

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON MONDAY 20 JANUARY 2014 FROM 7PM TO 9.20PM**

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

*Also present*

*Clare Bright*

*Christine Dale*

*Darrell Gale*

*Tracey Halladay*

*Madeleine Shopland*

*Jim Stockley*

*Nicola Strudley*

*Head of CAMHs*

*Locality Manager for Adult Mental Health*

*Consultant in Public Health*

*Compliance Manager - CQC South (Central)*

*Principal Democratic Services Officer*

*Healthwatch Wokingham Borough*

*Healthwatch Wokingham Borough*

## **PART I**

### **42. MINUTES**

The Minutes of the meeting of the Committee held on 25 November 2013 were confirmed as a correct record and signed by the Chairman.

### **43. APOLOGIES**

An apology for absence was submitted from Nick Ray and Wayne Smith (substituted by Malcolm Richards).

### **44. DECLARATION OF INTEREST**

There were no declarations of interest made.

### **45. PUBLIC QUESTION TIME**

#### **45.01 Question**

Mr Tony Lloyd had asked the Chairman of the Health Overview and Scrutiny Committee the following question but due to his inability to attend the meeting the following written answer was provided to him:

In the light of the recent surprising CQC identification of the RBH as one of the 7 highest risk foundation trusts in England on the basis of its "intelligent monitoring", does the HOSC feel that the performance data provided by the Trust to the HOSC, to the CCG and to the Trust governors over the past 12 months has been misleading and incomplete and does the HOSC have a view as to whether there are measures that can be taken to tighten the scrutiny of the performance of this key health provider. Please refer to <http://www.cqc.org.uk/public/news/more-hospital-inspections-announced> and the related intelligent monitoring report as the sources of my information.

#### **Answer**

I believe that there is clear evidence that the CCGs have robust and effective monitoring and assurance processes in place to monitor all of our providers, including the Royal Berkshire Foundation Trust. Although there is an acknowledgement and work underway to further examine the 3 mortality areas that the Trust has been identified as being an outlier, their overall mortality rate is within national limits. The Trust openly report Serious Incidents (SIRI) and have been praised by the NHS England's Thames Valley Area Team

for the open and proactive way they have reported both avoidable and unavoidable grade 3 and 4 pressure ulcers, alongside Berkshire Healthcare NHS Trust, which was not the case across providers in Thames Valley. The CCG have monthly SRI meetings, Senior Governance meetings and bi-monthly Clinical Quality Review Group meetings with the Trust, where evidence of open reporting, delivery of actions and shared learning is demonstrated. At the CCG bi-monthly Quality Committee the CCG reviews all quality performance data, including complaints data and themes for all providers.

The CCGs will continue to support the Trust in preparation for their CQC inspection in March and will await the outcome of that inspection before deciding on any further actions required as necessary.

In addition to the response from our CCG colleagues, I would say that the information provided to HOSC by the Royal Berkshire NHS Trust was proportionate and transparent having regard to the work of this committee. Whereas the committee has powers to call in health providers with regard to issues of concern, it is not the primary role of HOSC to performance manage Foundation Trusts – that role is properly undertaken by the health commissioners, the CCG and NHS England and the health regulators, the Care Quality Commission and Monitor. HOSC will continue to receive key performance data, which will necessarily be high level. It will also follow with interest the forthcoming CQC inspection.

#### **46. MEMBER QUESTION TIME**

There were no Member questions received.

#### **47. UPDATE FROM CARE QUALITY COMMISSION (CQC)**

Tracey Halladay, Compliance Manager - CQC South (Central) provided a presentation which focused in particular on the new approach to hospital inspections.

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

- Professor Sir Mike Richards had been appointed Chief Inspector of Hospitals.
- By December 2015 the CQC would have inspected all acute NHS hospital Trusts/Foundation Trusts. The CQC would assess whether a Trust was safe, effective, caring, responsive to patients' needs and well-led.
- Following an inspection, a rating would be provided on each Trust: Outstanding, Good, Requires improvement or Inadequate.
- If necessary re-inspections and focused reviews in response to specific concerns could be undertaken.
- The programme of inspections would be extended to include mental health, community service and ambulance trusts (and independent sector equivalents) in the future.
- Tracey Halladay outlined the three elements to the CQC's approach: preparation, site visit and the production of a report. During the preparation stage a data pack was developed and information collected from various sources such as CCGs, NHS England and overview and scrutiny committees.
- If a Trust had more than one site all sites would be visited. Both announced and unannounced visits took place. It was anticipated that issues identified at the announced visit would be picked up on during the unannounced visit.
- The inspection team was made up of approximately 30 people including CQC Inspectors, Doctors, Nurses, a Chairman and specialists. The inspection team would be split into subgroups to review specific areas.
- The following core services would always be inspected as they carried the highest risk:

- A&E;
  - Emergency medical services, including frail elderly;
  - Emergency surgical services, including theatres;
  - Critical care;
  - Maternity;
  - Paediatrics;
  - End of Life Care;
  - Outpatients (selected)
- Other services would also be assessed if concerns had been received about them.
  - The Committee received information about the proposed ratings approach.
  - Kay Gilder asked whether the inspection teams undertaking inspections of A&E announced themselves or whether they watched unobserved. Tracey Halladay commented that it could be a mixture.
  - Malcolm Richards asked whether inspectors were local and was informed that it was important that inspectors did not have a conflict of interest.
  - Tim Holton asked how the Committee could better work with the CQC in future. Tracey Halladay indicated that they could respond to the letter sent regarding the Royal Berkshire Hospital Foundation Trust inspection if they had any information. In addition the Committee could provide copies of its work programme and any review reports if they contained relevant information which the CQC should be aware of. Tim Holton suggested that he, as Chairman meet with the Compliance Manager - CQC South (Central) in future.

**RESOLVED** That the update from the Care Quality Commission be noted.

#### **48. NHS HEALTH CHECKS**

Darrell Gale, Consultant in Public Health, provided an update on NHS Health Checks within Wokingham Borough.

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

- Since April 2013 the Council, through its Public Health function, was responsible for commissioning and coordinating the NHS Health Check programme.
- Members were reminded that commissioning and monitoring the risk assessment element of the NHS Health Check was a mandatory public health function in the Health and Social Care Act 2012.
- The Health Check was not a screening programme but a targeted health improvement programme aimed at reducing cardiovascular disease (heart disease; stroke; diabetes; vascular dementia). Residents registered with a GP would be invited for an NHS Health Check once every five years if they were aged between 40 and 74 years old and had not already been diagnosed with vascular diseases or had previously identified risk factors such as high blood pressure or high cholesterol which was treated by medication.
- The Committee was shown a poster advertising the Health Checks which had been put up in GP surgeries and other venues. The majority of Members confirmed that they had not seen the poster previously and felt that publicity surrounding the Health Checks could be improved. Clare Bright suggested that posters could be put up in some Berkshire Healthcare NHS Foundation Trust sites.
- Darrell Gale explained that it was expected that councils would achieve offers to 20% of the target population annually with a vision to realise at least a 75% uptake per year. However, performance against the aspiration of 20% of the eligible population being invited for an NHS Health Check was poor both nationally and locally. Members

noted that at the end of quarter 2, only 4.1% of the eligible population in Wokingham Borough had been invited, with only 1.6% having had a completed Health Check.

- Wokingham Borough had the lowest rate of cardiovascular premature death in the country.
- Health Checks were carried out by health practitioners and in Berkshire were primarily carried out by GPs or pharmacists.
- Members were informed that in Berkshire, £20 was paid to each Practice for each completed NHS Health Check. Locally GPs had expressed concern that this amount was insufficient to meet the costs incurred by practices. Capacity issues and workload pressure had also been raised, which would potentially be exacerbated as the focus turned more towards 7 day working.
- A new Public Health Contract had been drafted in December 2013 and sent to each GP Practice in the Borough. Practices had been asked to clarify if they wished to participate in providing Health Checks. Based on GP sign-up levels the Public Health team would consider a turn-around plan to increase the number of invitations issued and taken up through alternative providers if necessary.
- Members' attention was drawn to other important and successful interventions such as the Stop Smoking Campaign, which the CCG had participated in.
- Previously there had been capacity issues within the Council's Public Health team. However, it was anticipated that three posts would be filled shortly.
- Kay Gilder commented that people may not feel comfortable receiving a Health Check at a pharmacist. Darrell Gale emphasised that consultation on a Quality Assurance Framework for Health Checks was being carried out nationally. All pharmacies within the Borough had a private room in which they could conduct Health Checks.
- David Sleight asked why the cut off age for Health Checks was 74 and was informed that after 75, death from cardiovascular disease was no longer considered premature. After 75 people often started to develop longer term conditions necessitating an increase in check-ups with their GP.
- In response to a Member question regarding the possibility of charging for the Health Check, the Committee was notified that the Checks were designed to be free at point of delivery.
- The Committee noted that £192,000 had been set aside for Health Checks and that the Public Health budget was ring-fenced. Darrell Gale explained that this figure was based on reaching the 20% target. A number of Members felt that the 20% aspiration was high and very difficult to achieve and questioned whether some of the money budgeted for the Health Checks could be put to other initiatives.
- The Committee requested that they receive an update on the uptake of the Health Checks in 6 months' time.

**RESOLVED:** That

- 1) the update regarding NHS Health Checks be noted.
- 2) a further update on the NHS Health Checks be provided in 6 months' time.

#### **49. UPDATE ON IMPLEMENTATION OF AGREED RECOMMENDATIONS FROM MENTAL HEALTH TASK AND FINISH GROUP**

Clare Bright, Head of CAMHS and Christine Dale, Locality Manager for Adult Mental Health updated the Committee on the implementation of the agreed recommendations from the final report of the Mental Health Task and Finish Group. This report had been considered by the Executive in November 2012.

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

- Members were pleased to note the action which had been taken or was being taken against a number of the recommendations.
- It was noted that a Service User Involvement Group had been established which was supported by Council funding for a Part Time Service User Involvement Lead. This group had reviewed all the information available to patients attending the Old Forge and made changes which included the prioritisation of what information was available and seen as of most use. They had also produced some leaflets aimed at people in crisis needing support. Kate Haines requested that the Committee be sent a copy of the leaflet.
- It was noted that from November all children coming into CAMHs would have a Named Care Coordinator and a regularly programme of work; those 16+ would have a Care Programme Approach (CPA) which would address the need for support to be joined up.
- The Committee was reminded that the Council and the Berkshire Healthcare Foundation Trust were unable to promote one private practitioner over another and would refer people to the British Associations of Counselling and Psychotherapy for access to suitably qualified and registered practitioners.
- The Mental Health Task and Finish Group had recommended that 'That the CAMHs look to address the long waiting times that exist within the service for users awaiting an initial assessment, to the time it takes to receive treatment.' Clare Bright commented that CAMHs was working with the CCG commissioners towards improving both the outcomes for children and young people in receipt of service and the time children and young people began an intervention with the service from point of referral to the Common Point of Entry team. Nevertheless, there had been a 17.5% increase in the number of referrals to CAMHs this year.
- Kate Haines stressed that it is vital that the provision of beds for those at Tier 4 continued to be looked at. Clare Bright indicated that the Berkshire Adolescent Unit (BAU) did not meet the service specification for a Tier 4 unit. It was available 5 days a week and 4 nights and was not suitable for a young person in crisis, as it did not have an appropriate suite for a young person who needed to be detained. There were no Tier 4 beds within Berkshire. NHS England was undertaking a national review of Tier 4 CAMHs which was due to conclude in March/April. It was noted that Berkshire health commissioners were reviewing the local specialist CAMHs pathway in and out of Tier 4. Clare Bright offered to provide a diagram of the different Tiers.
- It was put forward and agreed that the Health and Wellbeing Board be recommended to support Tier 4 provision within Berkshire.

**RESOLVED** That

- 1) the update on the implementation of the agreed recommendations from the final report of the Mental Health Task and Finish Group be noted.
- 2) the Health and Wellbeing Board be recommended to support Tier 4 provision within Berkshire.

**50. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JANUARY 2014**

Members considered Wokingham Clinical Commissioning Group Performance Outcomes Report January 2014.

During the discussion of this item the following points were made

- Members noted the reasoning behind why the target regarding Ambulance Response Times had not been achieved.

**RESOLVED:** That the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2014 be noted.

## **51. HEALTHWATCH UPDATE**

The Committee received an update on the work of Healthwatch Wokingham Borough between October and December 2013 from Nicola Strudley and Jim Stockley.

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

- Community engagement had been one of the main focuses in the last quarter.
- Healthwatch Wokingham Borough had attended the initial Hospital @ Home project meeting and was looking at how best it could support the project board and 4 sub-groups.
- Jim Stockley had met with Alistair Flowerdew, Interim CEO and Medical Director at Royal Berkshire Hospital about working with Healthwatch.
- It was noted that Healthwatch would be looking at car parking at the Royal Berkshire Hospital as it was impacting on volunteer car drivers who were starting to refuse to go to the hospital because finding a space could be difficult and worrying about meeting appointment times was stressful for both the patient and the driver. The Trust had indicated that it was open to discussing a way forward.
- Healthwatch Wokingham Borough was about to commission a piece of work on the increased use of the foodbank and the impact this was having on health and wellbeing. This would connect up with a national piece of work coordinated by Public Health England.
- Between January and March a focus would be on developing Healthwatch Wokingham Borough's volunteer base. 8 Healthwatch Champions had been appointed to date and a small team of mystery shoppers were being recruited. Around 20 mystery shops would take place a month using various methods including face to face, letter, telephone and via the web. In order to access hard to reach groups, Healthwatch Wokingham Borough was working with organisations such as the volunteer drivers that had unique access to people, to deliver its leaflets.
- The Committee was informed of three projects:
  - Views of children and young people regarding their health and social care;
  - GP appointments / rise in Wokingham residents presenting at RBH A&E;
  - Accessing the views of care home residents.
- A number of people who had contacted Healthwatch Wokingham Borough had indicated that they found it difficult to access a GP appointment.
- Kate Haines asked whether Healthwatch Wokingham Borough was seeking the views of Looked After Children and was informed that at present a universal approach was being taken to the schools.
- Members were encouraged to log any concerns they had on Healthwatch Wokingham Borough's website.

**RESOLVED:** That the Healthwatch update be noted.

## **52. 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 receive an update on dementia care in the Borough at its March meeting. Members requested that this update include the following:

- Whether the CCG was of the opinion that there were too many or not enough facilities in the Borough for those suffering from dementia;
  - Clarification regarding who paid for care if a dementia sufferer was placed into a care setting;
  - Support for dementia sufferers on their own –spotting symptoms and requesting help;
  - Approximate timescale between diagnosis and treatment;
  - Breakdown of dementia sufferers in the Borough by age range;
  - How ensure that dementia sufferers are treated with care and dignity;
  - Nicola Strudley indicated that people had been contacting Healthwatch Wokingham Borough regarding early intervention and experiencing difficulties with navigating information such as directories and leaflets and making decisions and choices.
- The Committee would request an update from the Health and Wellbeing Board at its next meeting. Members asked that this include information on the following:
    - how the Board has met its objectives;
    - its focus for the next municipal year;
    - public awareness of the Board and how this can be improved;
    - evidence of integrated health and social care services.
  - David Sleight updated the Committee on the site visit he had undertaken to Orchard House, a care home providing accommodation and support for up to four adults with learning disabilities, which was run by Optalis.
  - An update on the site visit to Beeches Manor and the Thames Valley Health Scrutiny Network meeting would be provided at the next meeting.
  - Members were advised that due to time constraints the Committee's annual report would be agreed via email and that comments should be sent to the Principal Democratic Services Officer.
  - A draft work programme for the next municipal year would be taken to the Committee's March meeting. Members were requested to submit potential topics to the Principal Democratic Services Officer.
  - The Committee discussed the progress of the Task and Finish Groups. The final report of the Meals on Wheels Task and Finish Group would be taken to the March meeting for information.

**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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