

**WOKINGHAM  
BOROUGH COUNCIL**

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

**ON**

**TUESDAY 26 MARCH 2013**

**AT**

**7PM**

**AGENDA**

**Civic Offices  
Shute End  
Wokingham  
Berkshire**

**Andy Couldrick  
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**

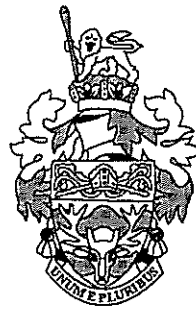
**Maintain and improve the waste collection, recycling and fuel efficiency**

**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 26 March 2013 at 7pm**

Andy Couldrick  
Chief Executive  
18 March 2013

**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.
76.00	None Specific	<b>MINUTES</b> To confirm the Minutes of the Meeting of the Committee held on 22 January 2013	1
77.00	None Specific	<b>APOLOGIES</b> To receive any apologies for absence	
78.00		<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest	
79.00		<b>PUBLIC QUESTION TIME</b> 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](http://www.wokingham.gov.uk/publicquestions)

Explanatory leaflets are also available in the Civic Offices and Libraries.

<b>80.00</b>		<b>MEMBER QUESTION TIME</b> To answer any member questions	
<b>81.00</b>	None Specific	<b>HEALTHWATCH</b> To receive a presentation on the transfer from LINK to Healthwatch Wokingham Borough	<b>6-8</b> <i>25 mins</i>
<b>82.00</b>	Winnersh	<b>LORD HARRIS COURT UPDATE</b> To receive a verbal update on Lord Harris Court following a report from the Care Quality Commission	<b>Verbal</b> <i>15 mins</i>
<b>83.00</b>	None Specific	<b>YOUR LOCAL ACCOUNT – ANNUAL REPORT FOR ADULT SOCIAL CARE 2011/12-2012/13</b> To receive Your Local Account – Annual Report for Adult Social Care 2011/12-2012/13	<b>9-56</b> <i>15 mins</i>
<b>84.00</b>	None Specific	<b>BERKSHIRE NON – FINANCIAL PERFORMANCE INDICATORS REPORTS</b> To receive the Berkshire Non-Financial Performance Indicators Report	<b>57-73</b> <i>10 mins</i>
<b>85.00</b>	None Specific	<b>LINK UPDATE AND WEST BERKSHIRE LOCAL INVOLVEMENT NETWORK ROYAL BERKSHIRE HOSPITAL DIGNITY AND NUTRITION STUDY 2012</b> To receive an update on the work of LINK and to consider the West Berkshire Local Investment Network Royal Berkshire Hospital Dignity and Nutrition Study 2012	<b>74-146</b> <i>15 mins</i>
<b>86.00</b>	None Specific	<b>HEALTH OVERVIEW AND SCRUTINY COMMITTEE WORKING PARTY</b> To consider a report on the Health Overview and Scrutiny Committee Working Party.	<b>147-163</b> <i>15 mins</i>
<b>87.00</b>	None Specific	<b>HEALTH CONSULTATIONS</b>  To consider the current “live” health consultations set out in the report.	<b>164-165</b> <i>10 mins</i>

- |              |               |  |                                |
|--------------|---------------|--|--------------------------------|
| <b>88.00</b> | None Specific | <b>UPDATE ON COURSES AND EVENTS</b><br>To receive a verbal update on courses and events attended.  | <b>Verbal</b><br><i>5 mins</i> |
| <b>89.00</b> |               | <b>ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT</b><br>A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading |                                |

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

If you need help in understanding this document or if you would like a copy of it in large print please contact one of our Team Support Officers.

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON TUESDAY 22 JANUARY 2013 FROM 7PM TO 8.20PM**

*Present: Tim Holton (Chairman), Andrew Bradley, Kate Haines, Philip Houldsworth, Sam Rahmouni, Nick Ray and David Sleight*

*Also present*

<i>Karen Hampton</i>	<i>Quality Improvement Lead (Acute) (items 59-64)</i>
<i>Tony Lloyd</i>	<i>LINK Steering Group</i>
<i>Helen Raison</i>	<i>Consultant in Public Health (item 59-65)</i>
<i>Madeleine Shopland</i>	<i>Principal Democratic Services Officer</i>
<i>Dr Justin Wilson</i>	<i>Medical Director, Berkshire Healthcare NHS Foundation Trust</i>
<i>Dr Johan Zylstra</i>	<i>Finchampstead Surgery (item 70)</i>

**PART I**

**59. MINUTES**

The Minutes of the meeting of the Committee held on 27 November 2012 were confirmed as a correct record and signed by the Chairman.

**60. APOLOGIES**

Apologies for absence were submitted from Councillors UllaKarin Clark, Kay Gilder and Wayne Smith, Christine Holland LINK Steering Group, Karen Jackson, Head of Adult Social Care Statutory Functions, Sam Otorepec, Head of Joint Commissioning, NHS Berkshire West and Mike Wooldridge, Senior Manager Improvement and Performance.

**61. DECLARATION OF INTEREST**

Kate Haines declared a personal interest in item 68 LINK Update as she had an ongoing complaint with the Royal Berkshire Hospital.

Philip Houldsworth declared a personal interest in item 70 Cedar House and Finchampstead Surgeries – Proposed Merger as he was a patient of Cedar House Surgery.

**62. PUBLIC QUESTION TIME**

There were no public questions.

**63. MEMBER QUESTION TIME**

There were no Member questions.

**64. MAINTAINING AND IMPROVING QUALITY DURING TRANSITION BERKSHIRE PCT CLUSTER QUALITY HANDOVER DOCUMENT VERSION 3 JANUARY 2013**

Karen Hampton, Quality Improvement Lead (Acute) presented the Maintaining and Improving Quality during Transition Berkshire PCT Cluster Quality Handover Document Version 3 January 2013 to the Committee.

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

- Members were reminded that the Primary Care Trust and Strategic Health Authority would cease operating from April 2013. The Quality Handover document provided an overview of healthcare services in Berkshire and set out for successor organisations the key risks, challenges, achievements and ambitions for quality and patient safety in

Berkshire, in preparation for handover from the Berkshire PCT Cluster on 31 March 2013.

- The Committee noted that the Health Scrutiny committees of the other Berkshire authorities would also be considering the document. Members felt that an opportunity for joint scrutiny had been missed. Tim Holton suggested that improving joint scrutiny working be looked at further. He went on to suggest that a number of Members attend the West Berkshire Health Scrutiny Panel meeting on 19 March 2013 when the Panel was due to consider the transfer document, to hear the views of other scrutiny Members.
- Tony Lloyd indicated that the Wokingham LINK had received a satisfactory verbal presentation on the document.
- Members were asked whether there were any areas of the document that they felt required further clarification or anything that had been omitted. David Sleight stated that a glossary of terms would make the document easier to read.
- David Sleight asked why the estimated population in Berkshire West in 2008 (457,500) was lower than the current GP registered population (507,500). Helen Raison agreed to check the figures but also commented that GP registered populations were often higher than the estimated population of an area due to the flow of people from other areas, such as Bracknell and Reading. The GP registered population figures were more up to date than the estimated population figures.

**RESOLVED** That the Maintaining and Improving Quality during Transition Berkshire PCT Cluster Quality Handover Document Version 3 January 2013 be noted

## **65. PUBLIC HEALTH TRANSITION – PROGRESS REPORT**

Helen Raison, Consultant Public Health provided Members with an update on the transition of the public health function to local authorities.

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

- The Berkshire Transition Programme Board was winding down and would hand over responsibility to the Berkshire Public Health Partnership Board with effect from April 2013.
- The Committee were reminded that the model agreed had been for a Berkshire wide public health function with a team of dedicated public health staff located in each unitary authority. The six Berkshire unitaries would share some public health resource.
- Lise Llewellyn had been appointed as Strategic Director of Public Health for the whole of Berkshire. The Strategic Director of Public Health and a core team would be hosted in Bracknell Forest Council. Each unitary would also have a consultant and a local team. Helen Raison was currently acting as the consultant for Wokingham. Whilst recruitment to the public health posts had been successfully completed and public health staff had been appointed to the core team and to unitary authority teams there were some vacancies within most of the public health teams.
- The Government had announced the Public Health funding allocations to local authorities on 10 January. Wokingham had been allocated £3.8million for 2013/14 rising to £4.2million in 2014/15. £3.8million was considered sufficient to cover Wokingham's public health commitments. Tim Holton asked what the additional funding would be spent on in 2014/15. Helen Raison commented that the Joint Strategic Needs Assessment would identify areas for potential new investment.
- The Committee had reviewed the progress of the Public Health Transition Programme at its September meeting. A couple of areas, namely the progress within the Information Management and Technology workstream and Finance and Contracting,



had been identified as potentially high risk areas. Members were informed that additional resources had been brought in to work with the PCT to help extract the necessary detail from the PCT about public health data and recording systems. The implementation programme was back on track. The Committee had previously been informed that a due diligence review of the calculation of PCT spend on public health was necessary, in case there was a discrepancy between the calculation of commitments and the resource allocated to meet the costs. The independent review had not been completed. An internal review of how finances would be broken down had been carried out. Many of the contracts for services such as sexual health and smoking cessation currently covered the whole of Berkshire. For the first couple of years the Berkshire unitaries would share part of the commissioning of services. The administration would be sited in Bracknell but each authority would have its own commissioning powers. The local authorities could continue to commission services together in the future.

- In response to a Member question Helen Raison indicated that the contract values and the intangible costs relating to one off activities had been looked at. The Strategic Director of Public Health would hopefully have a spreadsheet of costs finalised by February which could then be provided to the unitary authorities. Members asked that they receive a copy of this spreadsheet when it was available.
- The Committee were satisfied that the transition of public health was progressing well.

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

#### **66. BERKSHIRE NON – FINANCIAL PERFORMANCE INDICATORS REPORTS**

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

Members noted the reasons given for underperforming performance indicators.

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

#### **67. HEALTH CONSULTATIONS**

Members were informed that there were no new consultations for this period and that all outstanding consultations had been highlighted at previous meetings.

#### **68. LINK UPDATE**

Tony Lloyd provided Members with an update on the work of the Wokingham LINK.

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

- The Dental Patient Information project had been completed and the LINK was awaiting a response from NHS Berks West PCT Dental Group with regards to a meeting of all the LINKs involved to analyse the results. Tony Lloyd indicated that the report covered the whole of Berkshire and dealt with patients' views. Members could be sent a copy of the report once it had been approved by the Dental Commissioning Group.
- The Committee noted that Tony Lloyd was working with Caroline Ainslie to seek to revise the Complaints procedure for the Royal Berkshire Hospital. Tony Lloyd stated that it was crucial that the public understood the nature of complaints, how they were recorded and the difference between a complaint and an enquiry. Nick Ray commented that there was a policy for handling complaints on the Royal Berkshire NHS Foundation Trust's website. However, public awareness of the policy and where to find it was likely to be low.
- Kate Haines expressed concern that only 80 responses had been received to the Dignity in Care survey when 500 had been delivered. She asked how the surveys had

been distributed and when a follow up of the survey would be carried out. Members were informed that 97 responses had now been received. The Hospital had been asked to distribute copies to inpatients over 65 on their discharge. The results were being continually analysed. The majority of respondents had been happy with their experience.

- The Committee were informed that approval had been given to improve the Pre Operation Assessment building at the Royal Berkshire Hospital. Kate Haines questioned whether disabled parking in this area of the hospital would be improved as there were currently only 5 disabled parking bays.
- The LINK was beginning a report on incontinence and the variability of advice provided on this matter.

**RESOLVED** That the LINK update be noted.

#### **69. WORK PROGRAMME 2012/13**

The Committee considered the Work Programme 2012/13.

During the discussion the following points were made:

- The Committee felt that it would be useful to have an update on the transfer from LINK to Healthwatch at the Committee's March meeting.
- Kate Haines and Philip Houldsworth updated the Committee on the report of the Mental Health Task and Finish Group which had been considered by the Executive at their November meeting. Members were informed that the Executive had agreed that the Health Overview and Scrutiny Committee should undertake further work to determine if the Children and Adolescent Mental Health Service (CAMHS) are meeting their outcomes and also monitor the waiting times of the service; this assessment to be obtained from the service users and if appropriate their parents/carers either by means of confidential interviews or confidential questionnaires. The Committee agreed that a Task and Finish Group be established to look at this matter. Kate Haines, Sam Rahmouni, Nick Ray and Philip Houldsworth volunteered to be part of the Task and Finish Group. It was agreed that the Task and Finish Group would not begin work until after April due to resourcing issues.

**RESOLVED** That

- 1) the updated Work Programme 2012/13 be noted;
- 2) a Task and Finish Group be established to determine if the Children and Adolescent Mental Health Service (CAMHS) were meeting their outcomes and also to monitor the waiting times of the service.

#### **70. CEDAR HOUSE AND FINCHAMPSTEAD GP SURGERIES – PROPOSED MERGER**

The Chairman had agreed that the Committee consider a report regarding the proposed merger of Cedar House and Finchampstead GP Surgeries as an urgent item. A Supplementary Agenda had been issued. Dr John Zylstra from Finchampstead Surgery provided information on the proposed merger.

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

- Members were informed of the views of Ian Pittock, ward member for Finchampstead South, Rob Stanton, Finchampstead North, UllaKarin Clark and Christine Holland from Wokingham LINK on the proposals, which were positive.

- Members questioned how less mobile patients would be affected. Dr Zylstra indicated that the Cedar House and Finchampstead surgeries were physically located close together and the practice areas were coterminous. Those who lived at the far end of the Cedar House area would potentially have to walk a further 10 minutes to reach the surgery. However, there was a home visiting service for those patients physically unable to travel to the surgery. Members suggested that patients be made aware of the Keep Mobile service. They were informed that patients having to use the hospital were advised of the service.
- At the Finchampstead Surgery there were six partners who could cover for each other should one partner be ill or on vacation whereas there was a single doctor at the Cedar House Surgery who had to rely on locum cover if they were ill or on leave. Should the surgeries merge there would be 7 partners, a mixture of male and female doctors. A bigger range of personnel with different skills would be made available to those patients who currently attended Cedar House surgery. In addition the Cedar House patients currently did not have a choice about whether they saw a male or female doctor, the surgery only having one female doctor.
- Finchampstead Surgery would have a statutory obligation to provide a full range of services to the patients of both surgeries should they merge.
- Members questioned who would make the final decision to merge the surgeries and should the decision be made to close Cedar House surgery how quickly the decision would come into effect. Dr Zylstra commented that he hoped that the decision would be made by the Primary Care Trust prior to their abolition at the end of March.
- David Sleight questioned whether the bus service linking the services was sufficient.
- Philip Houldsworth expressed concerns regarding the proposal that Finchampstead Surgery open a 100-hour pharmacy and the potential impact it would have on the independent pharmacy located nearby.
- The Committee agreed that the proposed merger of the Cedar House and Finchampstead GP surgery did not constitute a substantial variation to services.

**RESOLVED** That

- 1) the plans for engagement were adequate;
- 2) the proposed merger of the Cedar House and Finchampstead GP surgery did not constitute a substantial variation to services;
- 3) a response outlining the Committee's views on the proposal be sent to NHS Berkshire;
- 4) a press release be produced regarding the Cedar House and Finchampstead surgery item.

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

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