Please note: an amendment was made to these minutes at the meeting held on 25 November 2013

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON WEDNESDAY 11 SEPTEMBER 2013 FROM 7PM TO 9.30PM

Present: Tim Holton (Chairman), Kate Haines (Vice Chairman), Kay Gilder, Ken Miall, Sam Rahmouni and David Sleight

Also present	
Mandy Claridge	*Director of Operations, Urgent Care Group, Royal Berkshire Hospital NHS Foundation Trust (until Item 23)*
David Liley	*Help & Care, Healthwatch Wokingham (until Item 24)*
John Nichols	*Director of NHS 111, South Central Ambulance Service NHS Foundation Trust (until Item 22)*
Councillor Malcolm Richards	
Madeleine Shopland	*Principal Democratic Services Officer*
Jim Stockley	*Healthwatch Wokingham*
Paul Tattam	*Head of NHS 111 (North), South Central Ambulance Service NHS Foundation Trust (until Item 22)*
Mike Wooldridge	*Senior Manager Improvement and Performance (until Item 21)*

PART I

15. MINUTES

The Minutes of the meeting of the Committee held on 29 July 2013 were confirmed as a correct record subject to the following amendment and signed by the Chairman. It was noted that Sam Rahmouni had given his apologies for the previous meeting.

A response had been circulated to Malcolm Richards' query regarding the car parking fees at the Royal Berkshire Hospital.

At the previous meeting the Committee had requested that 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. It was explained that the action being taken was detailed in the Wokingham Clinical Commissioning Group Performance Outcomes Report August 2013, which was on the agenda.

16. APOLOGIES

Apologies for absence were submitted from Andrew Bradley, Philip Houldsworth and Nick Ray.

17. DECLARATION OF INTEREST

There were no declarations of interest made.

18. PUBLIC QUESTION TIME

There were no public questions received.

19. MEMBER QUESTION TIME

There were no Member questions received.

20. UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT

Please note: an amendment was made to these minutes at the meeting held on 25 November 2013

The Committee received an update on the Joint Strategic Needs Assessment (JSNA).

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

- The Health and Social Act (2012) required Health & Wellbeing Board's working through local authorities and Clinical Commissioning Group's to produce a JSNA of the health and wellbeing of their local community. The JSNAs across Berkshire were being 'refreshed' for 2013.
- Various strengths and weaknesses of the previous model had been identified.
- The transfer of Public Health to local authorities presented a new opportunity to create a new style JSNA; one which was accessible and web based, told the local story, used Ward data as a tool to plan for localised services, provided relevant, easy to disseminate data and key data for commissioning intentions.
- The newly developed Shared Public Health team had held an event in June to discuss the vision for the new version of the JSNA.
- Proposals for the redesigned JSNA included that it be web based, easy to navigate and that information is three clicks from a front web page. Data would be available in various formats including tables and graphs. It would be possible to share data at ward level.
- The new look JSNA would offer a snapshot of activities and help highlight any gaps in provision. Areas of data which would be analysed included demography, starting well, developing well, ageing well and wider determinants relating to health and vulnerable groups.
- There were approximately 5000 lines of data which were currently being contextualised which would take time.
- The Committee was provided with the predicted outline timetable. It was predicated that the JSNA would be signed off by the Health and Wellbeing Board at their meeting on 12 December and that the web based JSNA would be launched at the end of December. Kate Haines asked Mike Wooldridge whether he was confident that the data sets would be completed by the end of September. He responded that it would be tight and there were possible areas where there may be some slippage. If there were areas of new or unexpected data or patterns further work may be required to ensure better understanding of the data.
- Kate Haines asked what impact the refreshed JSNA would have on the Borough's Looked After Children and was informed that information had been provided for this data line which would require further context from the responsible operational team. The content would help steer and influence future commissioning intentions.
- Kate Haines commented that there had been quite a change with regards to Child and Adolescent Mental Health Service (CAMHS), particularly for those moving up to Tier Four and asked whether this would be reflected in the document.
- A member of the public asked whether the information would be structured in such a way that people would be able look at data regarding health factors for particular groups such as travellers. Mike Wooldridge commented that whilst there would be a section regarding health equalities it was unclear how far down this could be drilled.

RESOLVED That the update on the JSNA be noted.

21. UPDATE ON NHS 111

John Nichols, Director of NHS 111, South Central Ambulance Service (SCAS) NHS Foundation Trust, provided an update on how NHS 111 was bedding in, in Berkshire.

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

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- SCAS provided the NHS 111 service in Oxfordshire, which had been publicly launched in October 2012. It also provided the service to mainland Hampshire, launching it publicly in January 2013. A phased approach had been taken to the introduction of NHS 111 in Berkshire. The rollout had begun in April 2013 and the full roll out, including NHS Direct calls had taken place in July 2013.
- SCAS provided the service as per Department of Health specifications. Trained call handlers and clinicians (nurses/paramedics) operated from two sites at Bicester and Otterbourne, using NHS pathways.
- KPIs were reported weekly by contract to NHS England. These included Call answering within 60 seconds (95% of calls), Call abandonment rate below 5%, Transfer to 999 (9-11% nationally) and Transfer to A&E (5% nationally).
- Weekly clinical governance meetings were held. These were led by Dr Neesha Mohan, who had been appointed as a Clinical Governor, by the Clinical Commissioning Groups. End to end call reviews and satisfaction surveys were carried out, professional and patient feedback sought, and a 1% call audit per call handler per month carried out, to ensure that the service provided was right for the area.
- Members noted risks and key areas including demand being higher than predicted and newly trained staff being slower than more experienced call handlers.
- Berkshire did not experience the same level of problems as in some other areas. NHS England had been able to redirect calls made to those areas which were experiencing difficulties and which had been going unanswered, to other operational centres. In the early days of its service, SCAS had taken a number of calls from other areas, which had had some impact on the service provided locally, as it was staffed to cover the anticipated call level from Oxfordshire and mainland Hampshire.
- Peak call times were at weekends and during out of hours during the week.
- It was noted that 3.8% of calls were directed to emergency treatment and transport, 2.8% of calls had an ambulance dispatched within 8 minutes following the call and 4.6% of calls resulted in the patient being directed to the Emergency Department within 1 hour. These figures were below the national average.
- The Committee received the monthly call abandonment and call answer percentages for Berkshire NHS 111 covering April to August. Approximately 16-17,000 calls had been received each month. SCAS was starting to see an increase in the number of calls as winter came nearer. Seasonal profiling was in place.
- Since NHS 111 had begun in Berkshire, 15 complaints had been received and a further 14 general enquires which was low. Tim Holton asked Jim Stockley whether Healthwatch had heard any concerns or queries from the public regarding NHS 111. It was confirmed that they had not. Tim Holton went on to ask how people could complain if they wished. People could write, email or phone SCAS.
- Ken Miall asked about the validity of calls and was informed that NHS 111 was a single point of contact for health issues and that calls could cover anything health related including queries regarding prescriptions.
- Kate Haines asked whether call handlers always had to speak to the patient, particularly if they were under 16. Paul Tattam indicated that it was always preferable to talk directly to the patient but call handlers could take third party calls if the patient was unable or unwilling to come to the phone.
- In response to a Member question, John Nichols confirmed that the NHS 111 call handlers shared office spare with the ambulance dispatch team and clinical staff.
- David Sleight asked why Oxfordshire and Berkshire generated similar levels of calls when they differed in size. John Nichols commented that this was being looked into and that the numbers being delivered had been different to what had been expected.

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- In response to a Member question regarding preparation for the anticipated increase in calls during winter, John Nichols commented that an additional recruitment programme for the winter was in hand.
- Tim Holton questioned whether the Committee could receive monthly figures which were sent to the Board. John Nichols agreed that this information could be provided.
- Westcall, the out of hours service and how it affected NHS 111, was discussed.

RESOLVED That the update on NHS 111 be noted

22. '7 DAY WORKING' – STROKE SERVICES

Mandy Claridge, Director of Operations, Urgent Care Group, Royal Berkshire Hospital NHS Foundation Trust presented an update on 7 day working, particularly focusing on stroke services, at the Royal Berkshire Hospital.

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

- NHS England's Urgent Care Review was developing a national framework and associated guidance for Clinical Commissioning Groups in 2015/16 to help them commission consistent, high quality urgent and emergency care services across the country within available resources. The Committee noted eight early priorities which had been identified.
- The Trust's Strategy stated that one of the Trust's aims was 'Ensuring our services deliver the best healthcare outcomes for our patients.' Members were pleased to note the number of beds for stroke patients had been increased.
- The Stroke Care and Primary Percutaneous Coronary Intervention services were 24/7 services.
- Members were informed of the current level of 7 day access to senior decision makers; a Senior Physician would be at the 'Front Door' until 10pm from October, Emergency Department Consultants were available until Midnight 7 days a week, Paediatric Consultant were available until 10pm 7 days a week, ward rounds were carried out 7 days a week for Renal Medicine and Orthopaedics and Surgery Senior Ward were carried out 7 days a week. Kay Gilder asked what arrangements were in place after 10pm where consultants were on shift until 10pm and was informed that an on call service was in place between 10pm and 8am. There were nurses available for the Thrombolysis Service 24 hours a day. Bank holidays were covered by normal Monday working arrangements.
- There was 7 day access to the MRI/CT ultrasound and the Occupational Therapy Physiotherapy and Pharmacy.
- The National Stroke Strategy set out a ten point plan for action. Members were also reminded of the F.A.S.T campaign.
- Previously there had not been a specialist Stroke Unit or a specialist medical, nursing or rehab team. Stroke patients had been nursed on general medical wards. Access to CT scans had been poor and public awareness low. Mortality rates for strokes had been higher and there had been a high dependence on long term care.
- The Committee was provided with a snapshot of how the stroke service looked today. There was a 24 hour Thrombolysis Service for those who needed it. A 7 day a week TIA clinic was available and TIAs were followed up within a month. 90% of those on the Stroke Unit stayed on average 17.4 days. In the past, the length of stay had, on average, been in the region of 40 days. More stroke patients were being placed within the Stroke Unit within 4 hours of admission. Additional beds had been given this year to support the increasing demand. More patients were receiving CT's within 24 hours.
- Further work on medical clerking was required.

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- Mandy Claridge outlined challenges that the stroke service faced. These included;
  - Ensuring that stroke patients spent 90% of their stay in hospital on a stroke unit.
  - Ensuring that all stroke patients went on to a Stroke Unit less than 4 hours from admission.
  - Door-to-needle-treatment in less than 60 minutes for those that required it. This was being achieved.
  - 40% patients being discharged with the Early Supportive Discharge Service.
  - Therapy offered 7 days a week.
  - Sentinel Stroke National Audit Programme.
  - Stroke follow up after a month, six months and a year.
- A member of the public asked what proportion of patients who had a stroke, received thrombolysis (clot busting drug). Mandy Claridge agreed to feed back.
- The Committee was pleased to hear that Royal Berkshire Hospital Specialists were treating 90% of heart attack patients within two hours. Figures from the Department of Health show 90% of patients at the 24/7 centre in Reading are treated in that time. The National Average was 62%.

RESOLVED That the update on '7 day working – Stroke Services' be noted.

23. 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:

- Early issues regarding staffing and recruitment were nearly resolved. A new Healthwatch Officer had recently been appointed. Nevertheless, two Non-Executive Directors were still being sought. The Healthwatch Wokingham Board were looking for those with a health and social care background, in particular.
- Local partnerships had been forged and training was being shared with Slough and West Berkshire Healthwatch. Shared events were also being planned.
- Over the next 4 months a series of public engagements would be held. Members asked whether Healthwatch Wokingham events would be held across the Borough and were assured that it wanted to get its message out to all corners of the Borough. It was planned that 50 different sites would be visited.
- Representatives from Healthwatch Wokingham had been in the Council's foyer that day to raise the profile.
- Early areas of interest which had been identified included the needs of carers of those with dementia, the health and social care needs of children and young people and the coordination of the responses to the Francis Inquiry. The helpline and the Citizens Advice Bureau had received a number of queries from those in late middle age who were concerned how they would plan for and fund their health care in the future.
- The website was being revamped in order to make it more relevant.
- Healthwatch Wokingham was looking to recruit volunteers to support it in its work.
- Part of the new Healthwatch Officer's role was to develop contacts. Much use was being made of support offered by the voluntary sector. Contact had been made with the five Community Workers who worked with the more deprived areas of the Borough.
- Jim Stockley commented that Healthwatch Wokingham would be implementing a 90 day 'get go' programme.
- Kate Haines questioned whether this should have been planned for at an earlier stage and was informed that a lack of resources had slowed progress previously but

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Healthwatch Wokingham was now fully staffed. Kate Haines went on to ask how Healthwatch Wokingham would be affected should it lose another staff member. David Liley commented that the organisation was building a team of volunteers to help add depth. He reiterated that Healthwatch was not wholly reliant on volunteers. The core services such as the helpline, website and walk in centre had been available from 2 April 2013. In response to a question from a member of the public regarding paying volunteers David Liley emphasised that there were no plans to pay volunteers.

- Members asked that they receive an update on Healthwatch Wokingham's '90 day programme' and information regarding the volume of calls the Healthwatch helpline had received, at its next meeting in November.

RESOLVED That

1) the Healthwatch update be noted;

2) Healthwatch Wokingham be requested to provide an update on its'90 day programme' and information regarding the volume of calls the Healthwatch helpline had received, at the Committee's November meeting.

24. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT AUGUST 2013

The Committee looked at the Wokingham Clinical Commissioning Group Performance Outcomes Report August 2013.

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

- With regards to 'Diabetes 9 care processes', Kay Gilder expressed concern that this indicator was showing as red. A local data extract in July of the diabetes 9 care process performance for the 12 months up to the end of June had showed that Wokingham CCG had achieved 25.3% for patients with diabetes receiving all 9 care processes. Members asked whether this was low. It had been identified that the main issues had been with the urine albumin test and retinal screening and that both of these issues related to coding. Members questioned whether any reasons for the underperformance of the indicator, other than coding issues, had been identified. The Committee was reminded that increasing the number of diabetics who received the 9 care processes was an action identified in the Wokingham Borough Council Health and Wellbeing Strategy 2013-14.
- Members expressed concern that 608 patients were currently recorded as carers on GP practice systems against a target of 1557 patients, particularly as this was a drop in number from January when 881 patients had been coded as a carer. It was noted that practices had been asked to check that coding was being used where necessary.
- Wokingham CCG had 3 Clostridium Difficile cases reported during June 2013 against a trajectory of 3 for the month. Sam Rahmouni asked whether these had occurred at a single site.
- With regards to '% of patients, who spent 4 hours or less in A&E,' Kate Haines asked how many patients spent just under 4 hours in A&E before being transferred to the CDU.
- The Committee was concerned that during June, the 8 minute ambulance response time standard was not achieved for Wokingham CCG for Red 2 patients. Members were also unhappy that the 'Ambulance handover and crew clear delays' indicator was underperforming. Members requested that the South Central Ambulance Service NHS Foundation Trust be invited to its next meeting to explain why the 'Ambulance

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handover and crew clear delays' and the 'Ambulance Response Times' targets were not being achieved and what action was being taken to improve matters.

RESOLVED That

1) the Wokingham Clinical Commissioning Group Performance Outcomes Report August 2013 be noted.

2) South Central Ambulance Service NHS Foundation Trust be invited to the Committee's November meeting to explain why the 'Ambulance handover and crew clear delays' and the 'Ambulance Response Times' targets were not being achieved and what action was being taken to improve matters.

25. HEALTH OVERVIEW AND SCRUTINY COMMITTEE, HEALTH AND WELLBEING BOARD AND HEALTHWATCH WOKINGHAM

The Committee considered a report on the Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch Wokingham.

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

- A joint workshop had been held in June between members of the Health Overview and Scrutiny Committee, the Health and Wellbeing Board and representatives from Healthwatch Wokingham for the purpose of the three bodies discussing how they would work together in the future.
- Following the workshop a simple model of interdependencies between the three bodies and a table outlining each of the three's key roles and responsibilities and key questions they could ask in particular situations, had been developed. Members were asked for their views on these.
- It was emphasised that it was vital that important issues were not missed and that duplication was minimised.
- Kate Haines stressed that it was important that the Health and Wellbeing Board and Healthwatch Wokingham were aware when the scrutiny committees established Task and Finish groups.
- Jim Stockley commented that Healthwatch Wokingham was independent and it was important the patient's voice was heard. A member of the public commented that the Patient Participation Forum meetings were another good source of information about patient' opinions.

RESOLVED That

1) the model of interdependence between the Health Overview and Scrutiny Committee, the Health and Wellbeing Board and Healthwatch Wokingham (Appendix A) and the roles and responsibilities of the three bodies and example questions (Appendix B) be noted.

2) the views of the Health and Wellbeing Board and Healthwatch Wokingham on the model (Appendix A) and the roles and responsibilities of the three bodies and example questions (Appendix B) be sought.

26. HEALTH SCRUTINY ARRANGEMENTS

The Committee noted the presentation regarding Health Scrutiny arrangements.

RESOLVED That the presentation regarding Health Scrutiny arrangements be noted.

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27. HEALTH CONSULTATIONS

Members considered a report on current 'live' consultations.

Members were reminded 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.

The Committee was encouraged to respond to the consultation from NHS England on 'Improving general practice – a call to action,' individually.

RESOLVED That the Health Consultations report be noted.

28. WORK PROGRAMME 2013/14

The Committee considered the Work Programme 2013/14.

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

- The Committee would request an update on its work, from the Health and Wellbeing Board, at the November meeting. Members asked that this update include the following:
  - An update on key areas of work and targets;
  - Staffing levels in key areas e.g Public Health – are these now full strength?
  - Planning regarding population increase as a result of the Strategic Development Locations – ensuring that GP surgery provision sufficient;
- At the Committee's previous meeting, the Chairman of the Health and Wellbeing Board had suggested that Members may wish to visit Beeches Manor, extra care housing for those with dementia. The Committee would be considering dementia care at its January meeting and felt that a site visit around that time would provide a picture of some of the facilities available to those with dementia.
- The Committee agreed to consider a report at its November meeting regarding the implications of the Francis Report for scrutiny.
- It was agreed that an update on NHS Health Checks, which were now commissioned by Public Health, be requested for the Committee's January meeting.

RESOLVED That the Work Programme 2013/14 be noted.

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