

**MINUTES OF AN EXTRAORDINARY MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON THURSDAY 2 AUGUST FROM 7PM TO 9.05PM**

Present: Tim Holton (Chairman), UllaKarin Clark (Vice Chairman), Kay Gilder, Kate Haines (until item 32), Philip Houldsworth, Sam Rahmouni, David Sleight and Wayne Smith

Also present

Christine Holland, LINK Steering Group

Tony Lloyd, LINK Steering Group

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

Malcolm Mackenzie, Head of Patient Experience, PALS

Sam Otorepec, NHS Berkshire West

Madeleine Shopland, Principal Democratic Services Officer

Mike Wooldridge, Development and Improvement Team Manager

Councillor Charlotte Haitham Taylor

Councillor Malcolm Richards

PART I

25. APOLOGIES

An apology for absence was submitted from Councillor Nick Ray.

26. DECLARATIONS OF INTEREST

There were no declarations of interest made.

27. PUBLIC QUESTION TIME

There were no public questions.

28. MEMBER QUESTION TIME

There were no Member questions.

29. PATIENT ADVICE LIAISON SERVICE (PALS) ANNUAL REPORT 2011/12

Malcolm Mackenzie, Head of Patient Experience, PALS presented the PALS Annual Report 2011/12.

During the discussion of this item the following points were made:

- The report included feedback on both informal Patient Advice and Liaison Service (PALS) enquiries and formal complaints received by the Patient Experience team.
- One of PALS main roles was to support individuals with queries. Trends were analysed and fed back to the PCT.
- The majority of contact was by email or telephone.
- Members were informed of the top five service enquiries in both east and west Berkshire. The most common topic of enquiry for Berkshire West was dentistry, with 39% of queries. Often patients were requesting information on the nearest NHS dentist taking new patients.
- The most common subject enquiry in both the east and west was an information request at 50% of enquiries.
- A total of 188 formal complaints had been received by the trust, all of which had been acknowledged in the required three day period. For the west the breakdown was GP

surgeries (41%), acute providers (16%), dentistry (11%), commissioning (9%). Dr David Buckle, Medical Director reviewed a number of complaints and where appropriate requested clarification or further information from the relevant service provider and recommended further action or training as necessary. In some cases other clinicians undertook independent reviews. All seven cases referred to the Parliamentary and Health Service Ombudsman by the complainants, were not upheld following review.

- Only two complaints had been received from the Wokingham area, both of which had been reviewed and responded to by Dr Buckle.
- Members were informed that 299 contacts relating to the Wokingham locality had been received during the year. 107 of these enquiries related to dentistry and 94 to General Practices (GP). 38 of the 94 queries related to one practice. The practice had included the PALS number on letters when writing to inform patients of changes to the dispensary service following a review by the Thames Valley GP services.
- Enquiries could take a matter of minutes to resolve or longer if it required speaking to GPs or other services. Patients were informed of the formal complaints process where necessary.
- Members asked what the target time was for dealing with complaints. They were informed that the 2009 Complaints Reforms removed the timescale of 25 working days for a response. It was the responsibility of the complaints manager to discuss specific timescales with the relevant individuals. Some complaints ran for significantly longer than 25 working days. The longest running, outstanding complaint was a year and four months.
- The Committee were informed of the two stage complaints process.
- David Sleight asked if patients could still request an independent review and was informed that they could and that these were mostly carried out by clinicians.
- The Committee asked what was meant by 'Wokingham locality.' Malcolm Mackenzie stated that it was likely to refer to areas with Wokingham postcodes.
- Kay Gilder questioned whether the PALS duplicated services offered by NHS Direct which was available 24 hours a day 7 days a week. Malcolm Mackenzie commented that there was some duplication but often NHS Direct referred callers to PALS because they had lots of local knowledge such as which NHS dentists were accepting new patients at that time. Out of hours numbers were included on the PALS answer machine message.
- In response to a question regarding patients who were scared to complain in case it affected the level of service that they received, Malcolm Mackenzie stated that making a complaint should not be detrimental to the level of care provided and that everyone was entitled to healthcare. He reminded Members of the advocacy service.
- Kate Haines asked about complaints relating to the hospital itself. Malcolm Mackenzie stated that PALS could deal with complaints that came directly to the PCT. There was a different complaints procedure within the hospital itself but it was likely that similar timescales for responses were in place.
- Members asked how issues such as NHS dentists not displaying price lists could be resolved and were informed that they would be reminded of their contractual arrangements. Data could be tracked and information fed back.
- Tim Holton commented that when once the PCTs ceased to exist, PALS would also cease and questioned whether the forthcoming arrangements were sufficient. Sam Otorespec indicated that it would be a period of great change.

RESOLVED That the PALS Annual Report 2011/12 be noted.

30. MENTAL HEALTH TASK AND FINISH REPORT

The Committee considered the draft report of the Mental Health Task and Finish Group.

During the discussion of this item the following points were made:

- Charlotte Haitham Taylor thanked the other members of the Task and Finish Group for their hard work and Charles Yankiah and Madeleine Shopland, Democratic Services for their assistance. She also thanked those who had acted as witnesses during the review.
- The review was not an exhaustive look at mental health issues.
- Charlotte Haitham Taylor took the Committee through the report and the recommendations.
- With regards to recommendation 5.15 that consideration be given to reviewing the current level of funding to ARC, with a view to looking at all of their services and provisions that they currently provide, UllaKarin Clark commented that it was important that there was not a duplication of services.
- It was suggested that recommendation 5.18 which related to care co-ordinators be reworded. Helen Mackenzie commented that she would expect all care co-ordinators to be trained in monitoring and managing workloads. Care co-ordinators dealt with high end users and were trained every year in clinical risk assessment. It was agreed that recommendation 5.18 a) read 'need to demonstrate that they are able to monitor and manage workloads and be fully equipped with the appropriate skills', that recommendation 5.18 b) read 'need to be knowledgeable in all aspects of Mental Health provisions and available services', that recommendation 5.18 c) read 'need to be able to direct users through to holistic methods where appropriate' and that recommendation 5.18 d) read 'need to be able to provide feedback, monitor progress and provide updates.' It was also suggested that recommendation 5.18 e) remain unchanged.

RESOLVED that

- 1) subject to the amendment of recommendation 5.18, the report of the Mental Health Task and Finish Group be taken to the Executive on 25 October 2012.
- 2) that the report be sent to the outside agencies and NHS bodies involved in the review for comment and that these outside bodies and agencies be invited to the meeting of the Executive on 25 October 2012.
- 3) that Councillor Kate Haines, Vice Chairman of the Mental Health Task and Finish Group be asked to present the report to the Executive on 25 October 2012.

31. UPDATE ON SITE VISITS AND SEMINARS

An update was provided on the site visits undertaken by Members and seminars attended.

During the discussion of this item the following points were made:

- Several Members had visited the South Central Ambulance Service call centre in Bicester on 24 July and 30 July.
- Philip Houldsworth commented that his concerns regarding the closure of the call centre in Wokingham had largely been allayed by the visit. Members had learnt that local knowledge was not integral as GPS was used.
- Sam Rahmouni commented that calls were prioritised and resources directed accordingly.

- Ambulances were dispatched from Bracknell. Members had learnt that it cost £257 each time an ambulance was dispatched. There had been over 2000 hoax calls last year.
- Whilst most calls were from someone in the vicinity of the injured person sometimes the centre took calls from people who had been talking to others of the phone who had been taken ill. The centre would then liaise with the relevant ambulance service.
- Operators undertook 12 hour shifts.
- Each ambulance service had a booklet containing 10 set questions in each language to reduce delays caused by language barriers.
- Kate Haines suggested that Members consider becoming members of the trust.
- Sam Rahmouni commented that for everything non emergency the number would be changing to 111.
- Members believed that the dip in performance identified at the previous meeting was likely to be a blip. The Committee agreed that a letter of thanks be sent to the Ambulance Trust for the site visit.
- Philip Houldsworth informed Members of the seminar he had attended in July on Making the Reform Agenda work: Health and Social Care Act. It was noted that further guidance relating to the act was anticipated.

RESOLVED That

- 1) the update on the Members' site visits and seminars be noted.
- 2) a letter of thanks be sent to the South Central Ambulance Service

32. HEALTH CONSULTATIONS

Members considered a report on current 'live' consultations.

During the discussion of this item the following points were made:

- The Committee considered the consultation on local authority health overview and scrutiny.
- The Committee discussed the consultation questions and made comments which would be incorporated into the formal response.
- Members noted the proposal that in relation to proposals on which the local authority scrutiny function must be consulted, the NHS commissioner or provider must publish the date by which it believes it will be in a position to take a decision on the proposal, and notify the local authority accordingly. The Committee felt that a requirement to publicise clear timescales would be helpful as it would give the NHS and local authorities a clear understanding of when decisions needed to be made by.
- Members discussed indicative timescales and the possible advantages and disadvantages. Philip Houldsworth commented that the scale of change and reconfiguration could dictate timescales. A number of Members thought that indicative timescales would be helpful as it would reduce unrealistic expectations and give an indication of when decisions should be made by.
- With regards to Question 3 Members discussed whether financial considerations should form part of local authority referrals. Some Members felt that they should whilst others that it should depend on the individual situation.
- Question 4 – the Committee agreed that on the whole it would be helpful to have a first referral stage to the NHS Commissioning Board.
- Question 5 – a disadvantage of establishing intermediate referrals was that it expanded the timescales.

- Question 7 – Members felt that full referrals should continue to be made by committees that had responsibility for health scrutiny. Members had concerns that in having Full Council make full referrals matters could become political.
- Question 8 – There were six unitary authorities in Berkshire. The Committee felt that the formation of joint overview and scrutiny arrangements for substantial developments or variations where more than one local authority is consulted could be investigated further. However, it was noted that different areas had different needs and that this would be something which would need to be managed.
- Members believed that it was too early to say whether any groups would be disadvantaged by the consultation proposals.
- The Committee 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 Chairman suggested that those who had been part of the Mental Health Task and Finish Group might be interested in responding to the consultation relating to funding allocations for independent mental health services.
- It was suggested that the Committee consider the consultation on a new adult safeguarding power for local authorities at the September meeting.

RESOLVED That

- 1) the Health Consultations report be noted by the Committee.
- 2) a response to the consultation on local authority health overview and scrutiny be produced, taking Members’ comments into account, agreed by the Chairman and submitted by the deadline of 7 September 2012.

33. WORK PROGRAMME 2012/13

The Committee considered the Work Programme 2012/13.

During the discussion of this item the following points were made:

- It was suggested that Dr Margot Gosney and Elizabeth Porter be asked to provide an update on Adult Safeguarding at the September meeting.
- The Committee were informed that the Nursing Home Review of Services Project was not currently in progress and agreed to remove the item from the Work Programme.
- Further clarification would be sought regarding whether the item on Transfer of Public Health to Local Authorities would be taken to the September meeting.
- It was noted that an item on Safeguarding and Care Governance processes in Adult Social Care was proposed for the November meeting. Whilst other items on safeguarding would be taken to the September the Committee agreed that it was appropriate that this item be taken to the November meeting to enable the independent consultant involved in the review to attend.
- It was suggested that the NHS Berkshire PCT cluster annual report be taken to the March meeting instead of the January meeting.

RESOLVED That the updated Work Programme 2012/13 be noted.

These are the Minutes of an extraordinary meeting of the Health Overview and Scrutiny Committee

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