eliminate it.

Nigel Davis informed the Committee that there was an increase in signage in public areas to wash hands with soap and water. He also referred to the compliance with the National Guidance in adopting the cleaning methods.

Dr Richard Perry enquired if the alcohol-based hand gel could be made available from the reception areas and members of the public being signposted to ask for it, if they required to use it.

The Chairman enquired if everyone was able to use the alcohol-based hand gel.

Nigel Davis informed the Committee that he would look into Dr Perry's suggestion and also stated that some members of the public did not use the hand gel for religious reasons.

RESOLVED That –

1) the report be noted by the Committee and that the Trust be congratulated for the success in being MRSA free for over a year; and

2) Nigel Davis be thanked for the report and for attending the meeting.

34. BERKSHIRE HEALTHCARE FOUNDATION TRUST

The Committee received an update from Alex Gild, Director of Finance, Performance and Information Berkshire Healthcare NHS Trust in relation to the Next Generation Care (NGC) Implementation as included in the Agenda pages 14 to 21 and informed the Committee of the following –

- The Trust has been carrying out a major review of its Mental Health Services since September 2009;
- Its objective is to improve the quality of the services whilst staying within the financial constraints imposed on the NHS;
- The starting point was listening to people who use our services, general practitioners, staff and other stakeholders and hearing what they said;
- People said –
  - There was differing entry and exit criteria for services
  - It was difficult to get into services and access for some was not clear
  - Services appeared disjointed and difficult to navigate
  - Some patients found it difficult to understand what was happening in their treatment and there seemed to be poor co-ordination between services
  - Services seemed to create a dependency for some and had lost focus on recovery
  - Getting patients from primary care into the right service was complicated and unclear
- The NGC proposed changes in 3 strands –
  - The common point of entry;

- The care pathway services; and
- The 7 separate urgent care services being brought together

- The Common Point of Entry will –
  - Give advice to people about what services are provided
  - Allow GP's or other professionals to discuss with senior clinical staff the best treatment options
  - Triage and signpost where appropriate
  - Those requiring secondary mental health services – within 7 days to carry out an assessment of the person's needs
- Care Pathways will –
  - Allocate into an evidenced based pathway
  - Reduce the chance of services being disjointed
  - Make sure that people in the services have a care-co-ordinator who will not only be key in providing treatment and care but will also act as the person's guide
  - Ensure that people in the services are helped to develop a clear plan which is not only about their treatment but also about their overall recovery
- The Community Urgent Care Service will –
  - Provide a service to acutely unwell people in their own homes and will be available 24 hours a day, 365 days a year
  - Help people avoid admission to hospital where appropriate
  - Provide mental health assessment services into the Accident and Emergency Services in Berkshire
- Overall System Flow means –
  - New patients will be contacted quickly following a referral, usually within 24 hours and within 7 working days if an assessment is required
  - Face to face assessments will be carried out in the person's own community
  - People who do need services will be given advice and information
  - People who require services will have an allocated care co-ordinator who will act as their guide through services
  - There will be one Urgent Care service that will provide care for those in crisis and will be available 24 hours a day
  - People will have their own care plan which will focus on recovery
  - Community Mental Health Services will continue to be provided in partnership with Local Authorities
- The Common Point of Entry and Urgent Care will operate as a Berkshire wide service and will include the move of over 300 members of staff into new roles with no losses and majority of changes are planned to be implemented in mid-November;
- The Communication Plan and information to stakeholders will take place toward the end of October;
- A supporting structure will be in place to mitigate any risks and to support the decision making over a 30 day period and will include ongoing monitoring.

Annette Drake commented that it was a very ambitious programme and hoped that it would go smoothly. She enquired about who the care co-ordinators would be and how the self referral would work.

Alex Gild informed the Committee that the care co-ordinators could be any professional e.g. Psychiatrists or Psychologists and that self referrals would be done through advertising of services and by patients themselves referring themselves for additional services.

Charlotte Haitham Taylor commented that she welcomed the changes was a bit concerned that patients could still be lost in the system and enquired as to how this could be prevented.

Alex Gild informed the Committee that there was a focus from the beginning to assess the needs through the pathways and that there would also be assignments for co-ordinations of care and at the common point of entry. He also stated that all the records would be electronic and live with no paper trail and less danger with the technology improvements.

Charlotte Haitham Taylor enquired as to how the self referrals would be promoted.

Alex Gild informed the Committee that this would be done through GP surgeries and practices and through a public advertising campaign.

RESOLVED That –

1) the update be noted by the Committee; and

2) Alex Gild be thanked for the update and for attending the meeting.

35. NHS BERKSHIRE WEST PERFORMANCE AND FINANCE UPDATE

The Committee received an update (see attached as Appendix 1 to these minutes) from Nigel Foster, Deputy Director of Finance and Performance Berkshire West NHS in relation to the financial overview and the key performance indicators and informed the Committee of the following –

- Core allocation was approximately £1,367 per person from the population of about 482,000;
- Including the recurrent and non recurrent allocations, Berkshire West is the lowest funded Primary Care Trust (PCT) in the country per head;
- Berkshire West is the most stable financially in Berkshire with a total budget of around £662m and a surplus of around £1.6m;
- Planning for 2012-13 includes –
  - a review of the current medium term financial plan
  - full year effect of current investments
  - recalculating the Quality, Innovation, Productivity and Prevention (QIPP) "gap",
  - impact of forecast outturn and any budget repairs
  - assess current QIPP delivery and full year impact
  - growth and inflation assumptions
  - tariff deflation
  - Clinical Commissioning Groups (CCGs) to be driving the process
- Berkshire West will be looking at money, activity and targets;
- NHS Operating Framework sets out the indicators and milestones to be used for planning and to assess how PCTs are delivering; and
- There are approximately 125 indicators and milestones grouped under 3 domains –
  - Quality – covering safety, effectiveness and experience
  - Resources – covering finance, workforce, capacity and activity
  - Reform – covering commissioning, provision, partnership building, putting patients first and development of a new public health infrastructure

Charlotte Haitham Taylor enquired if there was any monitoring of the money that was spent on patients who had received Private Operations funded by the NHS and then subsequently required more NHS Treatment like for example physiotherapy.

Nigel Foster informed the Committee that there is no monitoring of resources for those patients which made it difficult to follow up, however, the quality of care remains the same.

Charlotte Haitham Taylor enquired if anything was being done to improve the pathways and reduce the waiting times.

Nigel Davis informed the Committee that patients were being signposted appropriately to the right services which prevented and reduced second referrals or second moves which had a knock on effect to reduce waiting times.

Annette Drake enquired about where the money came from for Berkshire West and how often did Berkshire West have to bid for it.

Nigel Foster informed the Committee that it was not a bidding process, but money came through the PCT using a funding formula which included a range of indicators with health and social needs. He also stated that it was varied and mainly over a 2 or 3 year period and some on an annual basis like currently.

Annette Drake enquired why Chlamydia positive testing rate in relation to the Health Promotion and Prevention indicators was the only STD that was being tested.

Janet Maxwell informed the Committee that all STDs were done as a matter of course, but because it was a specific indicator it was included in the Promotion and Prevention Indicators.

Kate Haines enquired as to how they knew who the likely ones were to test for STDs.

Janet Maxwell informed the Committee that a series of promotions are done throughout the year at University fresher's week, festivals and at sexual health centres offering various services including screenings.

Lee Gordon Walker enquired as to where the indicators came from and if there was any scope for it to be changed.

Janet Maxwell informed the Committee that the indicators were national and were meant to improve services and increase access for the population and there was very little that could be done to change it.

Lee Gordon Walker enquired as to what the charging policy was for visitors from other countries and if any money is recovered.

Nigel Foster informed the Committee that the health service was free for EU visitors and that there was a national policy in place to re-charge other foreign visitors. He also stated that the onus was left to the hospital to recover any money and that the PCT would not get involved.

Nigel Davis also commented that there was a specific team that dealt with re-charging and recovery, but it was based upon the accuracy of the information provided by the patient at the time e.g. address and contact details.

Charlotte Haitham Taylor enquired if all staff were aware of the charging policy and practices and if they promoted the information.

Nigel Davis informed the Committee that all staff were obligated to treat all patients in A&E and were aware of the policy and practices.

The Chairman enquired if it was fair that Berkshire West was one of the lowest funded PCTs and if there was anything can could be done.

Nigel Foster informed the Committee that someone had to be at the bottom of the table and unfortunately it was Berkshire West. He stated that the population was educated and knew what to ask for and when and that it was also an aging population that had something to do with it. He also stated that because of the changes in the funding formula and the demands on healthcare and emergency services there was a move in money fro healthcare to social care funding as well.

RESOLVED That –

1) the update be noted by the Committee; and

2) Nigel Foster be thanked for the update and for attending the meeting.

36. GP CONSORTIA

The Committee received an update (see attached as Appendix 2 to these minutes) from Dr Richard Perry in relation to the recent developments of the GP Consortia and informed the Committee of the following –

- The Council will become the governing body of the Clinical Commissioning Group (CCG)
- Membership includes 2 lay-members, consultants and nurses;
- The Executive will include 5GPs, 2 practice managers and 1 director, however, there was still no prescription from Government;
- Discussions are being held to develop a federation at a Berkshire West level with over 150,000 patients in the region;
- Some proposed federation functions include –
  - Royal Berkshire, North Hampshire and Great Western contracts
  - IT and data analysis
  - London Trusts
  - Stroke, cancer and vascular networks
  - South Central Ambulance Service
- Local CCG functions included –
  - Developing relationships with the local health and wellbeing board and the local authority
  - Developing patient and public engagement
  - Developing clinical engagement within primary and secondary care – to develop and generate sensible pathways
  - Working with public health and the Joint Strategic Needs Assessment (JSNA) to address local health needs and inequalities
- Currently the pot is £165m and Wokingham is the lowest funded CCG, however, working towards understanding the following budgets –
  - Acute Services
  - Community and Mental Health
  - Long term health care
  - Prescribing
  - Management costs
- Wokingham pressures include –
  - the deficit and pace of change

- the elderly population with long term conditions and dementia
- nursing care homes (significant proportion of care homes in the Berkshire area and orthopaedics

- Current areas of activities include –
  - reducing practice variation – elective referrals, non elective admissions, pathology use
  - musculoskeletal (MSK) Service and
  - Practice prescribing
- This means for patients –
  - An increase in high quality community based services
  - More people managed in their own home when unwell
  - No significant changes to their GP surgery

Annette Drake thanked Dr Perry for the update and commented that she didn't understand the logic before, but now she understood what was happening. She enquired as to how the £165m is agreed to be spent.

Dr Perry informed the Committee that the GP Consortia will replace the PCT, however, support will be put in place for PCT staff. He stated that there is currently no disagreement with the proportions of the £165m and everything is currently done on consensus, but if it came to it, there could be a vote.

Lee Gordon Walker enquired as to what happens if the CCG is over budget.

Dr Perry informed the Committee that there risk sharing takes place and CCGs knows that a bail out would be put in place. He also stated that there is access to those who over-spend and they are spoken to and there would come a time then they would be officially notified and in some instances "asked to leave" the CCG.

RESOLVED That –

1) the update be noted by the Committee; and

2) Dr Richard Perry be thanked for the update and for attending the meeting.

37. PUBLIC HEALTH

The Committee received an update (see attached as Appendix 3 to these minutes) from Janet Maxwell in relation to the proposed changes for public health across Berkshire West and informed the Committee of the following –

- Four domains for Public Health – health improvement, health protection, health and social care commissioning, public health intelligence and knowledge management;
- Major health issues including health and wellbeing, health inequalities and social influences;
- Moving back to Local Authorities helps bring health and its wider determinants closer together;
- Public health practitioners are trained in a range of skills including epidemiology, health promotion skills, health protection skills, health economics, sociology and psychology skills, management techniques and understanding research evidence;
- Current policy and key guidance –
  - Liberating the NHS – NHS White Paper – July 2010
  - Healthy Lives, Healthy People – White Paper – November 2010/July 2011
  - Our Health and Wellbeing – November 2010
  - Health and Social Care Bill – January 2011

- Public Health System – due late 2011
  - Public Health Outcomes Framework
  - Public Health England operating model
  - Public Health in Local Government
  - Public Health Funding
  - Workforce Strategy
- Transition of Public Health Functions to Local Authorities
  - Key elements of new system – based on outcomes, ring fenced grant, prescribed services
  - Role of Director of Public Health – principal advisor on health
  - Locally led system – NHS contribution to public health, co-ordinating role of Health and Wellbeing Board
  - Public Health Commissioning responsibilities moving to Local Authority
- The move of Public Health to Local Authorities will take place formally in April 2013
  - During 2012/13 – operate in shadow form
- 18 months to understand and agree the structures needed to develop in order to achieve optimum delivery of the public health function
- The funding formula has yet to be agreed nationally – shared budget based on 2010/11 outturn figures
- Discussions need to take place with each Unitary Authority to gain a better understanding of the issues and the options for delivery of the public health function.

Lee Gordon Walker enquired as to once the implementation has taken place, what options will the Local Authority have in relation to what is being proposed.

Janet Maxwell informed the Committee that there would be some flexibility regarding what is being proposed, however, it should be noted that a lot of the grants will be ring-fenced.

Annette Drake thanked Janet Maxwell for the presentation and commented that the information sharing among the organisations should continue as there have been many examples of good practice and partnership working especially with the smoking cessation and obesity campaigns.

Janet Maxwell informed the Committee that she was totally in agreement and that she hoped that the partnership working and information sharing among organisations will continue after the transition.

Charlotte Haitham Taylor enquired if the Health and Wellbeing Boards had been set up in Berkshire West and if so, how were they going.

Janet Maxwell informed the Committee that some had already been set up and were starting to gel, there were the obvious problems of agenda setting and working together, but these issues are being dealt with as the HWBB continues to meet and move forward.

RESOLVED That –

1) the update be noted by the Committee;

2) Janet Maxwell be thanked for the update and for attending the meeting; and

3) Janet Maxwell be invited back to the Committee in January 2012 to provide an update in relation to Public Health and the progress and developments of the Shadow Health and Wellbeing Boards.

38. LINks UPDATE

The Committee received an update from Christine Holland in relation to the LINk as included in the Agenda pages 22 to 24.

Charlotte Haitham Taylor enquired about the project relating to the Referral of the Pharmacy waiting times at the Royal Berkshire Foundation Trust Hospital.

Christine Holland informed the Committee that the project was making good progress and would keep the Committee up to date with any developments.

Annette Drake commented that she hoped the project relating to the Residential Care Homes grows and progresses well. She also stated that she had concerns about Homecare Assistants and their lack of training despite being used by the hospitals. She enquired if the LINk would be looking into it in the future.

Tony Lloyd informed the Committee that a similar project had just gotten underway in Berkshire West and he would look into whether the project could be extended to the Wokingham/Reading area.

RESOLVED That –

1) the update be noted by the Committee; and

2) Christine Holland and Tony Lloyd be thanked for the updates and for attending the meeting.

39. HEALTH CONSULTATIONS

The Chairman informed the committee that the current "live" consultations that were detailed in the briefing paper were for the attention of the Committee and that they should pay particular attention to Consultation 6 – Developing Safe and Sustainable acute services in South Central Stroke, major trauma and vascular surgery as it involved NHS Berkshire. He also stated that the online response, actually takes a few minutes to complete as he had completed it earlier.

RESOLVED: That the briefing paper be noted by the Committee.

40. WORK PROGRAMME 2011/12

The Committee considered the proposed Work Programme for 2011/12 as included in the Agenda pages 31 to 43 and raised the following issues –

- The agenda for the next meeting on 29 November has a lot of agenda items and the agenda needed to be a bit more focussed given the attendance of the Chief Executive Royal Berkshire Hospital;
- Community Care Connect update can be moved to the January 2012 meeting;
- Update on Public Health can be deleted; and
- PALS just needs to submit a report for consideration by the Committee.

The Chairman thanked the members who attended the site visit to Age Concern Woodley on 23 September 2011 and informed the Committee that it was a worthwhile visit, seeing the staff and customers utilising the services.

Kate Haines submitted a report to the Committee (attached as Appendix 4 to these minutes) regarding the site visit to Age Concern Woodley on 23 September 2011.

Charlotte Haitham Taylor also submitted a report to the Committee (attached as Appendix 5 to these minutes) regarding her attendance at the Berkshire Healthcare NHS Foundation Trust AGM.

The Chairman reminded the Committee about the importance of attending planned activities and events organised and approved by the Committee including the Site Visits and the Working Group meetings and requested that members fulfil their commitments.

The Committee discussed

RESOLVED That –

1) the reports submitted by Kate Haines and Charlotte Haitham Taylor be noted by the Committee; and

2) the proposed amendments to the Work Programme 2011/12 be updated accordingly.

41. HOSC DEVELOPMENT

The Chairman informed the Committee that he thought it was very important for the Committee to look at the development of HOSC over the next year and possibly make some changes to the agenda items and work programme items. He suggested that a working group be established to look into in more detail and that a report be submitted to the Committee in January 2012, reporting its findings and a way forward.

RESOLVED That –

1) a Working Group be established to look at the development of HOSC and includes the following members – the Chair, Charlotte Haitham Taylor, Sam Rahmouni, Bev Searle (NHS Berkshire) and Charles Yankiah (Democratic Services);

2) the Working Group submits a report to the HOSC in January 2012 reporting its findings and proposing a way forward; and

3) the proposed amendments to the Work Programme 2011/12 be updated accordingly.

42. ANY OTHER BUSINESS

Mental Health Task and Finish Working Group

The Committee received an update from Charlotte Haitham Taylor in relation to the Mental Health Task and Finish Group as included in the Supplementary Agenda pages 54 to 58.

RESOLVED That –

1) the Draft Terms of Reference and the Draft Review Schedule be approved by the Committee; and

2) the Task and Finish Working Group keeps the Committee up to date with its progress.

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

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