

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON TUESDAY 25 SEPTEMBER 2012 FROM 7PM TO 9.15PM**

Present: Tim Holton (Chairman), UllaKarin Clark (Vice Chairman), Andrew Bradley, Philip Houldsworth, Ian Pittock, Nick Ray (until 8.35pm), Malcolm Richards and David Sleight

Also present

<i>Karen Jackson</i>	<i>Head of Adult Social Care Statutory Functions</i>
<i>David Johnstone</i>	<i>Strategic Commissioner Health and Wellbeing (interim)</i>
<i>Tony Lloyd</i>	<i>LINK Steering Group</i>
<i>Linda MacEachen</i>	<i>Adult Safeguarding Service Manager</i>
<i>Helen Mackenzie</i>	<i>Interim Director of Nursing and Governance Berkshire Healthcare Foundation Trust</i>
<i>Sam Otorepec</i>	<i>Head of Joint Commissioning – West, NHS Berkshire West</i>
<i>Patricia Pease</i>	<i>Director of Nursing Urgent Care, Lead for Safeguarding Adults and Children, RBH</i>
<i>Elizabeth Porter</i>	<i>Lead Nurse Adult Safeguarding, RBH</i>
<i>Madeleine Shopland</i>	<i>Principal Democratic Services Officer</i>
<i>Jane Wooldridge</i>	<i>Learning Disability Coordinator, RBH</i>

PART I

34. MINUTES

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 were confirmed as a correct record and signed by the Chairman.

35. APOLOGIES

An apology for absence was submitted from Councillors Kay Gilder, Kate Haines (substituted by Malcolm Richards), Sam Rahmouni and Wayne Smith (substituted by Ian Pittock), Salma Ahmed, Christine Lloyd and Mike Wooldridge.

36. DECLARATION OF INTEREST

Philip Houldsworth declared a personal interest in item 42 Adult Safeguarding in the Royal Berkshire Foundation Trust and item 43 Adult Safeguarding 2011-12 as he was an adult social care user.

37. PUBLIC QUESTION TIME

There were no public questions.

38. MEMBER QUESTION TIME

There were no Member questions.

39. ADULT SAFEGUARDING IN THE ROYAL BERKSHIRE FOUNDATION TRUST

Members received a presentation on Adult Safeguarding in the Royal Berkshire Foundation Trust from Patricia Pease, Director of Nursing Urgent Care, Lead for Safeguarding Adults and Children, RBH.

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

- Royal Berkshire Hospital served a population of approximately 6,000. There had been 60,000 adult attendances to the A&E Department in 2011/12 and 79,000 adult admissions to the hospital during this period (including day patients) of which 31,334 had been adults over 65 years. The work force numbered approximately 4900.
- Members noted that 20 adults over 65 years had been admitted due to alcohol use.
- There were three groups of vulnerable adults; the elderly, those with learning difficulties and those with mental health needs. The elderly included those with acute illness/injury, frail elderly with chronic illnesses, confusion, and dementia. The elderly could access the majority of services the hospital offered. Adults with learning difficulties included those with acute illness/injury or those who had chronic or complex health needs. These adults could access all services provided. It was noted that advances in healthcare meant that increasing numbers of young adults with very chronic and complex health needs were being kept alive longer than previously. With regards to adults with mental illnesses those who had acute needs sometimes required crisis mental health assessments which staff were trained to carry out.
- Members received information on systems, processes and training. Staff received training on how to recognise abuse or when vulnerable adults were at risk of abuse and to make referrals to social care where necessary. The Committee was informed of Deprivation of Liberty Safeguards, where patients may not wish to stay in hospital when they needed to but did not have the mental capacity to make decisions about their care.
- Care Quality Commission alerts were received which helped to indicate whether the service was on track.
- It was noted that there was a real focus on reducing delayed discharges.
- Partnership meetings had been held with 30 care homes and another meeting was due to take place in December.
- Work was being carried out with Reading and West Berkshire Councils on Project Search, where young adults with learning disabilities came into the hospital to learn skills for the work place.
- Some services provided, including mental health crisis service, older peoples' mental service and alcohol service, were being reviewed.
- Challenges that the service faced included a rise in the number of frail elderly people with multiple chronic illnesses and dementia and young adults with chronic and complex health needs and learning disability. Other challenges included implementing changes coming out of the Health and Social Care Act, establishing relationships with the Clinical Commissioning Groups and the Health and Wellbeing Boards and the financial climate. Working with six different unitary authorities was also difficult.
- David Sleight asked what the definition of a vulnerable adult was. Elizabeth Porter stated that in terms of safeguarding the Royal Berkshire Foundation Trust used the definition set out in the Department of Health document 'No Secrets' issued in 2000.
- In response to a question as to how staff might convey that a patient was vulnerable, Elizabeth Porter commented that if it was a safeguarding issue it might be marked on the internal system to identify whether there may be any issues which needed to be followed up before the patient was discharged. She met monthly with Linda MacEachen. Patricia Pease indicated that it could sometimes be a challenge to flag up that people may be vulnerable without creating a sense of stigmatisation. It was not always immediately obvious that patients were vulnerable when they were first admitted to hospital. Staff were trained to recognise when a person might be vulnerable and to carry out mental health capacity assessments where appropriate.

- Malcolm Richards asked how patients were monitored after leaving hospital, for example ensuring that they took their medication. The Committee were informed that staff worked closely with colleagues in other organisations. For example if the patient had mental health issues the patient might be supported by a psychiatric nurse and if they were elderly they may be supported by a District Nurse. Elizabeth Porter stated that if it was thought that the patient may forget to take medication, staff could organise for the patient to be issued with a dosset box. A pharmacist was based in the discharge lounge who could check that the patient understood their medication requirements before they were discharged.
- Malcolm Richards asked how long the average hospital stay was. Patricia Pease commented that it was approximately 4 days. She offered to establish how long the average stay was for elderly patients.
- Ian Pittock requested information on discharges from hospital in the evening or at night. Patricia Pease indicated that they aimed to have discharged patients by 6pm at the latest. However, this was not always possible and later discharges had been reported. Patients' families could be asked to transport their relatives if they were being discharged later in the day but this was not always possible. Transport could sometimes pose a challenge. Patients, particularly elderly patients, were often transported by ambulance. Work was being undertaken with the Ambulance Trust to ensure patients were transported in a timely fashion.
- Andrew Bradley enquired whether 20 adults over 65 being admitted due to alcohol use was a high figure or not. He was informed that whilst the number of older people being admitted due to alcohol use was rising nationally, there was not a large problem in Berkshire.
- Nick Ray stated that there would be significant changes to the way primary care would be delivered in the near future and asked whether any challenges relating to resources and patient risk had been identified. Members were informed that it was important to ensure that the voice of vulnerable adults was heard. The service was starting to engage with Health and Wellbeing Boards. Nick Ray went on to ask how they would ensure that they remained on top of the agenda during the period of great change. Patricia Pease commented that the safeguarding professionals were in one team and able to monitor matters.
- Tim Holton questioned how many patients had been admitted in 2011 due to abuse or neglect. Since last year 34 safeguarding referrals had been made, 13 of these since January 2012.
- In response to a question as to whether vulnerable adults ever had a 'Do Not Resuscitate' notice put in place without the knowledge of relatives, Patricia Pease indicated that staff were trained to make best interest assessments but relatives should be involved in the process.

RESOLVED That the presentation on Adult Safeguarding in the Royal Berkshire Foundation Trust be noted.

40. ADULT SAFEGUARDING 2011-12

The Committee received a presentation on Adult Safeguarding 2011-12 from Linda MacEachen, Adult Safeguarding Service Manager and Karen Jackson, Head of Adult Social Care Statutory Functions.

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

- Members were informed that the national policy which defined who was vulnerable had been in place since 2000. However, changes had been proposed and were out to consultation.
- An independent review of Adult Safeguarding had been carried out. Linda MacEachen explained that the last Care Quality Commission inspection had taken place in 2008 and a 'Good' rating had been achieved. The Care Quality Commission no longer inspected safeguarding.
- Public awareness regarding safeguarding was increasing. Concerns had been raised about abuse in care provision, in the national media, which had also increased public awareness. The increasing number of referrals put additional pressure on the Adult Social Care resources.
- There had been two work streams to the independent review; Adult Safeguarding, which included how Adult Social Care responded to alerts raised under multi-agency policy and procedures and the care governance process, which included how Adult Social Care responded to concerns about poor practice and possible abuse within care homes.
- The Council had the statutory responsibility to assess alerts and determine the most appropriate response under multi-agency policy and procedures.
- Prevention had not been included in the scope of the review.
- The Committee received further information on the findings of the review. It was noted that the independent reviewer had concluded that alerts were being raised by a wide range of agencies. Whilst they had only looked at a small sample of cases they had concluded that the Council's message of 'zero tolerance to abuse' was being understood and that alerts were being raised appropriately. The independent reviewer had also concluded that all responses to the sample that they had considered had been proportionate. No significant concerns had been identified in relation to the Council's safeguarding practice. Nevertheless, four recommendations had been made to assist the Council with the next phase of practice development.
- With regards to care governance, the Council had a safeguarding duty for all providers of social care, not just those commissioned by the Council. The Council aimed to ensure that care providers were safe and met their customers' needs. Advice, training and support were provided and partnership working undertaken with the Police, CQC and the NHS. Members were informed of a caution list, a small list of providers about whom there were concerns about safety and the quality of care. Action plans were put in place to ensure improvements and information was shared with partners.
- The independent reviewer had found that the Council's response was robust, effective, proportionate and similar to that of other local authorities. Some areas for development had been identified, including improving frameworks to support decision making and investigating concerns raised.
- Next steps following the review included continuing to monitor activity levels and allocating resources accordingly and producing an action plan to address the review's recommendations.
- Members learnt that there had been 643 referrals to Adult Social Care where an adult might be at risk of harm in 2011-12 which represented a 69% increase from the previous year. Referrals covered a wide range of issues such as unexplained bruising, self neglect and theft and financial abuse. Of the completed cases 258 had been substantiated or partly substantiated. It was important to note that in some cases harm may have been caused but not deliberately.
- There had been changes to the way data was collected and Adult Social Care had moved from SWIFT to the Frameworki system.
- Linda MacEachen explained that the number of referrals had increased for a number of reasons. These included improved accuracy in recording, increased public

awareness both locally and nationally, the successful promotion of a 'zero tolerance of abuse' and improved training and work with social care providers.

- The Committee were notified that 52% of incidents occurred within the person's own home and 31% in care homes, supported living accommodation and hospitals. Other incident also took place out in the community.
- In addition the Council looked at the prevention of abuse. Positive feedback had been received from residents and businesses about the Safer Places scheme. A Support with Confidence had also been launched.
- Members were notified that the Care and Support Bill puts into statute the local authority's lead role to make (or cause to be made) enquiries when they had cause to suspect abuse of a vulnerable adult. It also put into statute the duty to form Safeguarding Adults Partnership Board and for the Police and NHS to attend. A Board was already in place, which partners attended.
- Monthly meetings were held with staff at the Royal Berkshire Hospital. The hospital investigated concerns raised by residents and Council Officers and referred any concerns they had about Wokingham residents to Adult Social Care.
- Priorities for the Adult Social Care team for the year included the Dignity in Care project, Support with Confidence, the Safer Places scheme and implementing the recommendations of the Safeguarding Review.
- David Sleight asked whether the number of referrals was increasing this year and was informed that it had not yet been possible to pull reports off the Frameworki system. However, from the frontline the number of referrals seemed to be consistent. Linda MacEachen commented that they were unlikely to reduce in the immediate future.
- Karen Jackson indicated that safeguarding was a top priority and that the Adult Social Care team were working hard on prevention. Good relations had been established with social care providers and resources put in place to overcome issues.
- In response to concerns expressed by Members regarding data collection and the change of data systems, Linda MacEachen stated that they were nearly at a point where they would be able to identify the increase in referrals as a percentage.
- Malcolm Richards questioned how the Adult Social Care team became aware of vulnerable people who were being abused or taken advantage of. Linda MacEachen commented that they mostly relied on others reporting incidents but they were working on getting to the point where vulnerable individuals were able to raise concerns themselves.
- In response to a Member question regarding individuals suffering from memory problems potentially wrongly accusing paid carers of financial abuse, Karen Jackson indicated that carers were required to sign financial management plans.
- If carers were accused of abuse they could, if appropriate, be suspended during the investigation.
- With regards to the 69% increase in referrals, Nick Ray asked how the Council compared to other neighbouring authorities. Linda MacEachen stated that the increase was larger than some authorities. However, referral rates were increasing in general, nationally. Reading Borough Council's referral rate was higher whilst West Berkshire Council's referral rate was lower. There were differences in the way councils recorded data. For example West Berkshire Council did not badge self neglect as a safeguarding issue whilst Wokingham did. In addition data reporting had improved which had an effect on the number of referrals received.
- Members agreed that it would be helpful to receive a presentation on prevention at the January meeting.

RESOLVED That

- 1) the presentation on Adult Safeguarding 2011-12 be noted.
- 2) a presentation on prevention be brought to the January meeting of the Health Overview and Scrutiny Committee.

41. PUBLIC HEALTH TRANSITION – PROGRESS REPORT

The Committee considered the Public Health Transition – Progress Report.

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

- Members received an update on the progress of the Public Health transition.
- The transfer programme was highly complex and was overseen by the Berkshire Transition Programme Board. A Programme Board was chaired by the Chief Executive of Bracknell Forest Council with Director level representation from each of the six Berkshire councils, PCT Chief Executive, Directors of Public Health and each of the CCG federations.
- The Transition Programme Board had established five workstreams to deliver the transition; Governance and structure of public health, Finance and contracting, Information Management and Technology, Human Resource and staff development and Communications.
- The Committee were informed that the six Berkshire unitary authorities had expressed a majority preference for a Berkshire wide public health function, with dedicated public health staff within each authority. The model which had been developed was for a single Strategic Director of Public Health supported by a central team that would be primarily responsible for Berkshire wide information and analytic services and for health protection. Interviews for the Strategic Director of Public Health were taking place. The appointment process for Consultant level posts who would lead the public health function in each unitary would take place in early October.
- The Government was reviewing options for how to allocate Public Health resources to local government. It was anticipated that Wokingham would receive between £3million and £3.5million, which was believed to be sufficient. However, this figure was not finalised.
- The Finance and Contract workstream had been undertaking a detailed review of the current services and contracts that form the basis of the Public Health Service. This work had focused on establishing a baseline of the service for the 2011/12 financial year. Contracts did not follow local authority boundaries and it was likely that significant collaboration between authorities would be required for the first 12 to 24 months following transfer. There had been a delay in the receipt of some information from the PCT about what was being spent. In light of the tight timescales this had been highlighted as 'red' and as not meeting its target. However, it was anticipated that this would shortly be on target. The Strategic Health Authority had provided additional resources to assist in this process. Sam Otorespec also offered to liaise with colleagues within the PCT to facilitate the process. Members were reminded that the Public Health transfer formed a very small part of the PCT's business and they were also currently undergoing a radical reorganisation.
- With regards to the Information Management and Technology workstream, progress on planning the transfer of the information and analytic function from the NHS to local government was behind schedule as local authorities had not yet been provided with a precise description of what data has to be transferred or what data would continue to

be accessible and through what process. This had been flagged as 'red' and as not achieving its target, although again it was believed that this would be on target shortly.

- Members were notified that a programme to familiarise public health staff with the workings of local government had begun. The next phase of the programme would start to bring local authority staff alongside the public health staff, and would also to begin to link staff from the East and West services.
- Members expressed some concern that there had been delays in gaining information and were reminded that the transfer was an extremely complex process.
- In response to a Member question David Johnstone agreed that patient confidentiality complicated the data gathering process to some extent. Another challenge was the involvement of six different unitary authorities.

RESOLVED That the Public Health Transition – Progress Report be noted.

42. 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:

- With regards to Cat A response within 8 minutes it was noted that SCAS's (South Central Ambulance Service) performance for Berkshire West had improved compared to the previous two months, with performance for June at 75.0%, therefore achieving the 75% target. A Berkshire Red8 recovery plan had been put in place which the NHS Berkshire had requested. However, it had not been received and it had been agreed that a Contract Query Notice would be served by the lead Commissioner against the South Central Ambulance Trust for poor performance. Members were informed that a Contract Query Notice was a specific action taken by the PCT against the Provider as per the contract. It was a notice served when a contractual target was not being met. As a result of such a notice, an action must be agreed that resulted in the recovery of performance within a set timescale. The Chairman expressed concern that a Contract Query Notice had been served and questioned what action would be taken if the specific action was not achieved within the set timescale.
- Members questioned why cancer wait targets were not being met in Berkshire West and had been highlighted as red whilst Berkshire East had achieved all of the cancer wait targets for Month 3. Malcolm Richards questioned whether there were any financial implications involved in increased cancer wait times.
- David Sleight asked how the number of those quitting smoking was recorded accurately.
- Members expressed concern that the target for the number of people aged 40-74 who have received a health check was not being met in either Berkshire East or Berkshire West and had been highlighted as red.
- The Committee asked Sam Otorespec to take back their questions and to provide answers via the Principal Democratic Services Officer.

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

43. HEALTH CONSULTATIONS

Members considered a report on current 'live' consultations.

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

- Members noted the consultation on joint strategic needs assessments and joint health and wellbeing strategy guidance.
- The Committee also considered the consultation on a new adult safeguarding power for local authorities. Linda MacEachen took Members through a draft response to the consultation produced by officers.
- 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.

RESOLVED That

- 1) the Health Consultations report be noted.
- 2) the draft response to the consultation on a new adult safeguarding power for local authorities be noted and submitted by the deadline of 12 October 2012

44. LINK UPDATE

Tony Lloyd provided Members with an update on LINK.

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

- LINK, in conjunction with the Council, had carried out a review of the experiences of people accessing Adult Social Care services and produced a report, which was included in the Agenda. LINK believed that there a clear need for a route map for first time users which highlighted what care would be provided when and who would provide it, had been identified. They also believed that there needed to be a single phone number that social care users could use should they have any problems. In addition it was felt that Wokingham Information Network provided a good basis for the provision of information. However, it was currently not able to send out information on specific areas of interest. This could be improved.
- In conjunction with West Berkshire LINK, a survey was being carried out on dignity and nutrition. 500 surveys on patient experience of dignity and nutrition had been delivered to the Royal Berkshire Hospital for distribution to inpatients aged 65 and over on being discharged. Royal Berkshire Hospital had actively cooperated in the distribution of the surveys, which had been vital for accessing various groups.
- A comprehensive survey of dental services across Berkshire was due to begin.
- The LINK had contacted the Royal Berkshire Hospital regarding the problems that non able bodied patients experienced when accessing the Pre Op Assessment Unit at the hospital. Improvements had been suggested. A response had recently been received.

RESOLVED That the LINK update be noted.

45. WORK PROGRAMME 2012/13

The Committee considered the Work Programme 2012/13.

- It was suggested that the presentation from Children and Family Services be deferred from the November to the January committee meeting.
- Members were informed that the draft PCT Quality Handover report would be taken to the Committee’s November meeting.

- The Chair suggested that the Committee receive an update on the Executive's opinion of the Mental Health Task and Finish Group's report which being taken to the Executive's October meeting, at the Committee's November meeting.
- UllaKarin Clark indicated that she would be attending the South Central Ambulance Service AGM. It was suggested that an update be provided at the next Committee meeting.
- Members agreed that it would be helpful to receive an update on the Public Health transition at the January meeting.
- The Committee asked that they receive a presentation on prevention in relation to Adult Safeguarding at the January meeting.

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

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

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