

Please note: that an amendment was made to these minutes at the meeting on 11 September 2013.

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON MONDAY 29 JULY 2013 FROM 7PM TO 9.15PM**

Present: Tim Holton (Chairman), Kate Haines (Vice Chairman), Andrew Bradley, Kay Gilder, Philip Houldsworth, Ken Miall, Nick Ray, Malcolm Richards and David Sleight

Also present

<i>Tracey Halladay</i>	<i>Compliance Manager - CQC South (Central) (until Item 10)</i>
<i>Councillor David Lee</i>	<i>Chairman Health & Wellbeing Board (until Item 7)</i>
<i>David Liley</i>	<i>Help & Care, Healthwatch Wokingham (until Item 11)</i>
<i>Mark Robson</i>	<i>Director of Operations Network Care Group, Royal Berkshire Hospital (until Item 9)</i>
<i>Madeleine Shopland</i>	<i>Principal Democratic Services Officer</i>
<i>Jim Stockley</i>	<i>Healthwatch Wokingham</i>
<i>Matthew Tait</i>	<i>Area Director Thames Valley NHS England (until Item 9)</i>
<i>Dr Justin Wilson</i>	<i>Medical Director, Berkshire Healthcare NHS Foundation Trust</i>
<i>Mike Wooldridge</i>	<i>Development and Improvement Team Manager (Items 9)</i>

PART I

1. MINUTES

The Minutes of the meeting of the Committee held on 26 March 2013 were confirmed as a correct record and signed by the Chairman.

It was noted that the Committee had questioned whether the increase in the number of Children under 18 recorded in the 'Your Local Account – Annual Report for Adult Social Care 2011/12-2012/13' was correct. A response to this query had been circulated.

Members were informed that a tweet had been issued prior to the Committee meeting to try to increase public engagement.

The Committee had written to the Clinical Commissioning Group asking why the public Board meetings were scheduled for mid-afternoons, a response had been received. It was noted that the Board meeting held in July had been held in the evening.

Malcolm Richards commented that car parking fees at the Royal Berkshire Hospital had increased and questioned whether the hospital received any of the parking fees.

2. APOLOGIES

Apologies for absence were submitted from Sam Rahmouni, Wayne Smith (substituted by Malcolm Richards) and David Cahill, Locality Director Wokingham, Berkshire Healthcare Foundation Trust.

3. DECLARATION OF INTEREST

There were no declarations of interest made.

4. PUBLIC QUESTION TIME

There were no public questions received.

5. MEMBER QUESTION TIME

There were no Member questions received.

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6. UPDATE FROM HEALTH AND WELLBEING BOARD

David Lee, Chairman of the Health and Wellbeing Board provided an update on the work of the Health and Wellbeing Board.

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

- The Wokingham Borough Council Health & Wellbeing Strategy 2013 – 2014 had been produced and set out the main priorities for the next year. It outlined the Health and Wellbeing Board's collective aim of improving the opportunities for all those in the Borough to make their lives as long and as healthy as possible. Actions which would contribute to improving the health of Borough residents and which body would be responsible for their delivery were included in the Strategy. David Lee asked that the Committee be sent a copy of the Strategy.
- Members were encouraged to attend Board meetings and to ask questions through the agreed process. The Committee was informed of some of the Board's forthcoming work.
- It was noted that the Board would become a consultee on all major (50 units +) housing developments and regeneration activities in the Borough. The Board had recently submitted comments on application O/2013/0692 Folly Court, Barkham Road, Wokingham, an outline application for the demolition of existing buildings and erection of 100 dwellings.
- Reducing social isolation in the elderly was another key priority identified in the Strategy. Housing options for sustainable communities were being further looked at. David Lee commented that the Committee may wish to visit facilities such as Beeches Manor, extra care housing for those with dementia.
- This summer children resident in the Wokingham Borough could swim for free. This initiative was funded by Public Health.
- The Board was happy to receive suggestions from the Committee on matters it believed the Board should be looking at more closely.
- Tim Holton asked whether further consideration had been given to how the Health Overview and Scrutiny Committee, Healthwatch and the Health and Wellbeing Board could work together, and was informed that this could be taken forward.

7. NHS ENGLAND

Matthew Tait, Director Thames Valley Area Team, NHS England provided a presentation on the on the role and responsibilities of NHS England and the way in which it commissions services for the Wokingham Borough.

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

- The role of NHS England 'Putting Patients First' 8 key activities included:
 - Direct commissioning of specialist services
 - Supporting, developing and assuring the commissioning system
 - Emergency preparedness
 - Partnership for quality
 - Providing an overview of clinical and professional leadership across each area
 - Strategy, research and innovation for outcomes and growth
 - World class customer service: information, transparency and participation
 - Developing Commissioning Support Units
- The Thames Valley Area Team was one of 27 Area Teams across the country. The Team had a direct budget of £523m for 2013/14. It covered Berkshire, Buckinghamshire and Oxfordshire and was based in Oxford, with a base also in Reading. It covered ten Clinical Commissioning Groups, nine of which had been authorised without conditions. There were four Strategic Clinical Networks who would

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provide a commissioning overview for every proposed service reconfiguration. There was also the Academic Health Science Network, which was important in terms of learning and helped in terms of growth within the NHS. NHS England had commissioning responsibilities for Primary Care (GPs, Optometry, Pharmacy, Dental and Health and Justice). The Wessex Area Team undertook Specialist Commissioning for local Providers.

- NHS England aimed to focus on measuring progress:
 - Satisfied patients. It was difficult to accurately measure patient satisfaction but measures such as the Friends and Family Test would be used to gauge patient satisfaction levels.
 - Motivated, positive NHS staff
 - Outcome framework progress. The Outcomes Framework detailed the outcomes and corresponding indicators relating to matters such as life expectancy and long term conditions, which were used to hold NHS England to account for improvements in health outcomes.
 - Promoting equality and reducing inequalities
 - NHS Constitution rights, pledges and standards. These standards applied across the NHS and included targets such as the 4 hour in A&E wait target.
 - Becoming an excellent organisation.
 - High quality financial management was vital.
- Matthew Tait outlined the priorities for the Thames Valley Area Team which included:
 - A safe transition.
 - Establishing effective partnership working. Members were informed that NHS England was a member of the Health and Wellbeing Board.
 - Focusing on quality. NHS England was a member of the Quality Surveillance Group which brought commissioners and providers together on a monthly basis to assess services in their area. The Group could use powers of escalation if they felt it necessary. Matthew Tait commented that there should be Healthwatch and local authority representation on the Group and that it was a good means to provide assurance.
 - Reconfigurations. Members were referred to Frimley/Heatherwood and Wexham Park
 - Assessing the impact on local services of new specialist services specifications and standards, which would come in, in October.
 - Work plans for strategic clinical networks: Cancer, Cardiovascular, Maternity and Children, Mental Health, Dementia and Neurological Conditions. Members were informed that there was pressure on maternity units across the area.
 - To support the Clinical Commissioning Groups to achieve excellence.
- Matthew Tait commented that the Committee could invite him back if they had concerns regarding specialist services or particular elements of the Health and Wellbeing Strategy as he was a member of the Wokingham Health and Wellbeing Board.
- It was clarified that commissioning for health and justice involved placing contracts with providers to provide healthcare for prisoners.
- David Sleight asked which organisation had carried out the work of NHS England prior to the change in the structure of the health service. He was informed that NHS England came into force on 1 April and that many of its functions had previously been carried out by the Primary Care Trusts and the Strategic Health Authorities. Members were reminded that public health was now the responsibility of local authorities. Other bodies in place included the Commissioning Supports Units which supported the Clinical Commissioning Groups. Regulators included Monitor and the Care Quality Commission.

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- With regards to the proposed reconfiguration of Frimley Park and Heatherwood and Wexham Park hospitals Matthew Tait commented that when looking at its continued sustainability Heatherwood and Wexham Park had discussed the possibility of working together with Frimley Park. Malcolm Richards asked what impact any merge would have on monitoring as Frimley Park was in Surrey and Heatherwood and Wexham Park in Berkshire. He was informed that it crossed the NHS England Area Team borders and involved several different CCGs. Both hospitals fell under the Foundation Trust regulator, Monitor's South East region.

RESOLVED That the presentation from NHS England be noted.

8. DISCHARGE OF PATIENTS FROM HOSPITAL AND ROYAL BERKSHIRE HOSPITAL TRANSPORT SERVICE

Mark Robson, Director of Operations Network Care Group, Royal Berkshire Hospital provided a presentation on the discharge of patients from the Royal Berkshire Hospital.

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

- With regards to a demand for beds at the hospital it had been a challenging period. A&E attendances had been up 15% from Q1 2012/13 to 2013/14. Emergency admissions had been 85 a day and had hit 100 on several occasions. Nick Ray asked whether this increase was a local or national trend and was informed that that it was a national trend.
- Patients could be brought into A&E, and then seen by triage before being taken to the Clinical Decisions Unit (CDU). Approximately 25 patients a day were turned around from CDU.
- Planning for the discharge of a patient from hospital could begin even before they had entered hospital.
- The hospital was working with bodies such as Berkshire Healthcare Foundation Trust and social care in order to reduce the number of people entering hospital in the first place.
- There could be over 50 medically fit (those who whilst not fully well did not require acute hospital services) in one day. The number of days spent on the list waiting for discharge from hospital was tracked. Effort was being made to reduce the length of time patients spent on the list. Those patients waiting to go into nursing homes had been on the list more days than other groups. Wokingham Borough performed well and had 8 medically fit patients who had been on the list for 77 days in total. Nevertheless, the elderly population was increasing and nursing homes in the area were starting to reach capacity, particularly in Wokingham and Reading.
- The heatwave this summer had created extra pressure, increasing A&E attendances. All 'winter escalation' beds had been open and full which was difficult to sustain.
- The Committee noted ways in which the hospital sought to reduce the number of people being admitted. For example there was a senior review and a single front door for the CDU and A&E, a Service Navigation Team who knew about particular services and could plan the way forward for patients were based in CDU and A&E and a single point of access hub based in Wokingham would be opening shortly. In addition the Occupational Therapists and Physio were available 7 days a week. Data and intelligence was shared with others such as the Berkshire Healthcare Foundation Trust. The Red Cross had a team based in A& E which helped to settle patients back in their homes.
- The Committee received information on measures taken to reduce patients' length of stay. An estimated discharge date would be established on admission and a plan produced for each patient, early communication with patient and relatives and the

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Service Navigation team assisting in planning and following up, was important. Members were informed of the enhanced recovery project for Elderly Care and multidisciplinary Ward and Board rounds. In addition it was vital that referrals were sent promptly; too early and social services would have to visit twice and too late and there would be a delay in putting services in place.

- On the day of discharge patients' treatment continued and the patient washed, dressed and made ready to leave. Under the Victoria Ward project, the ward tried to shift the discharge pattern to earlier in the day to ensure more beds were available for patients in the afternoon, which was typically the peak period for when patients required transferal to wards. It was hoped that this project would be rolled out further. Where possible the drugs a patient required were written up the day before discharge. It was noted that the discharge lounge was a non clinical area situated close to the car park, which enabled the transport service to pull up and collect patients. Issues relating to discharge of patients included a finite number of junior doctors and more beds open to cover in times of high demand. Delays in discharging patients could also occur if relatives were unable to attend or as a result of needing to secure the patient's belongings and appropriate equipment.
- Developments in the pharmacy were discussed. Members were pleased to note that 7 day working had been introduced in January 2013 and that a 'robot' dispensary was in place. There was an air tube system to facilitate dispensing, although this was under pressure. Satellite pharmacies were based in CDU and surgery and there were also ward based pharmacists.
- The Committee was reminded that the Clinical Commissioning Group commissioned the emergency and non-emergency ambulance and patient transport services which were used by the hospital. South Central Ambulance Service (SCAS) had a Berkshire wide contract to provide these services.
- A SCAS Coordinator was based in the discharge lounge, giving them a better picture of the current situation. Patients requiring transport were identified early in the day and the matrons received a list each day. The wards were responsible for ensuring that the patient was ready to be transported on time whilst SCAS was responsible for ensuring that the patient reached their destination on time.
- It was important that the transport service was used appropriately as there was a finite daily capacity. Issues could arise with logistics in situations such as inter hospital transfers. Private transport could be brought in to help reduce backups in the cases of day to day surges.
- With regards to the Green Medicines Bag Scheme, Kate Haines asked whether patients were given bags with their medication in on discharge from hospital or whether patients used the bags to bring in medication that they were already on when they came into hospital. Mark Robson commented that there was more potential for the service to be used but that it was more commonly used by patients being discharged from hospital rather than admitted. Medicines would be stored in a lockable cabinet by the patient's bedside.
- Ken Miall questioned whether everyone accessing A&E generally required A&E treatment and was informed that many could be dealt with by their GP or at a walk in centre. The health system needed to understand why people often did not feel able to use other avenues.
- David Sleight asked how long an increase in A&E attendances could be sustained. Mark Robson commented the Urgent Care Board was looking at how to respond to surges. It was anticipated that the number of A&E attendances would reduce when the heatwave ended.

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RESOLVED That the presentation on issues relating to the discharging of patients from hospital and the Royal Berkshire Hospital transport service be noted.

9. CARE QUALITY COMMISSION (CQC)

Tracey Halladay, Compliance Manager - CQC South (Central) provided an update on the work of the Care Quality Commission in the Wokingham Borough.

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

- The Committee asked how it could be assured that a similar situation to that regarding the CQC and the Morecambe Bay NHS Foundation Trust which had recently been in the media would not occur in Wokingham.
- The Committee was informed that the CQC had recently inspected Heatherwood and Wexham Park Hospitals and a number of areas of non-compliance had been identified. A warning notice from the Care Quality Commission that the Heatherwood and Wexham Park Hospitals NHS Foundation Trust had breached essential standards had been issued. The Trust had developed an action plan in response. Partnership working was undertaken with the Clinical Commissioning Groups and the NHS Foundation trusts.
- Members were assured that robust inspections were carried out where concerns were identified. The CQC had a programme of planned inspections but also used intelligence from various sources, including statutory bodies, to inform its plans.
- Tracey Halladay commented that she has a team of 11, all of whom had an inspection portfolio of approximately 40 health and adult social care services. Her team also covered the Heatherwood and Wexham Park Hospitals NHS Foundation Trust and the Royal Berkshire Hospital Foundation Trust.
- The CQC Strategy 2013-16 which set out the organisation's strategic direction for the next three years had been published in April.
- The Committee was informed of a consultation, 'A new start: Consultation on changes to the way CQC regulates, inspects and monitors care - June 2013' which was the first in a series of consultations which set out how the CQC would make significant changes to the way in which it regulated different social care and health services. Members were encouraged to respond to the consultation which would close on 12 August.
- There were 5 questions which underpinned the entire new model; is the care safe, effective, caring, well-led, responsive to people's needs?
- Tracey Halladay took Members through the proposed new approach.
- A more rigorous test to ensure that services were effective, safe and compassionate would be introduced for registration. The learning disability services would be the first to undergo this new registration test. If providers failed in the care that they provide, the CQC will be able to consider the provider's board and individual directors' role in this and hold them to account. In addition it was proposed that all directors of providers registered must meet a new fit and proper person test and that the CQC be able to insist on their removal should they fail this test.
- Continuous monitoring would be carried out to identify any failures or potential failures. Indicators that would trigger action by the CQC when a certain level of concern was reached would become more focused and fewer in number. The triggers would vary between different services.
- Experts would be brought in to assist with inspections where required. Inspections would become longer and more thorough and more time would be spent talking with people.
- The Committee noted the fundamentals of care; the standards below which any care provider must not fall.

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- Tracey Halladay brought the new ratings system to the Committee's attention.
- Kate Haines asked whether the number of inspectors had increased from the previous year. Tracey Halladay indicated that she had been in post since April and that it was difficult to compare current numbers with previous as there had been a reconfiguration in spring 2012 and a change in team borders. The number of inspectors in a team depended on the demographic of the area.
- In response to Members questions regarding inspections Tracey Halladay clarified that the CQC spoke to patients and relatives and inspection reports often featured quotes from these. Inspection timetables were not published in advance. Responsive reviews in particular were always unannounced.
- With regards to the length of inspections Tracey Halladay commented that inspectors tended to be on site for one and a half days for domiciliary care sites, a day for care homes, GPs and dentists and longer for an acute trust.
- It was noted that the team would inspect all adult social care providers, the acute trusts and a percentage of dentists and GPs within its area, within a year. Kate Haines questioned whether there were sufficient resources in place. Tracey Halladay commented that an inspection plan was in place, she was confident that it would be achieved and would monitor its implementation, flagging up any concerns that might arise regarding the plan's achievement. The Committee asked that it receive an update in six months.
- Ken Miall asked what action the CQC could take should the Heatherwood and Wexham Park Hospitals NHS Foundation Trust continue not to comply with standards. Tracey Halladay indicated that if an organisation was not compliant a time limited warning notice could be issued. If it remained non-compliant by the deadline a range of actions could be taken including putting a condition on its registration, stop it running a particular service or cancel its registration.
- Dr Wilson reminded the Committee that Wokingham Community Hospital had been inspected in February 2013 and had received a positive report. This report had been circulated to the Committee previously.
- Members asked how many health and social care organisations there were in the Wokingham Borough and how many the team covered as a whole and were informed that there were 85 locations within the Borough and approximately 200 social care, 100 dentists, 12 NHS sites, 70 GPs and 38 independent healthcare providers, across the area. It was noted that Berkshire Healthcare NHS Foundation Trust was covered by the West Berkshire team as it had been agreed that mental health organisations which had more than one location remained with one inspector. However, intelligence was shared between teams and Tracey Halladay was happy to seek further information should the Committee have questions regarding the Trust in the future.

RESOLVED That the presentation from the Care Quality Commission be noted.

10. HEALTHWATCH UPDATE

The Committee received an update on the work of Healthwatch Wokingham from David Liley and Jim Stockley.

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

- Healthwatch Wokingham had been operational since April 2013. It had a help line, a walk in advice service based at the Citizens Advice Bureau, an email enquiry line and a Twitter account.
- Healthwatch England was a national body and was a sub-committee of the Care Quality Commission. It had an overview of the 152 local branches of Healthwatch. Local Healthwatch could report concerns to Healthwatch England.

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- Healthwatch Wokingham's non-executive Board members had been appointed by an independent appointments panel, with one vacancy. The Executive Directors were trustees. The Board was made up entirely of volunteers.
- Healthwatch Wokingham had been incorporated as a Community Interest Company.
- There had been issues with staffing levels and recruitment interviews were being held for a new Healthwatch Development Officer. Citizen Advice Bureau staff and a part time media officer were in place. The Healthwatch Wokingham Manager was currently on maternity leave and a temporary replacement was due to start very shortly.
- Healthwatch Wokingham had not carried out as much promotion and marketing as it would have liked due to staffing issues. Healthwatch England had advised a soft launch.
- The Commissioning Support Unit Open Forum Conference on 10 July had been supported by Healthwatch Directors and operational team and promotional material. This event was co-sponsored by Healthwatch and the local CCG. The Committee noted the key messages that Healthwatch had received out of the event. Board members and officers had been active in attending strategic forums.
- Healthwatch Wokingham was a member of the Health and Wellbeing Board.
- Jim Stockley reiterated that a representative from Healthwatch Wokingham Borough would attend future Health Overview and Scrutiny Committee meetings to provide updates on its activities.
- David Liley commented that every local authority should be able to identify which body was taking responsibility for specific recommendations coming out of the Francis report. Healthwatch would gather individual stories and experiences through the Citizens Advice Bureau and identify any trends.

RESOLVED That the Healthwatch update be noted.

11. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JUNE 2013

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report June 2013.

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

- Kate Haines expressed concern that the 'Referral to Treatment (RTT) within 18 Weeks' target had not been achieved. Wokingham CCG achieved all RTT aggregate standards in April but did not achieve all referral to treatment targets for all individual specialities. Cardiothoracic Surgery, Ophthalmology, Neurosurgery and Plastic Surgery were not achieved for admitted pathways. All of the breaches bar those in Ophthalmology were the result of one or two breaches, very small numbers. For Ophthalmology, 83.9% of patients on an admitted pathway had been treated within 18 weeks against a target of 90%.
- Members expressed concern that the 'Ambulance Handover Delays' target had not been met. 20 ambulances had been delayed longer than 30 minutes for handover to A& E at the Royal Berkshire Hospital in April and each 30 minute breach had resulted in a £200 fine. It was noted that an action plan for urgent care had been put in place and that improvements in handover delays were anticipated.
- The Committee asked that a representative from Wokingham Clinical Commissioning Group be invited to the September meeting to provide information on what was being done to improve the performance of these targets.

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RESOLVED That

- 1) the Wokingham Clinical Commissioning Group Performance Outcomes Report June 2013 be noted.
- 2) a representative from the Clinical Commissioning Group be invited to the Committee's September meeting to provide information on what action was being taken to improve the targets relating to Ambulance Handover Delay and Referral to Treatment within 18 Weeks.

12. UPDATE ON ADULT SOCIAL CARE TASK AND FINISH GROUP FINAL REPORT

Tim Holton updated the Committee on the Adult Social Care Task and Finish Group final report. Members were notified that all the recommendations had been agreed by Officers and endorsed by the Executive. One recommendation was 'That the Health Overview and Scrutiny Committee are updated on staff training after 6 months.' An update on Adult Social Care/ Optalis staff training was proposed for 25 November 2013 meeting to provide assurance that the appropriate training was being carried out, was up-to-date and to identify any gaps.

RESOLVED That the update on Adult Social Care Task and Finish Group final report be noted.

13. HEALTH CONSULTATIONS

Members considered a report on current 'live' consultations.

Tim Holton commented that the 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.

It was suggested that Members responded to the CQC consultation 'A new start: Consultation on changes to the way Care Quality Commission regulates, inspects and monitors care - June 2013', and the Department of Health consultation 'Migrant access to the NHS', individually.

RESOLVED That the Health Consultations report be noted.

14. WORK PROGRAMME 2013/14

The Committee considered the Work Programme 2013/14.

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

- It was noted that the Joint Strategic Needs Assessment was being refreshed. The Committee would ask for an update at its September meeting.
- Tim Holton indicated that an officer from South Central Ambulance Service, the providers of the NHS 111 service in Berkshire, would provide an update at the September meeting on how NHS 111 was bedding in, in Berkshire. He asked Members if there were any issues which they wished to be focused on.
 - Has NHS 111 been effective in Berkshire?
 - Statistics regarding number of calls received and numbers of call abandoned.
 - How many complaints had been received since the service had begun?
 - Identify improvements on previous system in place.
 - General information regarding the experience of call handlers (e.g. Are they health professionals?) Do call handlers read from scripts?

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- Philip Houldsworth had suggested that the Committee receive information regarding 7 day working, stroke care in particular at its September meeting and agreed to contact Democratic Services regarding what areas in particular he believed should be focused on.
- The Overview and Scrutiny Management Committee had referred a scrutiny review suggestion on Meals on Wheels to the Committee. The Committee agreed that it would establish a Task and Finish Group to look at the Meals on Wheels Service when resources allowed. Tim Holton, Kate Haines, Kay Gilder and Philip Houldsworth volunteered to make up the Group.

RESOLVED That the Work Programme 2013/14 be noted.

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

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