



**WOKINGHAM
BOROUGH COUNCIL**

**MEETING OF THE
HEALTH OVERVIEW
AND
SCRUTINY COMMITTEE**

ON

TUESDAY 25 SEPTEMBER 2012

AT

7PM

AGENDA

**Civic Offices
Shute End
Wokingham
Berkshire**

**Andy Couldrick
Interim Chief Executive**



WOKINGHAM BOROUGH COUNCIL

Our Vision

A great place to live, an even better place to do business

Our Priorities

Improve educational attainment and focus on every child achieving their potential

Invest in regenerating towns and villages, support social and economic prosperity, whilst encouraging business growth

Ensure strong sustainable communities that are vibrant and supported by well designed development

Tackle traffic congestion in specific areas of the Borough

Improve the customer experience when accessing Council services

The Underpinning Principles

Offer excellent value for your Council Tax

Provide affordable homes

Look after the vulnerable

Improve health, wellbeing and quality of life

Maintain and improve the waste collection, recycling and fuel efficiency

Deliver quality in all that we do

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 **Tuesday 25 September 2012 at 7pm**

Andy Couldrick
Interim Chief Executive
17 September 2012

Members:- Tim Holton (Chairman), UllaKarin Clark (Vice Chairman), Andrew Bradley, Kay Gilder, Kate Haines, Philip Houldsworth, Sam Rahmouni, Nick Ray, David Sleight and Wayne Smith

Substitute Members: Lindsay Ferris, Ian Pittock, Malcolm Richards, Rachelle Shepherd-DuBey, Sue Smith

ITEM NO.	WARD	SUBJECT	PAGE NO.
37.00	None Specific	MINUTES	1-7
		To confirm the Minutes of the Meeting of the Committee held on 24 July 2012 and the Minutes of the Extraordinary Meeting of the Committee held on 2 August 2012	8-12 5 mins
38.00	None Specific	APOLOGIES To receive any apologies for absence	
39.00		DECLARATIONS OF INTEREST To receive any declarations of interest	

40.00

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.

41.00

MEMBER QUESTION TIME

To answer any member questions

42.00

None Specific

ADULT SAFEGUARDING IN THE ROYAL BERKSHIRE FOUNDATION TRUST

To receive a presentation on Adult Safeguarding in the Royal Berkshire Foundation Trust

To follow
20 mins

43.00

None Specific

ADULT SAFEGUARDING 2011-12

To receive a presentation on Adult Safeguarding.

13-30
20 mins

44.00

None Specific

PUBLIC HEALTH TRANSITION – PROGRESS REPORT

To consider a report on the transfer of public health of local authorities

31-34
10mins

45.00

None Specific

BERKSHIRE NON – FINANCIAL PERFORMANCE INDICATORS REPORTS

To receive the Berkshire Non Financial Performance Indicators report.

35-63
20 mins

46.00

None Specific

HEALTH CONSULTATIONS

To consider which current consultations set out in the report that the Committee would like to respond to.

64-94
15 mins

47.00

None Specific

LINK UPDATE

To receive an update on the work of LINK.

95-126
10 mins

48.00

None Specific

WORK PROGRAMME 2012/13

To note the Work Programme 2012/13.

127-136
5 mins

49.00

**ANY OTHER ITEMS WHICH THE CHAIRMAN
DECIDES ARE URGENT**

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

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON TUESDAY 24 JULY 2012 FROM 7PM TO 9.15PM**

Present: Tim Holton (Chairman), Andrew Bradley, Kay Gilder, Kate Haines, Ian Pittock, Sam Rahmouni, Nick Ray, Malcolm Richards and Wayne Smith

Also present

Salma Ahmed, Partnership Development Officer

Christine Holland, LINK Steering Group

David Johnstone, Strategic Commissioner Health and Wellbeing (interim)

Tony Lloyd, LINK Steering Group

Dr Stephen Madgwick, Wokingham Clinical Commissioning Group

Janet Maxwell, Director of Public Health, NHS Berkshire West

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

Liz Rahim, Interim Operations Director Wokingham Clinical Commissioning Group

Madeleine Shopland, Principal Democratic Services Officer

PART I

13. MINUTES

The Minutes of the meeting of the Committee held on 29 May 2012 were confirmed as a correct record and signed by the Chairman.

Members asked that the following points be followed up:

- Minute 6 - Healthwatch – National Policy and Local Implementation – Members asked for further clarification of the commissioning role.
- Minute 8 - Berkshire Healthcare NHS Foundation Trust - School Programmes – Sexual Health Programme – establish whether the percentage of young people under 16 who were becoming sexually active 16 in Wokingham was above or below the national average.
- Minute 8 - Berkshire Healthcare NHS Foundation Trust - School Programmes – Sexual Health Programme – Some schools were more receptive to voluntary health zone sessions. The Locality Director Wokingham had indicated that they could look at the Service Level Agreement and report back regarding service provision.
- Minute 9 - NHS Berkshire West Annual Performance and Finance Update – establish why the stroke target was lower than previous years.

14. APOLOGIES

Apologies for absence were submitted from Councillors UllaKarin Clark (substituted by Malcolm Richards), Philip Houldsworth and David Sleight (substituted by Ian Pittock).

15. DECLARATION OF INTEREST

There were no declarations of interest made.

16. PUBLIC QUESTION TIME

There were no public questions

17. MEMBER QUESTION TIME

There were no Member questions

18. UPDATE ON SAFE AND SUSTAINABLE REVIEW OF CHILDREN'S CONGENITAL CARDIAC SERVICES IN ENGLAND

The review had concluded that child heart surgery should be stopped at three of the ten hospitals that performed the procedures, Royal Brompton (London), Glenfield Hospital (Leicester) and Leeds Infirmary. However, the units would remain open to focus on care before and after surgery. It was likely that those from the Oxford and Reading areas would flow primarily to Southampton General Hospital, although some patients might prefer to attend the London centres, Great Ormond Street or Evelina Children's Hospital.

RESOLVED That the update on Safe and Sustainable Review of Children's Congenital Cardiac Services in England be noted.

19. WOKINGHAM CLINICAL COMMISSIONING GROUP

Dr Stephen Madgwick, Chair of the Wokingham Clinical Commissioning Group provided the Committee with a presentation on the Wokingham Clinical Commissioning Group.

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

- Clinical Commissioning Group's (CCG) were the government's new NHS organisation structure for the delivery of health services in England. Dr Madgwick believed that GPs were becoming more involved because they were at the front line of the service and were more aware of patients' needs.
- It was important that clinicians and health managers worked closely together to ensure the success of the CCG and also that patients were very involved in the process.
- The CCGs would become statutory NHS bodies in April 2013. There were 7 CCGs within Berkshire and 4 within Berkshire West (Wokingham, South Reading, North Reading and West Berkshire).
- The Wokingham CCG would be assessed for approval in September 2012. The outcome of the authorisation assessment was due in October.
- There were 15 practices within the Wokingham area. The CCG area was roughly coterminous with Wokingham Borough Council's boundaries, although the Shinfield practice was part of the South Reading CCG.
- It was anticipated that the Wokingham CCG's budget would be approximately £170million pa.
- The CCG would endeavour to be as accessible as possible and would value feedback from various such as local authorities, patient groups and Healthwatch
- The Board meetings would be held in public.
- The Committee were informed of the CCG Board membership. Members included a Chairman, in Wokingham's case, Dr Madgwick. If the CCG Chair was a clinician the Vice Chair must be a lay member. The Vice Chair had not yet been appointed for Wokingham. The CCG had to include 2 lay representatives, including one who was a Patients Representative, GP representatives, an Accountable Officer, a Chief Financial Officer, a Hospital Consultant and a Nurse. Dr Cathy Winfield had been appointed as interim Accountable Officer and this appointment was required to be confirmed by the National Commissioning Board. It was noted the Hospital consultant and the nurse would be shared between the 4 Berkshire West CCGs. The CCG was awaiting government guidance regarding the appointment of the lay representatives.
- Members were informed that guidance required that the hospital consultant was not anyone who was actively involved in the local trusts so as to avoid conflicts of interest. Dr Madgwick commented that it was difficult to recruit to this post and consideration would be given to approaching retired consultants.
- The Berkshire West CCGs governance structure was noted.

- The Joint Strategic Needs Assessment identified the health needs of the local area and helped to inform the Joint Health and Wellbeing Strategy. The top 5 areas identified for Wokingham were dementia, long term conditions, learning disabilities, mental health and healthy living.
- Dr Madgwick explained that the commissioning process involved the planning, designing, paying for, and monitoring NHS services. The CCG would be responsible for commissioning most hospital care, community services and mental health services and the National Commissioning Board would be responsible for commissioning dentists, eye tests, most GP practice services and “specialist” commissioning.
- The following programme boards had been created to develop plans on different areas; Planned Care Board, Urgent Care Board, Long Term Conditions Board and Joint Commissioning (with Local Authorities) Board. The 4 Berkshire West CCGs were working together.
- The Committee’s attention was drawn to some of the CCGs achievements and plans for the next year and the future.
- Members were informed of the Family Nurse Partnership project, under which practitioners would interact with teenage mothers across Berkshire. Research had shown that a good start in children’s lives often led to better outcomes. Kay Gilder asked whether this something that health visitors could do and was informed that there was a shortage of health visitors. They were looking to appoint another 40-50 health workers in Berkshire but the small number of Family Nurse Workers would specifically be working with teenage mothers.
- Nick Ray commented that commissioning and procuring health services would be a resource intensive task and would require specialist expertise to ensure that the process was successful and value for money was achieved. Dr Madgwick emphasised that they were endeavouring to recruit those with the specific skills required. In addition, behind the CCG would be the Commissioning Support Services who would help to support the CCG in their work.
- Nick Ray also asked what the benefits of the change in the structure of the health service were. Dr Madgwick stated that increased clinician involvement in decision making would be helpful. A clinician summit would be held in October to help identify what services were required and how they would be achieved.
- In response to a question regarding patient involvement Dr Madgwick commented that patients could help to shape services, as whilst they often did not have the relevant technical knowledge they could provide a valuable contribution. It was hoped that the Patient Participation Groups would provide an amalgamation of patient ideas and views.
- Kate Haines expressed concern that not all the board members had been appointed. Dr Madgwick indicated that the Chair, the GPs, the Accountable Officer and the Chief Finance officer were on board and interviews were being held for the Hospital Consultant representative. Kate Haines questioned whether there could be two Hospital consultant representatives, one of whom would have experience of local issues. Dr Madgwick indicated that the funding of two posts would be an issue. Specialists would be invited to provide expert information at clinical summits. The clinician summit group also met every two months.
- Sam Rahmouni asked whether health nurses would be similar to district nurses who visited the elderly and was informed that some health visitors could possibly be used for this purpose.
- Kate Haines asked how the CCG would engage the public other than via Patient Participation Groups. Dr Madgwick stated that they were interested in speaking to clubs and voluntary groups. He had recently attended the health network meeting in Woodley.

- Tim Holton enquired what the biggest issue regarding being ready to go live in April 2013 would be. Members were informed that there would potentially be difficulties if those who the CCG were trying to appoint declined, or if the relationship with the Commissioning Support Organisation did not develop sufficiently. Liz Rahim reminded Members that the CCG was being developed at the same time that the PCT was being wound down.

RESOLVED That the presentation on the Wokingham Clinical Commissioning Group be noted.

20. IMPACT OF THE HEALTH AND SOCIAL CARE ACT

David Johnstone, Strategic Commissioner Health and Wellbeing (interim) provided a presentation on the impact of the Health and Social Care Act.

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

- Demand for treatment and treatment costs across the health and social care system had been rising. There was a need for improved health and social care service in order to reduce variation in health outcomes and to provide joined up services for the benefit of patients and communities.
- The Health and Wellbeing Boards had to be in place by April 2013. They would be important organisations and would contribute to public involvement. One of their main responsibilities would be the development of a comprehensive analysis of the current and likely future social care and health requirements of the local population through Joint Strategic Needs Assessments which would feed into the Joint Health and Wellbeing Strategy (JHWS). The Health Overview and Scrutiny Committee would be responsible for scrutinising the Health and Wellbeing Board, for example questioning whether its JSNA appropriately identifies the needs of Wokingham residents.
- Shadow Health and Wellbeing Board is currently in place in Wokingham.
- David Johnstone set out the role of local authorities in public health.
- Nick Ray asked how the success of the change to the new system would be measured. David Johnstone stated that there had to a greater emphasis on healthcare provision within the community and not just hospitals, addressing long term conditions requiring support and the provision of better and more effective care. The Health and Wellbeing Strategy would detail what was planned, changes that would be bought about, expected outcomes and cost differentials. Nick Ray went on to ask when the Health and Wellbeing Strategy would be produced. Members were informed that it was likely that it would be produced by late autumn.
- In response to a question regarding measures of success David Johnstone stated that there were lots of examples at a national level. For example a report on the benefits of telecare health systems and tele-health systems with regards to using technology to monitor social needs. If applied nationally approximately £1.5 billion could be saved.
- Andrew Bradley expressed concern regarding the local healthwatch and the national healthwatch. He commented that it was important that there was a good relationship between the two so that local needs were not lost.
- David Johnstone provided further detail about what it was envisaged the role of the local healthwatch would be.
- Malcolm Richards questioned how the budget for the CCG would be arrived at and was informed that there was a national formula which was not yet finalised. It was likely that different factors would have different weighting attached, for example the age of the population. Members were informed that the cost of care for those 85 and over was double that of those aged 75 and 16 times more than the average adult. Health inequalities would be looked at as part of the formula.

- In response to a question concerning local communities wishing to retain services or structures such as old hospitals that it was not value for money to retain, David Johnstone emphasised that whilst the local community needed to have a voice, some change might be necessary to long standing infrastructure. It was important to work with and to keep the community informed.
- Bed blocking and fewer hospital referrals were briefly discussed. David Johnstone commented that intermediate care services and rehabilitation services might provide an opportunity for greater efficiency.
- Tim Holton asked how the Health Overview and Scrutiny Committee could scrutinise the Health and Wellbeing Board. Members were notified that the Health Overview and Scrutiny Committee would need to consider the JSNA and ascertain whether it identified key local issues and whether the Health and Wellbeing Strategy was properly informed by and reflected the priorities within the JSNA. It was proposed that the Health Overview and Scrutiny Committee meet with the Shadow Health and Wellbeing Board.

RESOLVED That the report on the Impact of the Health and Social Care Act be noted.

21. PUBLIC HEALTH – PREVENTION AWARENESS

Janet Maxwell, Director of Public Health, NHS Berkshire West presented a report on Public Health – Prevention Awareness.

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

- The Committee were provided with information regarding how public health had developed.
- Janet Maxwell commented that the health service could not continue indefinitely in its current model. People were living longer but also living with long term conditions which required management. Rising population numbers put pressure on both financial and natural resources.
- The role of public health mainly centred around three areas; health protection, public healthcare and the health improvement agenda. Janet Maxwell referred in particular to the health improvement agenda and the promotion of lifestyle change.
- The Director of Public Health would still be required to produce an Annual Public Health report. It was unclear at present whether a Berkshire wide report with specific different local sections would be produced or whether six different reports would be produced, focusing on each of the six areas in Berkshire.
- The Committee noted the Annual Public Health Report for Berkshire West 2010/11. The report was an independent assessment of the health of the local population and focused specifically on the major areas of ill health and mortality and the preventative work needed to address these.
- Obesity and a lack of physical activity were issues which were particularly relevant to the Wokingham area. Encouraging lifestyle change would be important.
- Nick Ray questioned whether using the Body Mass Index to identify whether someone was obese or not was always helpful as some athletic people could be technically classed as obese because muscle was heavy.
- Kate Haines questioned how those who were obese but also physically disabled could be encouraged to undertake more activity. Janet Maxwell stressed this it was important to make sure that people were encouraged to make use of the opportunities they were capable of accessing.
- Ian Pittock commented that children did not necessarily attend school within the borough that they lived and questioned whether comparing data from the school census and the national census was therefore useful. Janet Maxwell stated that not all

the data was pure and that often very out of date data had to be used. The census only took place every ten years. There was limited access to ethnicity data. Any trends which were identified from the data were looked at.

- The Chairman referred to a graph detailing life expectancy at birth by ward and questioned why life expectancy for the Hawkedon ward was much lower than that for the neighbouring Hillside ward. Janet Maxwell agreed to look into this. In response to Members' question as to why certain wards were not included in the data, Janet Maxwell commented that the smaller the area the less reliable the data could become.
- The Committee were pleased to note that the Council had put in a bid to the Local Sustainable Transport Fund and would receive £20million to review and restructure the transport systems in Wokingham

RESOLVED That the report relating to Public Health – Prevention Awareness be noted.

22. JOINT STRATEGIC NEEDS ASSESSMENT

Janet Maxwell, Director of Public Health, NHS Berkshire West presented a report on the Joint Strategic Needs Assessment.

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

- The Joint Strategic Needs Assessment (JSNA) detailed the local population, its age, gender and ethnic make up, the populations' health, life expectancy, lifestyles, patterns of illness and disease, the use of health care and social care, and how this varies between groups. Joint Strategic Needs Assessments (JSNA) brought together data from various sources such as the health services such as the health service and the Police to provide an overall picture of the health and wellbeing of the local area.
- Responsibility for the production of a JSNA currently lay with all upper tier local authorities and the local NHS Primary Care Trust (PCT). The three local authorities covered by Berkshire West PCTs currently worked together on the JSNA.
- The requirement to produce a JSNA would become the responsibility of Health and Wellbeing Boards from April 2013.
- Members noted the summary of the key findings from the JSNA which related to the Wokingham local area.

RESOLVED That the Joint Strategic Needs Assessment report be noted.

23. BERKSHIRE NON – FINANCIAL PERFORMANCE INDICATORS REPORT

The Committee considered the Berkshire Non-Financial Performance Indicators Report.

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

- Members asked that Democratic Service produce a glossary of abbreviations to facilitate the reading of the reports.
- The Committee expressed concern that Berkshire East failed Category A response time within 8 minutes for May 2012 at 65% against a target of 75%. South Central Ambulance Service activity was up 8% in May compared to the same month the previous year. The report stated that the drop in performance could partly be attributed to the closure of the Emergency Operations Centre in Wokingham. In the medium term the move was expected to affect performance due to a loss of local knowledge as a number staff members would not be relocating. The Committee had been informed at its meeting in May that the location of the call centre would not make a difference to the service provided. The Chair commented that he would write to the South Central Ambulance Service and indicate that targets had not been met.

- It was noted that the indicator for MRSA bacteraemia was showing red. Helen MacKenzie stated that numbers had been decreasing and that reducing the number of cases was about good management. Malcolm Richards expressed concern that anti bacterial hand wash was now placed at the entrance of hospital wards and not throughout the hospital.
- Member also noted that performance regarding the time between referrals and treatment time had deteriorated. Helen MacKenzie commented that the Committee could ask the Royal Berkshire Hospital to explain this deterioration and actions being taken to improve matters for Wokingham residents.

RESOLVED That the Berkshire Non-Financial Performance Indicators Report be noted.

24. LINK UPDATE

The Committee received an update from Christine Holland in relation to the LINK.

Christine Holland informed Members that LINK had recently produced its annual report. She also informed Members that arrangements between the Council and the LINK would now be in place until 31 March 2013.

In response a Members' query Christine Holland outlined the role of LINK. Tony Lloyd also explained what was meant by Patient Participation Groups. He referred to one which had been operating for 4 years in Wargrave and which had approximately 650 members.

RESOLVED That the LINK update be noted.

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

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**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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