WOKINGHAM BOROUGH COUNCIL

MEETING OF THE

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

ON

WEDNESDAY 28 MARCH 2012

AT

7.30PM

(Please note the change of time)

AGENDA

Civic Offices
Shute End
Wokingham
Berkshire

Andy Couldrick
Interim Chief Executive

WOKINGHAM
BOROUGH COUNCIL

THE COUNCIL'S VALUES

In making a difference to other people's lives we are ...

- ONE Wokingham, ONE Borough – working in partnership
- FOCUSED on Customers and Community
- BOLD – innovative and flexible
- OPEN – integrity, trust and transparency

The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

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WOKINGHAM BOROUGH COUNCIL

To: The Chairman and Members of the Health Overview and Scrutiny Committee

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held at the Civic Offices, Shute End, Wokingham on **Wednesday 28 March 2012** at **7.30pm** (please note the change of time)

Andy Couldrick
Interim Chief Executive
20 March 2012

Members:- Tim Holton (Chairman), Charlotte Haitham Taylor (Vice Chairman), Andrew Bradley, Gerald Cockroft, Kay Gilder, Mike Gore, Kate Haines, Emma Hobbs, Philip Houldsworth and Sam Rahmouni

Substitute Members: Phil Challis, Annette Drake, Lee Gordon-Walker and Jenny Lissaman.

ITEM NO.	WARD	SUBJECT	PAGE NO.
79.00	None Specific	**APOLOGIES** To receive any apologies for absence	
80.00		**DECLARATIONS OF INTEREST** To receive any declarations of interest	
81.00	None Specific	**MINUTES** To confirm the Minutes of the Meetings of the Committee held on – • **25 January 2012** and • **21 February 2012** – Special Meeting with the Chief Executive Royal Berkshire Foundation Trust	**1-26**

82.00		**PUBLIC QUESTION TIME** To answer any public questions The Council welcomes questions from members of the public about the work of this Committee Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact Democratic Services on the numbers listed below or go to www.wokingham.gov.uk/publicquestions Explanatory leaflets are also available in the Civic Offices and Libraries.	
83.00		**MEMBER QUESTION TIME** To answer any member questions	
84.00	None Specific	**CARE QUALITY COMMISSION** *(7.30pm – 7.50pm)* To receive a presentation and update from Sue Sheath, Acting Regional Lead (South East) in relation to the Care Quality Commission.	**27-29**
85.00	None Specific	**ROYAL BERKSHIRE NHS FOUNDATION TRUST QUALITY ACCOUNTS** *(7.50pm – 8.05pm)* To receive information relating to the Quality Accounts of the Royal Berkshire NHS Foundation Trust.	**30-95**
86.00	None Specific	**NHS BERKSHIRE WEST ANNUAL PERFORMANCE AND FINANCE UPDATE** *(8.05pm – 8.15pm)* To receive a performance and financial update from Berkshire West regarding the current position, future pressures and any areas of concern.	
87.00	None Specific	**LINk UPDATE** *(8.15pm – 8:20pm)* To receive an update in relation to the LINk from Christine Holland.	**96-99**
88.00	None Specific	**HEALTH CONSULTATIONS** *(8.20pm – 8:25pm)* To consider the current "live" health consultations set out in the report.	**100-104**

89.00	None Specific	**HEALTH OVERVIEW AND SCRUTINY COMMITTEE ANNUAL REPORT** *(8.25pm – 8:30pm)* To receive the Health Overview and Scrutiny Committee Annual Report for 2011/12 from the Chairman of the Committee.	105-115
90.00		**ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT** A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading	

This is an agenda for a meeting of the Health Overview and Scrutiny Committee

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ITEM NO: 81.00

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON WEDNESDAY 25 JANUARY 2012 FROM 7.00PM TO 9.40PM

Present: *Tim Holton (Chairman), Charlotte Haitham Taylor (Vice Chairman), Gerald A Cockroft, Kay Gilder, Mike Gore, Kate Haines, Philip Houldsworth and Sam Rahmouni*

Also present:
Stuart Rowbotham, Strategic Director
Linda MacEachen, Adult Safeguarding Services Manager

David Cahill, Berkshire Healthcare Foundation Trust
Clare Bright, Head of CAMHS
Mark Allsopp, Clinical Director
Salma Ahmed, Partnership Development Officer
Mike Wooldridge, Community Care Services
Christine Holland, LINk Steering Group
Tony Lloyd, LINk Steering Group
Andrew Pickup, Managing Director Optalis
Ella Hutchings, Principal Democratic Services Officer
Charles Yankiah, Senior Democratic Services Officer

55. APOLOGIES

Apologies for absence were submitted from Sam Rahmouni, Bev Searle (NHS Berkshire PCT) and Sam Otorepec (NHS Berkshire)

56. DECLARATION OF INTEREST

None were submitted.

57. MINUTES

The Minutes of the meeting of the Committee held on 29 November 2011 were confirmed as a correct record and signed by the Chairman.

58. PUBLIC QUESTION TIME

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

58.01 Question

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

During the Neurological conditions debate in the House of Lords on 9th December 2011, Baroness Thornton stated that every commissioning group should have a member with a particular interest in neurological conditions. How does Wokingham Borough Council intend to fulfil this condition when there is not one GP practicing in West Berkshire with a special interest in neurology even though 1 in 6 people are affected by them?

Answer

In partnership with the Berkshire West Clinical Commissioning Groups (CCG), NHS Berkshire has established a Long Term Conditions Board, which is chaired by the Reading

CCG Lead, who is a practicing GP. Reporting to this group are a number of sub groups, including the Neurological Conditions Local Implementation Team, which includes a range of health and social care professionals, and which is responsible for implementing national policy guidance.

The Wokingham, South Reading, North West Reading CCGs and West Berkshire CCGs has decided to work together in a "federation" which will enable them to maintain a strong local focus with effective strategic leadership across the wider health system. A number of lead roles have been assigned by the Berkshire West CCG Federation – including a Long Term Conditions Lead – who is the GP chairing the Long Term Conditions Board mentioned above.

The federation will be developing its leadership arrangements further over the coming months, and will continue to consider arrangements for leadership and special interest in specific issues – such as the special interest in neurology as mentioned in this question.

Supplementary Question
Miss Kathie Smallwood thanked the Scrutiny Committee for providing the response, however, she commented that there was no one appointed yet and the response didn't answer the question either way or identify anyone.

Supplementary Response
Stuart Rowbotham informed the Group that Wokingham Borough Council works in partnership with a number or agencies and organisations including the health authority and that he was aware of GP's in the Borough and Berkshire offering long-term epilepsy treatment which was a neurological treatment. He informed the Committee that the Health and Wellbeing Board (HWBB) will have to address it as part of their strategy that would need to be produced by April 2013 and would be available for the public.

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

HOSC regularly receives reports on services from service providers. Why do they not ask service users to give their view of how effective these services are?

Answer
Many thanks for your question. Having been the Chairman for a year and half this is the first one that has been direct at the Chair rather than an officer or health organisation.

It may appear that we don't ask users of services to present but that is not the case. It is though a perception which needs to be addressed so I am glad you submitted the question.

To date we have not asked users to the HOSC Committee to present, however, we have Task and Finish Groups which I believe is the correct forum.

If a user of the health service believes that something is fundamentally wrong within the Borough – I am not referring to an individual case as this is not the forum and never will be, it should be brought to the attention of their Ward Councillor. Their Councillor will then make representation to HOSC for consideration. If the Committee agree that it needs

investigation the Health provider will be invited to present at the appropriate committee meeting.
After hearing the presentation and asking the relevant questions if the committee agrees that further investigation is required a Task & Finish Group will be set up. At the Task and Finish Group providers and representative users will be invited as witnesses.

HOSC does on its own initiative set up Task and Finish Groups. We currently are undertaking a very detailed study in to mental health where many users of the service have provided information.

Later on the agenda is a report on ways to improve the effectiveness of HOSC. One of the recommendations is to allow residents to ask a question of the presenter after they have been questioned by members. The question would need to be related to the presentation and not of personal nature or a single case and would be through the Chair. I don't want to say any more until Committee has discussed it tonight.

59. MEMBER QUESTION TIME
There were no Member questions.

60. OPTALIS
The Committee received a presentation from Andrew Pickup, Managing Director of Optalis and Stuart Rowbotham, Strategic Director in relation to Optalis.

Stuart Rowbotham informed the Committee that -
- Optalis is a Local Authority Trading Company as defined within the Local Government Act and was launched in June 2011;
- it provides social care activity that includes day services and older peoples homes;
- as a result of the putting people first agenda the services are changing and there is now an opportunity for the users to choose and control their care as well as an option to receive personal budgets;
- the entire market is changing in terms of it being more commercial and it is all about being able to survive in the commercial world by offering different direct services and shedding bureaucratic costs;
- it is an opportunity to prosper and as a result of commissioning services this has led to WBC engaging with Optalis and responding to the market; and
- there now seems to be a better approach which is seamless and smooth with a noticeable difference by users, who have referred to the phone actually being answered and the improvement in the delivery of the services.

Andrew Pickup informed the Committee that -
- Management Team included – Andrew Pickup, Managing Director, Mette Jakobson, Operations Director and Peter Martin, Chairman of the Board;
- he became fully operational as the Managing Director on 1 December 2011 and has been quite busy putting procedures and policy in place as he tries to develop the new company and get it right;
- the workforce are motivated, with new ideas and are creative and are contributing toward the future of the company;
- there are some practices and mindsets that need to be changed, in terms of the understanding that it is now a business that needs to be measuring profit and loss rather than discussing budgets, having an identity with core values and looking at efficiencies and quality;

- recent achievements include the implementation of the new Adult Social Care Pathway and the building of the new Brokerage and Support Services;
- the success of the Health and Safety Audit and the Finance Audit being completed with key priorities being identified;
- Provider of Last Resort project being delivered for Wokingham Borough Council;
- current priorities include 8 indicators but 2 key ones are to formalise the business planning exercise and to create and put in place a robust financial system and reporting mechanism;
- short term internal focus includes fosters residential care home consultation, review of sensory needs service;
- implementation of framework-i software;
- review of Westmead Physical Disability day services;
- efficiencies across all services;
- WBC to provide back office support services;
- short term external focus includes increasing awareness in the community;
- completing market research to identify the opportunities;
- meeting with commissioners in neighbouring authorities to fully understand the needs; and
- exploring other markets including Private Pay Market (PPM).

The Chair informed the Committee that the Community Partnership Overview and Scrutiny Panel were considering establishing a Task and Finish Group to look into Adult Care and was hoping that if it goes ahead that members from HOSC would volunteer to be part of the Task and Finish Working Group with the Community Partnership O&S Panel members.

Emma Hobbs enquired about the software programme that was referred to and whether or not it would be able to be sold onto other agencies including the services as it gets developed.

Stuart Rowbotham commented that there are 2 aspects to the IT system relating to Optalis. Firstly Optalis are currently using the WBC system until there system which would be separate is up and running. WBC requires the electronic records of its clients to be kept up to date as much as possible until Optalis establish and develop their own private system.

Emma Hobbs enquired about the number of staff that were employed by Optalis and what PPM meant.

Andrew Pickup informed the Committee that there is approximately 350 frontline staff. He explained that the PPM involves private customers who are able to pay for their own services and being able to tap into that sort of private wealth with providing private care is a niche market. He also stated that it is not a market that is tracked and is a bit of a mystery to agencies and services in the public sector.

Kay Gilder enquired if the provision would be different to those who could afford the care and for those who couldn't and relies upon the local authority.

Andrew Pickup informed the Committee that the quality of care would be the same, however there would be some add on products and services for the PPM, but the quality and provision of care would be the same. Additional add-ons could include I-pads to facilitate the customers by keeping in touch with friends and family while they are being cared for or services are being provided.

Kay Gilder enquired if Optalis was directly competing with the local voluntary sector. Andrew Pickup informed the Committee that Optalis provides a range of services but is not able to provide all the services that the market needs. There are different types of services being provided in terms of vulnerable adults and care settings. So there is an opportunity to partner with other agencies to ensure there are no gaps in the market as well as the provision of care are a very high standard. There is really no direct competition as different agencies provide different services.

Mike Gore enquired if the payment to the users was a weekly or monthly payment into their bank accounts and what happened if the users were overspent.

Stuart Rowbotham informed the Committee that the payment schemes can be either weekly or monthly, but that it would depend on the package the user receives and the assessment of their need. He also stated that in relation to a user overspending, when the assessment is completed in relation to the individual needs, their financial position is taken into account regarding whether they are able to manage their funds or not and monitoring systems are put in place to ensure that there is no overspending. Over the last 10 years there has been very little issues regarding this as it is well managed.

Charlotte Haitham Taylor enquired about implementing framework-i and if there will be any blips in the transferring of the service, the system and the information.

Andrew Pickup informed the Committee that the implementation has been delayed till March 2012, but in the meantime to ensure the smooth transfer, staff are being trained on the system and he is confident that everything is in place for the transition.

Gerald Cockroft enquired about the staff and whether there will be bonuses passed onto the staff when the company is in profit.

Andrew Pickup informed the Committee that if there is profit, there are a number of ways that can be used, either to dividend back to WBC or re-invest into the company to develop services. There may be an option for staff where the profits could be use as incentives to maximise services and quality.

Philip Houldsworth enquired about how is the quality of care monitored across the services.

Andrew Pickup informed the Committee that within the contract between WBC and Optalis there are measures in place to monitor the services and quality of those services being provided. It is important to note that the success of Optalis and the relationship that is shared with WBC and other agencies is dependent on the level and quality of the services being provided. So it is in the interest of Optalis to ensure that those services are to a very high standard and are monitored closely as often as possible. Failing that would give opportunity to private market and to other companies. He also stated that the quality of staff that work for Optalis are second to none and are really professional and are dedicated and professional social workers themselves. There is also a quality assurance system in place where the staff are being consulted upon at the moment that assists them to ask themselves the question if the services they are providing is quality services. This approach from the bottom up is proving to be very useful in continuing to quality assure the services.

The Chair enquired as to why none of the priorities included anything about the users.

Andrew Pickup commented that all the priorities were linked to the users and to the Quality Assurance policies in place. He also stated that the service provisions were also linked to the users as their satisfaction and quality of service received was paramount.

RESOLVED That –

1) the presentation and information provided be noted by the Committee; and

2) Andrew Pickup and Stuart Rowbotham be thanked for attending the meeting.

61. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

The Committee considered received a presentation from Clare Bright, Head of Service CAMHS regarding transitioning from CAMHS to Adult Services.

Clare Bright informed the Committee that –

- the percentage of young people that transfer from CAMHS to Adult Services is quite small and it is usually around the time of their 18th birthday;
- if the child is known to CAMHS, then the receiving adult community mental health team will screen the person on arrival allocate a relevant assessment, usually within 7 days, join CAMHS for joint transitioning and care planning meetings (within 6 weeks);
- if the young person is not known to CAMHS then the transition would be another route and taken to the Wokingham Transition Panel;
- operational principles include consenting to transfer to Adult Services must be given by the young person, if formal consent is unable to be obtained then the transfer will be discussed with the family members, carers will also be offered the opportunity of having their needs assessed; and
- transitioning from CAMHS to Community Team for Learning Disabilities (CTLD) involves earlier planning from around Year 9 (13/14years old) due to the complexity of the need and the ongoing discussions with the family to ensure a smooth transition.

The Committee received a briefing paper from Philip Houldsworth that was tabled at the meeting (see Appendix 1 as attached to these minutes) in relation to the site visit that was held on Tuesday 24 January 2012 to Wokingham CAMHS and the Berkshire Adolescent Unit (BAU) that was attended by Philip Houldsworth, Kate Haines and Charlotte Haitham Taylor.

Kate Haines informed the Committee that she was concerned with the current accommodation in that it was quite small and was shared between 2 services. She stated that the facilities were inadequate and seemed as though the users were pushed behind the scenes so as not to be seen. There were 4 desks for 6 members of staff who have quite a lot of detail and very important work to do.

David Cahill, Locality Director for Wokingham informed the Committee that unfortunately the premises were owned by the PCT and that they had to work within the confines of the space available and that it was limited to the site.

Charlotte Haitham Taylor informed the Committee that at the BAU there were only 8 beds available that were mainly occupied by eating disorder patients, but the team managed well. She also stated that there didn't seem to be any space, facilities or money to do

anything at the moment but the staff and team were doing fantastic with the limited resources available.
Mark Allsopp, Clinical Director commented that the services at BAU have had the 8 beds for many years and that it has always been sufficient. There are 16 day places available with Tier 4 Services available. The accommodation has been sued since 1997, but was refurbished in 2007, however, they are limited in what can be done.

Kay Gilder stated that in the last 4-6 weeks, two local residents have approached her regarding waiting time for CAMHS. One of them has already been waiting for 6 months and has been told she may have to wait another 6 months.

Clare Bright informed the Committee that there was an anomaly with a few cases at the moment with a member of staff being on maternity leave and the team not being able to replace the services like for like. She stated that the cases involved young people with Attention Deficit Hyperactivity Disorder and involved medication and assessments and action plans, which made it a bit more difficult to deal with. It is envisaged that the backlog will be cleared by April 2012.

Kay Gilder commented that despite the issues with the service provision users having to wait for 12 months is not good enough and unacceptable.

Clare Bright agreed that it is not acceptable, however, there are different pathways for ADHD patients in terms of the assessment and process and they were currently looking at way to make those improvements.

Charlotte Haitham Taylor stated that when CAMHS attending the Mental Health Task and Finish Group meeting on 17 January, questions were asked about waiting times and data and the evidence that was given stated that the waiting times were up to 13 weeks, not 6 months. She requested that accurate data on outstanding cases as well as the backlog be provided as soon as practicable. She also stated that the educational work being done has been reported by Ofsted as being excellent across Berkshire, but wondered if there any issues with Wokingham Schools being resistant or not willing to work with the services.

Mark Allsopp informed the Committee that that the teachers and the BAU work really hard and there are no problems within the Wokingham Schools, but concerns will be raised as schools continue to opt out of the mainstream control.

RESOLVED That –

1) the presentation and information be noted by the Committee;

2) Clare Bright, David Cahill and Mark Allsopp be thanked for attending the meeting; and

3) accurate and up to date information regarding the waiting times and backlog be provided to the Committee as soon as practicable.

62. ADULT SAFEGUARDING ANNUAL REPORT 2011/12

The Committee received a presentation from Linda MacEachen, Adult Safeguarding Services Manager as was included in the Agenda pages 18 to 22.

Linda MacEachen informed the Committee of the following –

- Thames Valley Police have retained the Specialist Police Officer and the services are currently being monitored by Sylvia Stone of Berkshire West;

- A Protecting Vulnerable People Unit hub is being established;
- Referrals to Wokingham in the first 6 months were 237, which was a 25% increase on last year;
- There are 94 referrals from Care Homes which was a 20% increase on last year;
- 45 of those were complaints raised about a member of staff;
- Of the 45, 25 have been completed and of the 25, 12 of those concerns have been substantiated;
- Of the 12 that were substantiated, 8 members of staff needed more training, 3 were disciplined and 1 was disciplined and dismissed;
- 4 homes have now received increase in monitoring by WBC under the Care Governance arrangements;
- Of the concerns raised, there was medication errors and an issue raised by Royal Berkshire Hospital that involved the fracture clinic, where one patient had a cast on their leg and the staff at the care home did not know what to do to the wound under the cast;
- This was brought to the attention of the Care Home and there have been training sessions and changes to procedures and increased monitoring. One member of staff was also dismissed.
- The reasons for the increase in complaints is mainly due to the increased awareness of abuse, improved reporting processes in place, and changes to definition of abuse;
- The increase is consistent with other authorities of a similar size;
- In order to prevent abuse in Care homes there needs to be an enforcement of the care standards, the Care Quality Commission (CQC) needs to inspect more regularly and more robustly, improved training needs to take place with care home staff being trained and qualified in Level 1, 2 and 3, regular reviews of WBC funded clients, the Care Governance protocol needs to be shared among the health authorities and the local authorities;
- A new campaign called "Dignity in Care" is due to start soon to raise some awareness;
- To improve community awareness e.g. LINk have statutory powers to enter care homes and monitor provisions to this could be improved; and
- To increase Care Governance awareness by collating information about quality of care and concerns, by working with partners to share information and take action, to ensure plans are in place to address concerns, to increase and improve training requirements and to effectively monitor improvements.

Gerald Cockroft enquired if WBC were happy that 50% of the complaints were left and unsubstantiated and if care homes were being made aware of the errors that were occurring especially with medication and looking at their own procedures.

Linda MacEachen informed the Committee that the CQC should be looking into the issues and putting more robust and additional safeguarding measures in place.

Stuart Rowbotham commented that it is generally quite clear what the inspectors are suppose to be doing but the Committee need to appreciate that this is no longer a responsibility for WBC, it is now with the CQC who need to be proactive rather than reactive, but it is all down to the resources that are available.

Gerald Cockroft enquired that if there is a change in procedure, is the information communicated to all the care homes.

Linda MacEachen informed the Committee that if there is a pattern of concern it is shared through the provider meetings, good practice is also shared among the group. However, not all the care homes are represented as there is no statutory obligation to attend.

Kate Haines enquired that when staffing issues are raised or complaints are referred to the care homes what is the usual procedure that is put in place regarding the staff, are they suspended or left to work and how long does the process normally take.

Linda MacEachen informed the Committee that it varies from care home to care home because each care home operates differently and has their own processes in place. But they have to abide by the safeguarding laws and protect the users of the services. If the investigation at some stage involves the police then specific processes must be followed to work with providers to improve service and resolve the issues.

Kate Haines enquired as to what the proportion was for the complaints in relation to the number of care homes.

Linda MacEachen informed the Committee that the complaints did not come from one care home, neither were they equally shared among the care homes, it varied.

Kate Haines commented that the statement "the increase is consistent with other authorities of a similar size" that was referred to previously is not something the committee would want to hear, but would prefer to hear that improvements are being made to reduce those complaints and referrals.

Linda MacEachen informed the Committee that it is important to note that the more the issues are reported the more they can respond to those issues to try and resolve them. Raising awareness and improving the reporting and recording mechanisms have contributed to this increase and it is better to know about the issues rather than not know about them.

Stuart Rowbotham commented that the worse complaints are better to be known, where awareness and improvements can be made. It is good that the process is now open and people are complaining. The service must be able to benchmark itself against other authorities who share similar issues and have to deal with the same processes, so it is good to know that it is within the normal range.

Emma Hobbs commented that she didn't agree and still believed that there were a lot of problems behind the scenes which were covered up by inspections. She thought that when this information is released it would open the floodgates. She believed that the Head of the Care Homes should be the ones who are held to account and who takes responsibility for the actions of the staff, because they are responsible for the care homes and get paid to reflect that as well. She stated that maybe a letter from the Committee to Lansbury as proof that HOSC are concerned and would like the issues addressed, might be appropriate.

Stuart Rowbotham agreed that the Regulation Manager of the Care Homes should be held accountable for the issues, but again re-iterated that as commissioners WBC had very limited powers and it was really up to the CQC. All criticisms should be forwarded to the CQC.

Linda MacEachen stated that the Government are looking into Care for the Elderly in the Spring of 2012 with the Law Commission on safeguarding issues.

Charlotte Haitham Taylor stated that with the reported abuse and safeguarding issues being reported, is any training be provided proactively to staff in the care homes.

Linda MacEachen informed the Committee that there is some proactive Level 2 Safeguarding training being provided that has to be paid for by the staff.

Charlotte Haitham Taylor enquired if the staff were still being charged for training and if that does not mean that they will go to another provider where it may be offered for free.

Stuart Rowbotham informed the Committee that the money for the training had to come from somewhere within the budget, so if there was no charge to the staff, money from the budget would have to be moved around to pay for the training. Given the current financial constraints, who makes that decision as to where the money comes from and from what budget line.

Linda MacEachen commented that the care homes have a zero tolerance to abuse.

Kay Gilder stated that we will always need residential care so what is being done about it and the provisions.

Stuart Rowbotham informed the Committee that the residential care homes are now a lot different than what they use to be including self contained flats with 24 hour care e.g. Beeches Manor in April 2012.

Kay Gilder commented that though the procedures and the policies are in place, the resident sin the care homes are not treated with respect and are quite often left on a chair all day. They may be fed and taken care of, but there is no interaction or communication or activities for them and they are slowly waiting to die. There is nothing stimulating either and are not treated with the respect and kindness that they deserve.

Gerald Cockroft stated that people need to take responsibility for the policies and procedures that are put in place or else there will be similar situations to that of Victoria Climbie and Baby P again. It is all well and good having these policies and procedures in place but if no one is taking responsibility for what happens in these care homes it will eventually be exposed.

Linda MacEachen informed the Committee that WBC are aware of what happens, but it is beyond their powers, the inspections and monitoring of these homes lies with the CQC and it is up to them to visit and conduct the appropriate inspections. However, WBC are looking to working with the LINk Network who can monitor and visit as part of their statutory function and can also inspect the premises and monitor the safeguarding issues of these homes.

The Chair, informed the Committee that the CQC are invited to the next meeting to provide an update since their last visit, so it will be an opportunity for HOSC to ask those pertinent and important questions.

RESOLVED That –

1) the presentation and information be noted by the Committee;

2) Linda MacEachen and Stuart Rowbotham be thanked for attending the meeting; and

3) the Executive Member for Health and Wellbeing be invited to the next meeting of HOSC as soon as practicable.

63. PUBLIC HEALTH

The Committee received a briefing paper from Janet Maxwell relating to Health and Wellbeing Boards as was included in the Agenda pages 23 to 24.

RESOLVED That –

1) the update be noted by the Committee; and

2) HOSC be invited to the Health and Wellbeing Board (HWBB) Awareness Session being arranged for 28 March 2012 from 6.30pm prior to the next meeting.

64. LINks UPDATE

The Committee received an update from Christine Holland in relation to the LINk as included in the Agenda pages 25 to 37.

Emma Hobbs congratulated the LINk on a very detailed update including the bulletins and the newsletters.

Christine Holland informed the Committee that praise would be forwarded to their support officer Jenny Grieves who puts all the information together and formulates the newsletters and the bulletins and circulates it when completed.

The Chair enquired that in relation to the "Your Opinion Counts" section in the newsletter, what sort of issues were submitted.

Christine Holland informed the Committee the information was currently being collated and that there was no details of what those issues were or related to specifically. She stated that she would be happy to share those views with HOSC at a future meeting.

Charlotte Haitham Taylor enquired about the meeting being held on 31 January relating to CAMHS.

Tony Lloyd informed the Committee that the meeting related to changes within the pathways of CAMHS and the single point of entry process and will include professionals and some parents.

Charlotte Haitham Taylor enquired about the LINk database and email distributions.

Christine Holland informed the Committee that their database had approximately 500 contacts with an email distribution of about 350 individuals.

RESOLVED That –

1) the update be noted by the Committee; and

2) Christine Holland and Jenny Grieves be thanked for the updates, the quality of the bulletins and newsletters.

65. HOSC DEVELOPMENT REPORT

The Chair, presented the HOSC Development report that was submitted by the HOSC Development Group as included in the Agenda pages 38 to 48.

The Chair thanked all the members of HOSC for submitting their views and comments relating to the format and operation of HOSC and assured HOSC that it was all taken into account when the Working Group met.

The Committee discussed the following recommendations contained within the report -

a) **Work Programme 2012/13**
Agreed that the proposed draft work programme for 2012/13 be adopted and that it be noted that it will be subject to change with the agreement of HOSC

b) **Aims of HOSC**
Members were concerned that with the proposed change to the aims of HOSC, there was no indication as to how HOSC would achieve that or how it would be done.

Salma Ahmed informed the Committee that the aims would need to be linked back to the statutory guidance and that it would need to specify 2 "social care" in the wording.

Ella Hutchings commented that the Committee needed to think carefully about the proposed changes to the aims and the interest of the stakeholders relating to the wording, as it was not the Committee's responsibility to tackle health in-equality, so the wording needed to be revised.

Agreed that the aims be looked at again by the Chair, the Policy Officer and the Democratic Services Officer.

c) **Pre-Meeting for HOSC**
Agreed that the Pre-meeting be introduced.

d) **Reports for agenda**
Agreed that reports and presentations be submitted in advance to accompany the agenda.

e) **Public Question Time**
Agreed that the proposed format for the Public Question Time be introduced.

f) **Executive Member attendance**
Agreed that the appropriate Executive Member be invited to appropriate meetings.

g) **Joint Working**
Charlotte Haitham Taylor stated that there was evidence of some joint working producing some really good outcomes in the North East involving a number of local authorities working together with Newcastle and that it was recognised as "good practice".

Gerald Cockroft commented that joint working had been done in the past with Reading and Newbury to develop some health policies, however other Berkshire authorities didn't want to participate, but it does work.

Agreed that joint working arrangements be looked at again and that some sort of protocol be looked into being developed.

h) **External Organisations being held to account**
Members were concerned about how this would be done and how these organisations could be held to account.

Emma Hobbs suggested that there were 10 members on the HOSC Committee and that individual members could be tasked to make enquiries and check whether proposals or actions that had been raised by HOSC were being reported back to the organisations.

Gerald Cockroft stated that external organisations had a statutory responsibility to respond to actions or requests.

Ella Hutchings commented that these responses and responsibilities were only valid if the requests for information was formal, then they would have 28 days to respond. She also stated that the partner agencies that attend could be used to hold these organisations to account as many of them were already represented at HOSC.

Agreed that this recommendation be re-visited.

i) **Task and Finish Groups**
Agreed that this recommendation be noted.

j) **Performance Indicators**
Agreed that the performance indicators from NHS Berkshire be submitted to each meeting.

RESOLVED That –

1) the members of the Working Group and the Democratic Services Officer be thanked for the contributions and effort into producing the report; and

2) recommendations (a), (c), (d), (e), (f), (i) and (j) be implemented from the first meeting in the new municipal year; and

3) recommendations (b), (g) and (h) be reviewed and that an update be provided to a future meeting of HOSC.

66. HEALTH CONSULTATIONS

The Chairman informed the Committee that the current "live" consultations that were detailed in the briefing paper included in the Agenda pages 49 to 55 could be commented on or responded to by individual members where appropriate.

RESOLVED: That the report be noted by the Committee.

67. WORK PROGRAMME 2011/12

The Committee considered the Work Programme for 2011/12 as included in the Agenda pages 56 to 68 and raised the following issues relating to the 28 March 2012 meeting –

- Review of RBH Maternity Unit be referred to the Special HOSC Meeting on 21 February 2012; and
- Site visit to Royal Berkshire Maternity Unit be arranged for 17 February 2012.

RESOLVED That –

1) the proposed amendments to the Work Programme 2011/12 be updated accordingly; and

2) The Democratic Services Officer makes arrangements for the site visit to the Royal Berkshire Maternity Unit to take place on the 17 February 2012.

68. ANY OTHER BUSINESS

Mental Health Task and Finish Working Group

The Committee received an update from Charlotte Haitham Taylor that was tabled at the meeting (see Appendix 2 as attached to these minutes) in relation to the Mental Health Task and Finish Group.

RESOLVED: That the Mental Health Task and Finish Group be thanked for the update and that it be noted by the Committee.

Democratic Services Officer

The Chair informed the Committee that this would be Charles Yankiah, Democratic Services Officers last meeting of HOSC, as his contract was coming to an end.

The Committee thanked Charles Yankiah for working with HOSC for 2011/12 and welcomed back Ella Hutchings who would be servicing the next meeting on 28 March 2012.

APPENDIX 1

Site Visit to Berkshire Adolescent Clinic and Wokingham Child and Adolescent Mental Health Service Clinic Tuesday 24th January 2012

Visit undertaken on behalf of the Health Overview and Scrutiny Committee by Councillors Charlotte Haitham Taylor, Kate Haines and Philip Houldsworth.

Background

Mental Health Services are currently commissioned by the Strategic Health Authority and provided by the Berkshire Healthcare Foundation Trust. The arrangements for children are undertaken by Wokingham CAMHS (Child and Adolescent Mental Health Service) for children aged 0-18 years of age and the Berkshire Adolescent Service for 12 to 18 year old children. The latter service covers the whole of Berkshire, the next closest clinics being Winchester and Oxford.

The service has a Strategic Framework of Four Tiers. (see Details attached)

Wokingham CAMHS

Wokingham CAMHS deals with Tiers 2 and 3. Referrals to the Unit come from a variety of sources such as: GPs, Children's Health workers, Connexions Intensive, youth workers, teachers, social services and youth offending etc. The majority of referrals are from GPs. From October 2010 through to 2011 73% of referrals came from this source.

In November 2011 the Common Point of Entry (CPE) was set up as part of the Next Generation Care for both patients and health professionals using Mental Health services in order to co-ordinate pathways into services. Many referrals now come to CAMHS via the CPE. GPs can also ring the CPE to access a Consultant to get referrals advice.

Another route that some patients are referred to CAMHS is through the CAF (Common Assessment Framework). For the last 9 months this panel has been set up for patients where two or more parties are involved in their referral. The panel is usually made up of an educational psychologist, a neighbourhood manager, a health worker, a primary CAMHS worker and representatives from relevant Youth colleges, Brambles, and The Foundry. At the Panel a Lead professional will be identified to work with the family.

The CAF is good for early intervention work and is mainly for disorders that would fall into the Tier 2 category. GPs can also refer via CAF panels but this does not happen much as the paperwork is lengthy (10 pages) and needs filling in by several parties working in collaboration with the family where possible.

When patients are referred to CAMHS they will undergo an initial assessment based upon their referral. For ADS, for example, the patient and family will come in to CAMHS for approx 2 ½ hours, the parents will be interviewed by a clinician and at the same time another clinician in another room will undertake a play based assessment of the patient. Once this has been done an ADOS score (Autism Diagnostic Observation Schedule) can be given and this can used to identify a treatment plan if one is necessary.

Tier Three services include diagnosis and treatment of ADHD (Attention Deficit Hyperactivity Disorder) and ASD (Autistic Spectrum Disorder).

Referrals for ADHD are growing but whether this is a real increase rather than better diagnosis is not known. A thorough clinical investigation is required and widespread investigation including information from other agencies such as the schools' knowledge of an individual. Wokingham CAMHS uses a new form of diagnosis using a 20 minute computerised programme task which measured hyperactivity, inattention and impulsiveness to aid in the clinical assessment, a Qb (Quantified Behavioural Test.

The service also gives help and support to sufferers of ASD which is not regarded as a mental health disorder rather one of a developmental disorder. Nevertheless the NHS refers patients to CAMHS.

It is considered vital that there is close relations with the schools to ensure that support is given.

The service had a 13 week target for treatment following referral but they have a system of urgent referral which allows for action within 24 hours. Looked After Children have their own referral pathway which means that they will be seen by a dedicated worker within 5 days or within 24 hours should it be urgent.

CAMHS is the main source of referrals to the BAU (Berkshire Adolescent Service) which is a Tier 4 service. Patients are referred via this pathway if CAMHS feel that more intensive therapy is required and where there is a high risk of self harm.

Berkshire Adolescent Unit

Like CAMHS, BAU operates 5 days per week however it has, when absolutely necessary opened at weekends (on average 14 weekends a year for the last 5 years). The unit had been pressing for 7 day operation for sometime but at a cost of £380k it has not to date been successful getting this funding.

BAU has 8 in-patient beds and deals with patients with severe depressive behaviour, severe eating disorders, self harm, psychosis and psychotic conditions. They have a very active day service and deal with about 40 patients a week. The unit's maximum capacity is 16 patients a day. They offer group therapy, individual therapy, cognitive behavioural therapy, art therapy, psychological treatment as well as family therapy sessions to involve the family in aiding the patient's recovery.

The use of medication if indicated for example where patients have depressive disorders or psychotic disorders where it is beneficial alongside other therapy.

They offer an intensive day service as the provision of in-patient beds is less than is should be for an area of the size of Berkshire. They work closely with CAMHS to do early intervention work, for example the Early Psychosis clinics. In the past national indicators suggested that patients were not getting treatment for the signs of psychosis for approximately 2 years so now there is work with an outreach nurse with CAMHS to help prevent this.

The BAU does not have a secure forensic unit and therefore patients with severe psychotic disorders who may have committed a crime have to be admitted to the Bluebird Unit in the New Forest.

Approximately 30% of patients using the BAU services are patients using the Eating Disorder Unit. Referrals to this clinic come from CAMHS, GPs and the CPE. 10% of patients are in-patients and the rest attend intensive out-patient treatments. Approximately 20% of this group will need to transition into the adult services.

BAU do have some outreach workers and they have extended the service they offer especially in eating disorders services which have gone from seeing 30 patients p.a to 60-70 p.a. Staff feel that this service is now at a maximum capacity.

As the age range of patients accessing BAU is 12-18 there are teaching staff (non health professionals) who are also employed to work with patients. They received an 'Outstanding' Ofsted rating at their last inspection. However, there was some concern expressed that not all schools and teachers were well equipped to help patients return smoothly back into their respective schools. Some work could be done to improve this in collaboration with the Local Authority.

It was mentioned that it was not uncommon whilst undertaking psychological assessments of patients to find that they also had special educational needs.

The BAU have submitted a bid for £350k to the Primary Care Trust for a Community Outreach Team. This would assist managing more urgent cases in the community and enable working in peoples' homes when it is not necessary for them to come to hospital for treatment or assessment.

Conclusion

All the professionals that we met were very open and keen for us to understand the nature of their work. They recognised the limitations that budgets imposed but were not in any way defensive in what they did. They recognised that there had been problems in the past with co-ordination, delays in referral to treatment and consistency. It is clear that the new procedures of the CAF and CPE are assisting to reduce some of these issues. It was very clear that changes are taking place in the NHS well ahead of any legislation and they appeared to be very welcome.

The HOSC would like to thank Robert Williams from The BAU and Kazem Bholah and his team from CAMHS for taking the time to show us around the two units and answer all of our questions.

P Houldsworth
C Haitham Taylor
K Haines

APPENDIX 2

Mental Health Task and Finish Group
Health Overview and Scrutiny Committee (HOSC)
on 25th January 2012

Members of the Task and Finish Group: Charlotte Haitham Taylor (Chair), Kate Haines, Philip Houldsworth and Sam Rahmouni.

Terms of Reference:
To review –

1. the Mental Health provision for 16+ year olds with common to moderate mental health and well being needs within the Wokingham Borough; and
2. how easy it is for individuals to access the service for the first time in the Wokingham Borough.

Since the last HOSC on 29th November we have met on: 1st December, 15th December, 9th January and 17th January 2012.

The Task and Finish Group have interviewed over the last four meetings a very wide ranging group of people representing many areas of the Mental Health services. A selection of these representatives includes:

- Children's and Adolescent's Mental Health Services (CAMHS)
- Wokingham Borough Council's Safeguarding and Adult Social Care
- Wokingham's Community Mental Health Manager
- Wokingham Borough Council's Youth Services
- Commissioning Manager for Adult Mental Health. Learning Disability and Substance Misuse, NHS Berkshire West
- Wokingham's Locality Director, Berkshire Healthcare Foundation Trust
- SHaRON Project– a web forum for people with Eating Disorders
- The Samaritans
- Talking Therapies
- Bracknell and Wokingham College Student Services
- Rethink
- GP Consortia
- Wokingham Counselling Services – Independent Counsellor

The group have discussed many issues including resources, transitioning from CAMHS to Adult services, waiting lists, statistics, demographics, information sharing between services, ICT, and continuity in care.

The Common Point of Entry (CPE) which was launched in November 2011 seems to have already made some significant improvements in access to services and reducing the time from referral to treatment in services such as CAMHS.

However, Wokingham is an area that is very poorly funded for Mental Health Provision and there are some areas where provision is being stretched to full to capacity. Difficult commissioning decisions are being made about what are the key priorities. This is not only true of the NHS but also the case for provisions such as Youth Services at Wokingham Borough Council.

There have been some new initiatives introduced into the area such as Talking Therapies. This has been extremely successful, which has unfortunately led to longer waiting times. This service has filled a gap in provision for some of the earlier preventative work.

The Task and Finish Group heard how voluntary groups, such as The Samaritan are taking over 5 million calls nationally per year. They also support the NHS services as they take statutory referrals as well as 3rd party and self referrals.

There was an overwhelming feeling from some witnesses/representatives that it was difficult to communicate and built relationships with GP Practices. This included getting information out to patients via surgeries, keeping GP's informed of new services, and keeping GP's informed on the best practices for referrals etc..

The Task and Finish Group will next be hosting a Workshop event to try to garner an up to date user's perspective of Mental Health Service Provision. The Workshop is on 13th February at 6:30pm at Shute End and will be facilitated by both The Samaritans and the Task and Finish Group. The Group have also asked the entire representative who have attended our Task and Finish Group to either exhibit at the Workshop or be there to offer support and information to users of their services. So far the response from representatives has been very positive. This week there is a piece of editorial in the Wokingham Times regarding the Workshop and publicity posters will be placed in Libraries, GP Surgeries and other public access buildings in Wokingham.

Charlotte Haitham Taylor
Chair of the Mental Health Task and Finish Group

ITEM NO: 81.00B

MINUTES OF A SPECIAL MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 21 FEBRUARY 2012 FROM 7.00PM TO 8.50PM

Present: *Tim Holton (Chairman), Andrew Bradley, Emma Hobbs, Lee Gordon-Walker and Sam Rahmouni*

Also present:
Councillor Bob Pitts
Salma Ahmed, Partnership Development Officer
Christine Holland, LINk Steering Group
Tony Lloyd, LINk Steering Group
Ed Donald, Chief Executive Officer, Royal Berkshire NHS Foundation Trust
Gill Valentine, Director or Midwifery, Maternity Unit, Royal Berkshire Foundation Trust
Carol Knight, Directorate Manager, Royal Berkshire NHS Foundation Trust
Charles Yankiah, Senior Democratic Services Officer

69. APOLOGIES

Apologies for absence were submitted from Charlotte Haitham Taylor, Gerald A Cockroft, Kay Gilder, Mike Gore, Kate Haines, Philip Houldsworth and Mike Wooldridge (WBC)

70. DECLARATION OF INTEREST

Lee Gordon-Walker declared a personal interest in Minute No. 74 by virtue of his spouse being pregnant and due to give birth in the next few weeks.

71. PUBLIC QUESTION TIME

There were no public questions.

72. MEMBER QUESTION TIME

There were no Member questions.

73. CHIEF EXECUTIVE, ROYAL BERKSHIRE NHS FOUNDATION TRUST (RBFT)

The Committee received a presentation from Ed Donald, Chief Executive of the Royal Berkshire Foundation Trust (RBFT) in relation to the RBFT's current performance, the financial challenges, its operating framework for 2012/13 and plans for the future and informed the Committee of the following -

- the internal survey patient satisfaction rate came back as 94%;
- RBFT won the HSJ Patient Safety Award for the second year;
- stroke is the 5th biggest killer in the UK and for those patients that survive a stroke it can become a very debilitating condition. Two years ago about 30% of stroke patients were admitted to the stroke unit for 90% of their admission and this had improved to 90% of stroke patients this year;
- infection prevention and control remained a top priority at the RBFT, particularly the management of c-difficile where a recent expert review had identified that the Trust could further improve its practice and a recent symposium organised by the Berkshire Cluster PCT had identified further best practice that the Trust would be adopting NHS need to find £20billion of savings over 4 years, which equates to at least £15m a year for the RBFT;
- in 2011 RBFT saved £14m and is forecast to make £17.5m savings in 2012;

- at the RBFT this will be achieved by focussing on quality of care and getting it right first time;
- in relation to the Health and Social Care Bill, there are a number of changes to note – the Secretary of State has recently confirmed that GPs have the final say on when competition will be applied, with the emphasis being on integration and collaboration between care providers. GPs will be able to use competition as a lever to drive up the standards of care locally if hospitals are not delivering for patients and have had opportunities to improve;
- unannounced inspection from Care Quality Commission in November 2011 that came back with satisfied levels of care;
- new emphasis at RBFT to match clinical services and facilities to the needs of patients rather than the other way around, in recognition of the drive towards care closer to home; and
- The Royal Berkshire Bracknell Clinic was opened by the Countess of Wessex and the services are growing and improving and there is a push for the PCTs, the Trusts and the GPs to work together to make good use of the facility and to fill it up.

Emma Hobbs enquired if consultants are on duty at the weekend.

Ed Donald informed the Committee that there is a 12 hour cover on Saturdays and Sundays with a 24 hour Intensive Consultant available and a 24/7 Radiotherapy Consultant also available.

The Chair enquired about what training nurses were given on the geriatric wards.

Ed Donald informed the Committee that the RBFT was very fortunate to have Professor David Oliver who is the UK lead on Dementia Care and all nurses on the ward have been trained in dementia care. He also stated that the CQC as part of their last inspection visited and quizzed the nurses on the ward and they were impressed with their knowledge about dementia as well as the training they had received.

The Chair enquired about the eye clinic and the excessive queues while waiting to be seen and why do the "emergency patients" move ahead in the queue, when often they are not emergency cases.

Ed Donald informed the Committee that it is a good point to raise and it is true not often are the "emergency patients" a life threatening emergency, but that patients presenting as an emergency would be seen on that basis.

The Chair enquired further that if they are not "emergency cases" then why not have them in allocated time slots.

Ed Donald agreed to look into this and feedback to the Committee.

Sam Rahmouni also commented that he had an appointment in the eye clinic for 10.00am but was not seen till 12.00pm, during which time he had to keep paying for the car parking because of the delay in being seen.

Ed Donald informed the Committee that it is unfortunately a difficult area to manage, as often because of the pressure and popularity of the service there is an overbooking of the clinic. He stated that the service is working hard to keep to the appointment times as well

as encourage a reduction in the number of patient follow-ups where this is clinically appropriate and agreed with GPs to generate more space in clinics for new patients.

The Chair enquired with the amount of savings that have to be made across the RBFT do the patients notice the difference.

Ed Donald informed the Committee that the patients should not notice the difference because the care and quality of the service have to continue to meet the standards expected by patients, their families and GPs, set by the RBFT and required by various regulators and professional bodies. There are some examples where the cheapest supply of, for example, surgical gloves might not be the most cost effective and this reinforced the need for procurement staff to work closely with clinical staff to ensure the right decisions were taken. Overall, this was the case and significant procurement savings in the order of £6m had been made in the last 2 years which had not been noticed by patients or staff, through better prices being achieved with suppliers along with a rationalisation of stock items.

Tony Lloyd (LINk) enquired if the stroke care was improving.

Ed Donald informed the Committee that with the recent public awareness campaigns and increased advertising in GP surgeries and the early warning signs being recognised by the Ambulance Services, it has improved.

Salma Ahmed (Partnership Officer) enquired about the impact and relationship of the high street pharmacies to the RBFT in the long term and if they would be used more or less.

Ed Donald informed the Committee that it is a good point and they would have to find a way to work together, but it is difficult because the prescriptions vary in price from both organisations and then there is the convenience and opening hours as well.

Lee Gordon-Walker enquired if there were any plans for elective surgeries as things have changed radically over the years.

Ed Donald informed the Committee that they are looking into keyhole surgery and cancer as well as more complex surgeries for longer length of stays in the hospital.

Salma Ahmed (Partnership Officer) enquired about the patient rating and whether it was a good sample size with a cross section of patients.

Ed Donald informed the Committee that it was rated across good, very good and excellent with a sample size of up to 300 from the Trusts in patient surveys per month, which compared to the annul NHS survey response from 650 patients. He encouraged the Committee to look at the NHS Choices Website and to share the information to increase further use of the site for patients to be able to give their feedback directly.

Christine Holland enquired about the CQC inspection and if they visited during "meal time service".

Ed Donald informed the Committee that he was unable to say if they actually visited during "meal time service" but confirmed that the Sister on the Ward is responsible for ensuring all patients receive their meals and are supported where this is necessary through the "red tray" initiative.

Christine Holland also enquired about the eye clinic and the increasing intervals from 6 months call back to 14 months call back on one occasion and that information needed to be communicated to the patients.

Ed Donald stated that he would look into the issue and communicate the response back to the Committee.

Emma Hobbs thanked the Chief Executive for the information and the updates and stated that he had done so well despite all that has happened over the last few months. She said that the RBFT had achieved so much and wished him the best for the future.

The Chair, on behalf of the Committee also thanks the Chief Executive for the presentation and the updates.

RESOLVED That –

1) the presentation and information provided be noted by the Committee; and

2) Ed Donald provides feedback to the Committee relating to the eye clinic and the "emergency cases" and the increasing intervals in call back; and

3) The Chief Executive Officer of the Royal Berkshire Foundation Trust be thanked for attending the meeting.

74. REVIEW OF ROYAL BERKSHIRE HOSPITAL MATERNITY UNIT

The Committee received a presentation from Gill Valentine, Director of Midwifery at the Maternity Unit, Royal Berkshire Foundation Trust in relation to some maternity statistics, progress to date on recommendations from 2011, update on early labour Triage and other ongoing projects and informed the Committee of the following -

- Predicted birth rate for 2011/12 is 5,847 in comparison to the previous year of 5,824;
- Caesarean Section rate is currently at 26% with 15% being emergency and 11% being elective;
- In terms of public health monitoring the number of women smoking at the time of delivery is at 8% which is lower than the national average of 15%;
- Births on the Midwifery led Birth Centre is up to 12%, which exceeds the target that was set of 10%;
- Home Births is up to 3.2% which is again higher than the national average;
- The staff were consulted in relation to the proposal for a 12 hour shift and it was agreed to audit those who wished to move to 12 hour shifts;
- Proposal now to assess the feasibility of running the service with a combination shift pattern to meet the needs of all the staff and will be available from April 2012;
- There are issues to consider with the proposal regarding the continuity of care for patients, training and updates for staff and the risks associated with the handover;
- In 2011/12 to date the maternity unit has had to operate the unit diversion policy on 37 occasions, 33 due to lack of capacity on delivery suites and 4 due to staffing issues;
- The maternity unit in partnership with the Berkshire West PCT is working towards achieving the accreditation for Baby Friendly Trust, which is given by World Health

Organisation together with UNICEF. The Trust has already passed 2 of the 3 stages of the process with the final stage scheduled for January 2013;

- Revised guidelines for practice are in place for Vaginal Birth after Caesarean section;
- Revised patient information in also in use and the pathway has been amended;
- The Triage and Early Labour Assessment was piloted in 2010, it was a huge success with an improved consistency of advice to women in early labour, an improved women's satisfaction, an opportunity to facilitate confidence for women to remain at home during early labour, reducing antenatal admissions to delivery suite, increasing births on midwifery led unit and reducing telephone calls to delivery suite;
- As a result of the success the pilot was rolled out and went live in July 2011;
- Following the review of the Maternity Services in 2010 and the recommendations, Head of Midwifery was asked to pilot 2 tools produced by the Department of Health on pregnancy care which included social risk assessments. These tools have since been revised and developed; and
- Future plans include increasing the capacity within the maternity unit, increasing the midwife to birth ratio, increasing the % of normal births, decreasing the % of caesarean sections, achieving Baby Friendly Accreditation and reviewing and amending the induction of labour pathway.

Emma Hobbs enquired about the recent diversion that was reported in the news about a woman who was due to give birth and was directed from Brighton to Southampton and then back home again, where she gave birth.

Gill Valentine informed the Committee that the RBFT does not divert as far away to Southampton. She stated that it is important to divert to somewhere that would accept the patient and it is up to the unit to ensure that is the case. Most diversions are nearby and depends on where the patients are coming from and how they will be able to get there, together with being able to accept the patient.

Emma Hobbs enquired if more midwives would be recruited.

Gill Valentine informed the Committee that there is a natural turnover of midwives within the unit. It is a fantastic team who work well and it is the intention to recruit above the vacancies so in the event of any midwives leaving there would not be any gaps.

Emma Hobbs enquired if the Baby Friendly Trust was worth pursuing.

Gill Valentine informed the Committee that it was as women don't often get consistent advice or support, there seems to be differing views, but given the assessment and training for staff with the information it would be worth it to be recognised as having achieved it with the backing of the World Health Organisation and UNICEF.

Andrew Bradley enquired if home births were actively encouraged.

Gill Valentine commented that it is not actively encouraged but as much support as possible is provided and is all dependent upon the mothers.

Andrew Bradley enquired if when parents are attending the birthing classes etc if the Triage number is circulated and advertised as the only phone number to use.

Gill Valentine informed the Committee that the information is available and publicised as much as possible.

Andrew Bradley commented that the 12 hours shift patterns were advantageous, as he found them quite useful when he worked the 12 hour shift pattern.
Gill Valentine commented that they can be useful be can sometimes have a knock on effect to other service areas.

Salma Ahmed (Partnership Officer) enquired if the diversions for the RBFT would have a knock on effect if any take place.

Gill Valentine informed the Committee that it really depends on capacity to do it and being able to phone ahead and ensure the accepting organisation that receive the patient. It happens in peaks and troughs and varies quite a lot.

Tony Lloyd (LINk) commented that the presentation and the information provided presenting a lot of good news over the last 2/3 years. Given the past and some of the negativity, is there any way for the RBFT to do a PR exercise about the improvements and future plans to change people's views and judgements about the past.

The Chair enquired about babies born in transit and if there was any difficulties or prescriptions to prevent this, and why the numbers had increased so much.

Gill Valentine informed the Committee that each case is different and the situations vary and is dependent on wives waiting on husbands to come from work, the distance being travelled etc.

The Chairman enquired what the key issues were for 2012 beside capacity.

Gill Valentine informed the Committee that it would be to increase normal births and decrease caesarean section births.

Lee Gordon-Walker enquired if there was anything that HOSC and Wokingham Borough Council could do to assist.

Ed Donald commented that public reassurances were very important and being able to circulate the positive messages can always be very helpful.

Tony Lloyd (LINk) enquired if with the introduction of the "health visitors" if there was now a shortage of midwives.

Gill Valentine informed the Committee that the Government's "health visitors" scheme is attracting experienced midwives from the Maternity Unit. To date 8 midwives have already left to become "health visitors", which has now prompted more re-active work to recruit midwives and try and retain them.

The Chairman, on behalf of the Committee thanked Gill Valentine for the information and updates and commented that it has probably one of the best meetings this year.

RESOLVED That –

1) the presentation and information be noted by the Committee; and

2) Gill Valentine, Director of Midwifery be thanked for attending the meeting.

75. WORK PROGRAMME 2011/12

RESOLVED: That the Committee noted the Work Programme for 2011/12 and the remaining items and meetings.

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

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