

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON TUESDAY 29 MAY 2012 FROM 7PM TO 9.15PM**

Present: Tim Holton (Chairman), Andrew Bradley, Kay Gilder, Kate Haines, Philip Houldsworth, Sam Rahmouni, Malcolm Richards and David Sleight.

Also present:

Salma Ahmed, Partnership Development Officer

Keith Boyes, Area Manager, Berkshire, South Central Ambulance Service NHS Foundation Trust

Duncan Burke, Director of Communications & Public Engagement, South Central Ambulance Service NHS Foundation Trust

David Cahill, Locality Director Wokingham

Victoria Charlesworth, Young People's Health Worker

Wendy Doyle, Health Lead School Nursing

Caroline Grainger, Young People's Health Worker

Ella Hutchings, Senior Democratic Services Officer

Helen MacKenzie, Interim Director of Nursing and Governance Berkshire Healthcare NHS Foundation Trust

Janet Meek, Interim Director of Finance, NHS Berkshire West

Madeleine Shopland, Principal Democratic Services Officer

Sara Wise, Head of Children & Families Wokingham, NHS Berkshire

Mike Wooldridge, Development and Improvement Team Manager

PART I

1. MINUTES

The Minutes of the meeting of the Committee held on 28 March 2012 were confirmed as a correct record and signed by the Chairman.

2. APOLOGIES

Apologies for absence were submitted from Councillors UllaKarin Clark - substituted by Malcolm Richards, Nick Ray and Wayne Smith, Christine Holland, LINK Steering Group and Tony Lloyd, LINK Steering Group.

3. DECLARATION OF INTEREST

There were no declarations of interest made.

4. PUBLIC QUESTION TIME

There were no public questions.

5. MEMBER QUESTION TIME

There were no Member questions

6. HEALTHWATCH – NATIONAL POLICY AND LOCAL IMPLEMENTATION

The Committee received a presentation from Mike Wooldridge, Development and Improvement Team Manager on Healthwatch – National policy and local implementation.

Mike Wooldridge informed the Committee that -

- Under the Health and Social Care Act 2012 Healthwatch was to be established to be a new 'consumer champion' from April 2013.

- Currently this role was largely undertaken by the LINKs networks, community based, locally accountable network of individuals, groups and organisations designed to strengthen the patient, public and user voice in the commissioning, provision and scrutiny of local health and social care services.
- Various issues relating to the LINKs had been identified including the lack of national leadership for LINKs, a lack of awareness amongst health and social care professionals and no consistent identity, the tripartite structure of the local authority, host and LINKs meant that there could be a lack of clarity regarding accountability and roles between partners. There was also sometimes a struggle to involve a wide range of people from across the community.
- Healthwatch would be a national body, which would provide coherence and guidance to those working at local level. Healthwatch would operate independently and there would be a greater level of accountability and transparency. It was hoped that Healthwatch would represent the voice of local people with regards to commissioning and needs assessment decision making. Each Health and Wellbeing Board would have a represent from the local Healthwatch on it.
- Members received information on the role of local Healthwatch bodies:
 - Provide information and advice to the public about accessing health and social care services (signposting);
 - Support Healthwatch England to carry out its role;
 - Promote and support involving local people in monitoring, commissioning and service provision;
 - Gain views of people about their need for and experience of local care services and make those views to those in commissioning, provision or scrutiny of care services;
 - Make reports and recommendations about how those services could or should be improved.
- The local Healthwatch bodies would play a central role in the preparation of Joint Strategic Needs Assessment and Health and Wellbeing Strategies.
- Members' attention was drawn to issues that would need to be taken into account at the planning stage such as local authorities duty to commission, the production of reports to which local authorities and NHS bodies would have a duty to respond and have regard to the recommendations and ensuring that they were sufficiently funded and able to challenge constructively.
- The Committee noted the ten tips to guide commissioners and stakeholders produced by a Pathfinder exercise.

Members questioned how the local Healthwatch would be funded. Mike Wooldridge commented that the funding currently received for the LINK would be used. He stressed that Healthwatch would not be merely an extension of the LINK and would have additional responsibilities such as providing information and advice e.g. signposting. Additional funding would be provided for these additional responsibilities.

Kay Gilder commented that the proposed role of the Healthwatch appeared to be very similar to that of the Community Health Council which had operated in the past.

Some Members requested further clarification of the commissioning role.

RESOLVED That the Healthwatch – National Policy and local implementation update be noted.

7. SOUTH CENTRAL AMBULANCE CENTRE - OPERATIONAL SERVICE REVIEW OF SCAS EMERGENCY OPERATIONS CENTRES

Duncan Burke, Director of Communications & Public Engagement, South Central Ambulance Service NHS Foundation Trust provided the Committee with a presentation on the operational service review of the South Central Ambulance Centre Service (SCAS) emergency operations centres.

Duncan Burke informed the Committee that -

- The South Central Ambulance Service (SCAS) NHS Foundation Trust Board had carried out a review to determine the long term configuration of the three SCAS Emergency Operation Centres (EOC), based at Bicester, Otterbourne and Wokingham. Four options had been considered; do nothing, retaining three EOCs, moving to two EOCs or creating one EOC. The Board had agreed that the functions of Wokingham EOC should be fully relocated to the Bicester EOC.
- All Ambulance Services were moving from 3 ECOs to one or two.
- Extensive tests were being carried out to ensure that the functions of the Wokingham EOC could successfully be transferred to the Bicester EOC without any negative implications on patient safety and the provision of service, which was of paramount importance. The move would not occur until the SCAS was completely satisfied that this could be ensured.
- Ambulances were already being dispatched from Bicester and Otterbourne to Berkshire. A virtual call taking system was operated between the three centres and Berkshire calls were already being dealt with at both Bicester and Otterbourne. For the past 4 months, the Wokingham centre call taking function had closed from 0000-0600 hrs, every day and all calls were taken elsewhere, without issue. This was the first year that the virtual telephony system had been operated.
- Members questioned whether consultation would be carried out regarding the proposals. They were informed that 18 months ago it had been agreed that maintaining the Wokingham centre was likely to be unviable. Public consultation meetings had been held in Wokingham, Reading and Bracknell and the SCAS had gauged the feelings of staff, partners and the NHS. An external agency had been employed to undertake the consultation. What was being suggested currently was not different to what had been raised 18 months previously and consequently it was not considered an efficient use of public money to consult again.
- Members were informed that great difficulty had been experienced in recruiting to the Wokingham Clinical Support Desk (CSD).
- Duncan Burke offered to come back to the Committee in six months time to report back on the move and to answer any questions Members may have.
- He also invited the Committee to visit one of the three South Central Ambulance Service call centres in Wokingham, Bicester or Otterbourne to view emergency calls being received. He indicated that only 4 people at a time could visit.

Kate Haines commented that the SCAS was the best performing ambulance service in the country and asked how this performance would be maintained and monitored. Duncan Burke indicated that this level of performance had been achieved prior to the SCAS becoming a Foundation Trust from 1 March 2012. Levels of public engagement had increased and the SCAS had 9,000 members and an active council of governors. Anyone living or working in the SCAS' area could be a member. The SCAS was also held to account by sixteen Health Overview and Scrutiny Committees.

Kate Haines also asked whether a customer satisfaction survey could be carried out six months after the move.

In response to a Member question regarding whether the Wokingham centre staff would be TUPEd across, Duncan Burke stated that the out of hours providers would be and that all staff had been offered jobs at the Bicester centre.

Andrew Bradley asked what measures the service was taking to deal with the Olympics and whether additional staff would be taken on. Duncan Burke commented that they were working to ensure that the service was maintained during the Olympic period. In addition the Olympic Rowing was being held at Dorney Wood, within the SCAS' area and it would provide staff and vehicles to London. Kay Gilder asked what would happen if a major incident occurred outside London during the Olympic period. Duncan Burke responded that the resilience team had been planning for all potential eventualities for the past three years. The Olympics, the Jubilee, Ascot and Henley Regatta meant that 2012 was a busy year.

Kay Gilder asked how the SCAS would further improve its service and make it more efficient. Sam Rahmouni asked what impact the closure of the Wokingham centre would have on the service to the local area. Duncan Burke indicated that the service's performance was monitored by the Care Quality Commission, the PCT and various Health Overview and Scrutiny Committees. Regular updates were provided to Monitor, the regulator of the Foundation Trust. With regards to the taking of calls and the dispatch of ambulances the call centre would continue to allocate the nearest vehicle to a call. Vehicle standby points would remain the same. Keith Boyes commented that the location of the call centre would not make a difference to the service provided.

Kay Gilder questioned whether local knowledge would disappear with the closure of the Wokingham centre. Duncan Burke emphasised that not all Wokingham staff lived in the area and that there would be a good level of knowledge on the dispatch desks. The SCAS worked with local authorities, Safety Advisory Groups and the Police to ensure that they were kept up-to-date of any new road layouts or developments.

The Chairman invited Duncan Burke to attend a meeting of the Health Overview and Scrutiny Committee. He asked that data on the number of complaints and complements regarding the service received, response times and the volume of calls received currently and after six months be provided. Members also asked that if available, the results of a customer satisfaction survey be provided.

RESOLVED That

- 1) the briefing on South Central Ambulance Centre - Operational Service Review of SCAS Emergency Operations Centres be noted;
- 2) Duncan Burke and Keith Boyes be thanked for attending the meeting;
- 3) Duncan Burke be invited to the November 2012 Health Overview and Scrutiny Committee meeting and be asked to provide data on the number of complaints and complements regarding the service received, response times and the volume of calls received currently and after six months. If available, the results of a customer satisfaction survey also to be provided and
- 4) The Principal Democratic Services Officer makes arrangements for a site visit to one of the three South Central Ambulance Centre call centres.

8. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - SCHOOL PROGRAMMES – SEXUAL HEALTH PROGRAMME

The Committee received a presentation on the Berkshire NHS Foundation Trust – School Programmes – Sexual Health Programme from Victoria Charlesworth and Caroline Grainger, Young People’s Health Workers.

The programme worked primarily with 13-19 year olds. Nationally approximately 25% of girls under 16 were sexually active. In response to a Member question regarding the statistics for boys the Young People’s Health Workers indicated that the last reported figure was approximately 33%. However, it was possible that there was some over reporting amongst boys. Members questioned whether the percentage for Wokingham was above or below the national average and were informed that it was likely to be below average. Nationally teenage pregnancy rates, whilst reducing, remained high. The number of sexually transmitted infections was on the increase, chlamydia and genital warts in particular. There were long term health, social and economic implications of these issues such as possible infertility as the result of untreated chlamydia. The service was established in 2004 to address these issues working in partnership with schools and Public Health and was Wokingham specific.

The Committee received information relating to what the service aimed to provide. This included a confidential environment in which young people could discuss their concerns regarding various issues such as sexual health, smoking, self esteem and adopting a healthier lifestyle, provision of advice and support in relation to sexual health, substance and alcohol misuse and general health issues. The service also provided contraceptive supplies including hormonal contraception and condoms, where appropriate, endeavoured to safeguard the welfare of young people through local procedures and partnership working, provided information on further services available and if necessary helped young people access them, provided chlamydia screening and treatment and provided referrals routes to other contraceptive services and JUICE clinics.

The service provided voluntary drop in health zone sessions at St Crispins, Embrook and Holt Schools. Members questioned why this service was not offered in other borough schools such as Bulmershe School. Victoria Charlesworth indicated that staff resources were limited. In addition, historically drop-ins had been held at every secondary school. However, different school governing bodies had different requirements. Personal, sexual, health education (PHSE) support was provided in Emmbrook, St Crispins, Piggott and Maiden Erlegh School. Topics covered included STI’s, contraception and empowering young people to delay when they began having sex. Specialist targeted sexual health advice was provided in Southfields, Pupil Referral unit (PRU) and Brambles. Members questioned what service was provided to private schools in the area and to children who lived in the borough but attended Bracknell schools. They were informed that the school nursing service had to provide an element of sexual health education. Wendy Doyle commented that the school nurse service provide a drop-in service throughout schools in the borough. A Member asked whether primary school children were targeted as it was important to get messages across to children early. Caroline Grainger stated that the school nurses did.

It was noted that the Young People’s Health Workers ran sessions on sexual health provision at Woodley Airfield, Twyford, Centrepont and Silverdale youth centres. The Committee asked how the service engaged with those who did not make use of community facilities and were perhaps more vulnerable. Caroline Grainger stated that they were aware of this issue and tried to engage in a variety of ways. Targeted one to

one work could be provided on request for service by Common Assessment Framework or following self referral. Members were also informed of a project which looked at engaging with those outside of education.

The Committee were notified that JUICE clinics, where those under 19 could receive free, confidential health advice and support from qualified nurses and youth workers were based in Reading, West Berkshire and Wokingham. With regards to the Wokingham borough, there were JUICE clinics in Wokingham and Woodley.

The Chairman indicated that the Committee were very impressed with the service provided but had some concerns regarding its unequal coverage across the borough, in that many of the schools that received health zones and PHSE support and one of the JUICE clinics were based in Wokingham town. It was noted that some schools were more open to the service and that there was also limited staff resources. The Locality Director Wokingham indicated that they could look at the Service Level Agreement and report back regarding service provision.

Members received local and national data relating to teenage pregnancies. They were pleased to note that the numbers were decreasing but agreed that more still needed to be done. Caroline Grainger stated that support from professionals and parents was vital. Members enquired regarding the number of teenage pregnancies amongst under 16s within the Wokingham borough. The Committee were informed that the data could not be broken down to ward level as numbers were very small and individuals could potentially be identified.

Caroline Grainger indicated that a more targeted approach was being taken towards chlamydia screening to ensure that those most at risk were reached. Engagement with the JUICE clinics and GPs was taking place. Members questioned whether chlamydia testing packs were freely available in schools. The Young Peoples Health Workers indicated that they were available. Chlamydia screening was offered to sixth formers.

RESOLVED That the presentation on Berkshire Healthcare NHS Foundation Trust - School Programmes – Sexual Health Programme be noted.

9. NHS BERKSHIRE WEST ANNUAL PERFORMANCE AND FINANCE UPDATE

Janet Meek, Interim Director of Finance, NHS Berkshire West provided an update on NHS Berkshire West Annual Performance and Finance.

Janet Meek informed the Committee that:-

- She was new to the Interim Director of Finance post and covered both Berkshire East and Berkshire West. She agreed to report back on any questions that she might not be able to answer immediately.
- NHS Berkshire was working towards reporting all performance indicators at Clinical Commissioning Group (CCG) level.
- Janet Meek highlighted a number of key performance indicators. Wokingham generally performed better than other Berkshire CCGs.
- However, there had been 9 cases of C.diff identified in the Wokingham CCG in a month. This was higher than other areas. This was possibly due to a higher number of nursing homes in the area which housed populations vulnerable to the infection.
- The Wokingham CCG had the second highest smoking cessation success results in Berkshire west.

- The target for new mothers breastfeeding at 6-8 weeks was 63.50%. Wokingham CCG had achieved 52.40% in Quarter 4 11/12 in comparison to the PCT as a whole which achieved 49.10%.
- The target in relation to Rate age 1 completed DTaP/IPV/Hib immunisation was 95%. The Wokingham CCG had achieved 97.10% in Quarter 2 11/12, which was above target. More work needed to be done within the PCT and Wokingham to ensure that the target was consistently met.
- Janet Meek highlighted some key PCT performance areas including: cancer waiting times and screening, A&E waiting times, referral to treatment within 18 weeks and stroke care. The information provided reflected the position of the PCT as a whole rather than by individual CCG.
- The PCT as a whole was meeting all its cancer yearly targets despite small monthly fluctuations. The percentage of receiving subsequent treatment for cancer within 31 days where the treatment is surgery and percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected were slightly below target.
- On the whole the PCT was meeting its A&E waiting times target although the target had not been met in the week ending 6 May 2012. The Royal Berkshire Hospital had been exceptionally busy during April and May.
- The stroke care yearly target was mostly being met although the target relating to the percentage of stroke patients spending 90%+ of their time on a stroke unit had not been met during Quarter 4 11/12 due to norovirus issues. An action plan had been developed.
- NHS Berkshire West was within the required performance thresholds for referral to treatment within 18 weeks.
- The level of GP referrals in Wokingham was above the average for the PCT. There were concerns regarding the rising referral rate across the Berkshire West area.
- The Committee received information relating to the number of outpatient first appointments and the entire Berkshire West area. There had been changes to coding activity and other activity.
- There had been a higher number of follow up attendances than planned. The PCT was looking to reduce the number of follow ups required.
- The number of patients being referred for non elective treatment was reducing although Wokingham was performing 3% below the contact levels. It was possible that the case mix was more intensive.
- The Committee received information relating to the PCT'S financial position for 2011/12.
- Overall there was a £3.58million surplus for 2011/12. There had been an overspend of £4.121million in relation to secondary care SLA's. This overspend was partly linked to high cost cardiac drugs used at Oxford University Hospital and non elective care at Basingstoke Hospital.
- The PCT had underspent in relation to out of hospital care. Janet Meek explained that several individuals who had had long term care issues and expensive individual requirements had passed away.
- Members considered information regarding Wokingham CCG's position 2011-12 and the PCT/Wokingham CCG 2012-13 Plan.

Members questioned why the stroke target was lower than previous years. Janet Meek indicated that the targets were nationally set but agreed to investigate why this target had been reduced.

With regards to PCT/Wokingham Clinical Commissioning Group (CCG) 2012-13 Plan, Members questioned why Wokingham had a figure of 0 allocated to 'out of hospital care'. Helen MacKenzie stated that the budget was shared across Berkshire West and that figures were affected by where individuals were located. There were more nursing homes within in the Wokingham area.

Members asked that in future a glossary of terms be provided, that acronyms be explained and that some indication of whether the performance of a performance indicator could be considered particularly 'bad' or 'good.'

RESOLVED That

- 1) the NHS Berkshire West Annual Performance and Finance Update be noted.
- 2) that a glossary and explanation of acronyms be included in future reports and an indication of whether the performance of a performance indicator could be considered particularly 'bad' or 'good.'

10. LINK UPDATE

The Committee noted the update on the LINK included in the agenda. The Chairman requested that should Members have questions regarding the update, that they send them to Democratic Services who would request a response from the LINK representatives.

RESOLVED: That the update be noted by the Committee.

11. HEALTH CONSULTATIONS

Members considered a report on current 'live' consultations. Councillor Haines suggested that the Committee respond to the consultation on reforming the Social Work Bursary which closed on 27 July. The Principal Democratic Services Officer agreed to circulate further details of the consultation.

Members were informed that the other current "live" consultations that were detailed in the briefing paper included in the agenda could be commented on or responded to by individual members where appropriate.

The Partnership Development Officer reminded Members of a public meeting on the new Local Healthwatch for Wokingham Borough which would be held on Thursday 21 June 2012, 5pm to 7.30pm at the Council Offices and to which all Members were invited. Those Members who were unable to attend were asked to complete the questionnaire included in the agenda to give their views on the matter. Members were informed that the Shadow Health and Wellbeing Board would be looking at the consultation relating to the standardised packaging of tobacco products and formulating a response to this consultation.

RESOLVED That

- 1) the report be noted by the Committee
- 2) that the Principal Democratic Services Officer provide the Committee with further information on the consultation on reforming the Social Work Bursary which closed on 27 July. Members to provide their comments to the Principal Democratic Services Officer.

12. WORK PROGRAMME 2012/13

Members received the Work Programme 2012/13.

RESOLVED That the Work Programme 2012/13 be noted.

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

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