

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON MONDAY 24 MARCH 2014 FROM 7PM TO 8.55PM**

Present: Tim Holton (Chairman), Andrew Bradley, Lesley Hayward, Ken Miall, Malcolm Richards, David Sleight and Wayne Smith

Also present

<i>David Lee</i>	<i>Chairman of Health and Wellbeing Board (until item 61)</i>
<i>Dr Stephen Madgwick</i>	<i>Chairman NHS Wokingham CCG (until item 61)</i>
<i>Stuart Rowbotham</i>	<i>Director of Health and Wellbeing (until item 61)</i>
<i>Madeleine Shopland</i>	<i>Principal Democratic Services Officer</i>
<i>Jim Stockley</i>	<i>Healthwatch Wokingham Borough</i>
<i>Nicola Strudley</i>	<i>Healthwatch Wokingham Borough</i>
<i>Dr Justin Wilson</i>	<i>Medical Director, Berkshire Healthcare NHS Foundation Trust</i>

PART I

53. MINUTES

The Minutes of the meeting of the Committee held on 20 January 2014 were confirmed as a correct record and signed by the Chairman.

54. APOLOGIES

Apologies for absence were submitted from Kay Gilder, Kate Haines, Philip Houldsworth (substituted by Malcolm Richards) Sam Rahmouni and Nick Ray (substituted by Lesley Hayward).

55. DECLARATION OF INTEREST

There were no declarations of interest of made

56. PUBLIC QUESTION TIME

There were no public questions received.

57. MEMBER QUESTION TIME

There were no Member questions received.

58. REPORT ON DEMENTIA SERVICE DEVELOPMENT ACROSS THE WEST OF BERKSHIRE

Dr Madgwick presented a report on Dementia Service development across the West of Berkshire.

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

- The National Dementia Strategy 2009 was owned from the top down.
- During 2012, the Prime Minister had launched the 'Dementia Challenge' which set out an ambitious programme of work to push further and faster in delivering major improvements in dementia care and research by 2015, building on the achievements of the National Dementia Strategy. Some funding had been received from this.
- With regards to the number of services for those suffering from dementia in the Borough Dr Madgwick commented that some worked well and others less so. The Dementia Care Advisors provided information, advice, guidance and support to those newly diagnosed with dementia, their family and carers and had been very successful. There was also a dedicated post for people with early onset dementia.

- Dr Madgwick highlighted the dementia friendly wards at the Royal Berkshire Hospital.
- Malcolm Richards asked how the onset of dementia was identified if an individual lived alone. Dr Madgwick commented that friends and family would perhaps be able to recognise if an individual was starting to develop symptoms. GPs also tried to recognise the symptoms.
- In response to a question from Ken Miall regarding the different levels of seriousness of dementia, Dr Madgwick indicated that there were four stages ranging from very early onset to full time care within a care facility.
- It was noted that the government was investing more money into researching the causes of dementia. Wokingham had an increasingly elderly population and the number of dementia sufferers was expected to increase.
- With regards to referrals 2013-14 Q1-3, Tim Holton asked why 23 Wokingham patients were recorded as 'waiting to be seen.' Dr Madgwick commented that this may be the result of people delaying appointments. Drs Wilson and Madgwick agreed to establish why 23 people had been recorded as 'waiting to be seen' and to inform the Committee.
- Tim Holton noted that the report stated that there were no dedicated services for younger people with dementia in Berkshire and questioned what was being done to improve this. Dr Wilson indicated that the voluntary sector was very involved in this area.
- In response to a question regarding specialist accommodation for those with dementia, Stuart Rowbotham commented that in addition to Suffolk Lodge and Beeches Manor there were a number of independent specialists within the area. Stuart Rowbotham agreed to establish the number of registered beds currently filled and to feedback to the Committee.
- It was noted that the Earley Charity was hosting a 'Living Well with Dementia' conference on 31 March.
- Members were informed that as part of the Prime Minister's Challenge, steps were being taken to make Wokingham a dementia friendly town.
- A member of the public commented that the initial diagnosis referral rate by surgery varied across Thames Valley and questioned whether this was being looked at to identify any outliers and if any surgeries were not making referrals to memory clinics. Dr Madgwick commented that surgeries and the recording rates had been looked at. The Clinical Commissioning Group wanted to improve the referral and diagnosis rate and a plan would be worked up with the surgeries.

RESOLVED: That the report on dementia service development across the West of Berkshire be noted.

59. UPDATE FROM HEALTH AND WELLBEING BOARD

Members received an update on the work of the Health and Wellbeing Board from David Lee, Chairman of the Health and Wellbeing Board.

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

- The Health and Wellbeing Board had been established under the Health and Social Care Act 2012. Two of its key objectives were to promote the integration of health and social care and also to promote health and wellbeing. The Board had brought together those who could make a difference to health and wellbeing.
- The Board had developed a Wokingham Needs Assessment and a Health and Wellbeing Strategy for 2013/14.
- Members were informed that the Better Care Fund Plan was an important means of taking the Board's work forward in the future.

- It was noted that the Health and Wellbeing Board was now a consultee on planning applications. Ensuring a healthy community was an important objective.
- David Lee referred to a number of actions within the Strategy where progress had been made. The action “Families First” targeting school absences and exclusions working intensively with 46 low income families’ was performing well and the Troubled Families Initiative was one of the best performing in the country. 41% of participating Year 2 families now had an adult who was entered into employment and school attendance had increased to approximately 85%. The Board would be working on refreshing the Health and Wellbeing Strategy. David Lee commented that if the Committee had any suggestions to feed in he would be happy to receive them.
- The Board would be looking back at what it had achieved over the past year and how it could improve its focus.
- It was important that the Board did not become a talking shop.
- David Lee took the Committee through aspects of the Better Care Fund Plan.
- Tim Holton asked what the greatest risk was to the Board not achieving its objectives. David Lee indicated that it was important assumptions were not made about what people required and that people were asked what they wanted.
- With regards to the Hospital at Home initiative and its impact on those with long term conditions, a member of the public asked whether the implications for the hospital had been considered by the Committee. Dr Madgwick commented that the Committee needed to be mindful of the stability of the acute hospital and that he hoped the scheme would take pressure off A&E. He felt that the hospital was at greater risk of being overstretched if the scheme was not put in place. Stuart Rowbotham emphasised that community hospitals remained vital but an increasing community infrastructure meant that resources needed to be used more effectively.
- Another member of the public asked how the Health and Wellbeing Board would ensure that the Royal Berkshire Hospital integrated services provided to those with long term conditions. David Lee indicated that he would take this back to the Board.

RESOLVED: That the update from the Health and Wellbeing Board be noted.

60. BETTER CARE FUND PLAN UPDATE

The Director of Health and Wellbeing provided an update on the Better Care Fund Plan.

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

- The Better Care Fund had been announced in June as part of the 2013 Spending Round and provided an opportunity to transform local services so that people were provided with better integrated care and support. In 2015/16 £3.8 billion nationally would be available to be spent locally on integrated and improved health and care services. Wokingham’s share of this would be £8.04 million.
- The Better Care Fund would come in from 2015/16.
- Local authorities and Clinical Commissioning Groups (CCGs) were required to submit a jointly developed plan detailing how the fund would be spent to meet the national conditions regarding the integration of health and social care and how this would impact on local services against a number of performance measures.
- This was not new money but money already allocated to health and social care which would be transferred into pooled budgets. Berkshire West was fortunate in that the CCGs would ensure that a good tranche of the funds would come unallocated. It was therefore vital that services were invested in. Stuart Rowbotham felt that relations between health and social care colleagues locally, were good.
- The health and social care economy worked across local authority boundaries and many of the schemes detailed within the plan were part of a wider Berkshire West

federated programme. The informal Berkshire West Partnership helped to align the systems across the area.

- National conditions were attached including the protection of social care services.
- The deadline for the submission of the final Better Care Fund Plan was 4 April and the Health and Wellbeing Board would be signing off the plan at its 2 April meeting. Minor amendments could be made to the plan prior to April 2015. Stuart Rowbotham commented that timescales had been tight so there had not been as much opportunity for consultation as would have been preferred. Nevertheless, the CCG had hosted two successful Call to Action events.
- Stuart Rowbotham took the Committee through some of the proposed schemes detailed in the Better Care Plan.
- The establishment of Single Point of Access was vital to manage referrals efficiently and effectively whereby the responsibility and accountability for finding, accessing and transfer of cases sat within one integrated team. It would be particularly helpful to those with long term conditions. Lots of the detail behind this initiative still needed to be worked up. A successful Health Hub was already in place.
- An integrated short term health and social care team was proposed. It was noted that the existing Intermediate Care and START (short term assessment and reablement team) would be brought together into a single short term intervention team and would be co-located.
- Members were informed of the Hospital at Home initiative which would be managed across Berkshire West and implemented locally. It was hoped that this would offer a safe alternative to hospitalisation and prevent unnecessary admissions. There would be clear criterion regarding who and what conditions could be treated via this route. Dr Madgwick commented that from a clinical point of view it was a risk, in that under the initiative, a number of very ill people would be treated at home but that he was confident that this could be done safely with the right equipment and staffing. Lesley Hayward asked whether the staffing levels proposed were sufficient and was informed that they were but that not all staff were currently in place. More consultants were required. Staff would be trained up in particular areas and there was a desire to allow more flexibility and for existing staff to be able to do more. Berkshire West had won a training bid of £0.5million. It was noted that the Hospital at Home initiative for Wokingham would begin with 10 beds but that it was hoped that this would increase to 20 beds. Stuart Rowbotham emphasised that it was a pilot.
- The enhanced Care and Nursing Home Support initiative aimed to reduce non-elective hospital admissions from care homes through introducing a GP enhanced community service.
- The joint information and interoperability of IT systems initiative would provide the means to share patient data electronically across healthcare and social care settings.
- With regards to Prevention and Supporting People to Self-Care, the focus of this element was on supporting people to have greater choice, control and ability to manage both their health and social care. The neighbourhood working element of the plan would also entail working closely with neighbourhoods and the planning for the development of neighbourhood clusters in primary care, enhanced by other services which contributed to the determinants of good health such as housing and community safety.
- Stuart Rowbotham highlighted the Night Sitting Carers Service, Primary Care enhanced hours and Carers services and support initiatives.
- Ken Miall asked whether real time health monitoring had been considered. Stuart Rowbotham stated that this had been considered some years ago but the evidence had not suggested better outcomes or savings at that time. There were other projects in addition to those outlined in the Better Care Fund Plan.

- A member of the public asked whether there would be a single point of access number where patients and the public could feed in compliments and complaints where they would be dealt with in a standardised way. Stuart Rowbotham commented that conversations regarding what a single point of access meant, needed to be had.

RESOLVED: That the Better Care Fund Plan update be noted.

61. HEALTHWATCH UPDATE

The Committee received an update on the work of Healthwatch Wokingham Borough. Members also noted Healthwatch Wokingham Borough's report to the CQC regarding the Royal Berkshire NHS Foundation Trust.

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

- Nicola Strudley indicated that since the Committee's last meeting Healthwatch Wokingham Borough had contacted all 60 junior and primary schools with the intention of putting a leaflet in each child's book bag and posters up on noticeboards. A presentation about gathering young people's views had been given at The Holt School's School Council.
- Progress had been made in the accessing GP appointments and increased A&E attendance project. Healthwatch Wokingham Borough had been provided with information regarding residents accessing A&E during February. In addition the Royal Berkshire Hospital had agreed to distribute Healthwatch's survey to those using A&E, for two weeks in April. This would ask questions such as 'did you contact another organisation before coming to A&E?'
- Healthwatch Wokingham Borough and the volunteer drivers were talking to the hospital about parking at the main site.
- Healthwatch Wokingham Borough was still a relatively new organisation. They wanted to build on what they had already achieved, build up their evidence base and encourage residents to speak up.
- Healthwatch Wokingham Borough had an annual budget of just over £100,000 which presented a challenge. The Committee noted initiatives that Healthwatch would not be able to do the next year due to budgetary constraints, including undertaking any additional project work, carrying on with the Mystery Shopping schedule and continuing funding its partnership work with the MICE bus.
- Nicola Strudley commented that the Committee could support Healthwatch Wokingham Borough by signposting constituents who had contacted them with health and wellbeing concerns, to Healthwatch. A synchronisation of work programmes would also be helpful.
- In response to a question from Ken Miall, Nicola Strudley suggested that Members refer any stories which they think would potentially be relevant, to Healthwatch Wokingham Borough, should residents agree that this information could be shared.
- Jim Stockley indicated that this year there had also been transition funding available, which had been important to helping get the Healthwatch message out. Maximising available resources would be challenging.
- It was noted that Learning Disability would be involved in Enter and Views.
- David Sleight asked what action Healthwatch Wokingham Borough took if people came to them with concerns regarding a health provider. Members were reminded that Healthwatch Wokingham Borough's work programme was made up of evidence of what they had been told by residents. Action would not necessarily be taken unless there was evidence to take matters forward. Action could include looking further at issues or undertaking an Enter and View.

- Healthwatch Wokingham Borough provided information and advice and signposted to other services. It was not a route for resolving individual complaints but could signpost to the complaints advocacy service. SEAP facilitated complaints advocacy in the South East. In Wokingham it provided independent health complaints advocacy, independent mental health advocacy and community health advocacy.
- Malcolm Richards asked whether the evidence Healthwatch Wokingham Borough gathered was made available to those with concerns around particular services or providers. He was informed that such information was published on the organisation's website.
- Tim Holton asked what impact Healthwatch Wokingham Borough's budgetary constraints could have on residents. Nicola Strudley commented that Healthwatch Wokingham Borough would not be able undertake additional projects. Jim Stockley reiterated that it was important to keep encouraging people to share information with Healthwatch.
- Tim Holton commented that Wokingham was one of the healthiest areas in the country and went on to ask how lower funded Healthwatches provided services and whether consideration had been given to pooling some resources with neighbouring Healthwatches. Jim Stockley indicated that some Healthwatches found operating a challenge. All local Healthwatches were organised and structured differently but Healthwatch Wokingham Borough did meet with other Berkshire Healthwatches to share resources. Alternative sources of income were being looked at but it was vital that Healthwatch Wokingham Borough's independence was maintained.

RESOLVED: That the Healthwatch update be noted.

62. NHS QUALITY ACCOUNTS 2013-14

Members received a report regarding the NHS Quality Accounts 2013-14.

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

- Under the National Health Service (Quality Accounts) Regulations 2010 (amended by The National Health Service (Quality Accounts) Amendment Regulations 2012) healthcare providers publishing Quality Accounts are required to send a draft of the Quality Account to the Overview and Scrutiny Committee of the local authority in whose area the provider had its registered or principal office located, and invited comments on the document.
- Due to the fact that it was likely that the Quality Accounts 2013-14 would be received and require a response (should the Committee wish to respond) at a time when there was no Committee meeting scheduled, it was necessary to put a mechanism in place to respond to the Quality Accounts. The Committee agreed to send any comments they had on the draft Quality Accounts to the Chairman and the Principal Democratic Services Officer for formulation into a formal response from the Committee.
- Members were reminded that, on reviewing the draft Quality Accounts, should they feel it helpful to receive a presentation on the accounts to facilitate the formulation of a response, an extraordinary meeting of the Committee could be arranged.

RESOLVED: That:

- 1) it be noted that the Quality Accounts 2013-14 of the relevant healthcare service providers will be sent to the Health Overview and Scrutiny Committee for comment, once available;

- 2) Committee members send any comments that they might have regarding the relevant NHS Quality Accounts 2013-14 to the Chairman of the Health Overview and Scrutiny Committee and that these comments inform the Committee's formal response within required deadlines;
- 3) the Health Overview and Scrutiny Committee delegates responsibility to the Chairman to formally respond to the relevant NHS Quality Accounts 2012-13 (once received) on behalf of the Committee.

63. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT FEBRUARY 2014

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report February 2014. Members expressed concern that the Ambulance Handover delay target continued not to be met.

RESOLVED: That

- 1) the Wokingham Clinical Commissioning Group Performance Outcomes Report February 2014 be noted.
- 2) the Chairman write to the Clinical Commissioning Group on behalf of the Committee expressing concern that the Ambulance Handover Delay target continued not to be met.

64. HEALTH OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2014/15

Members considered a report regarding a draft Work Programme for the Committee for 2014/15.

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

- The Chairman and Vice Chairman had met with a Healthwatch representative, the Chairman of the Wokingham CCG and the Consultant in Public Health to discuss possible areas and topics that the Committee may wish to look at in 2014/15. The Director of Health and Wellbeing had provided suggestions in writing.
- Members considered the draft work programme and were reminded that it was an evolving document and that items could be added and removed throughout the year as appropriate.
- Malcolm Richards commented that Philip Houldsworth had previously had concerns regarding post stroke care. The Principal Democratic Services Officer agreed to establish whether he wished for this topic to be included in the Committee's work programme.
- The Committee agreed that it wished to continue to receive the NHS Wokingham CCG Performance Outcomes Report, Health consultations and Healthwatch update.
- Members agreed to refer School nursing – involving internal and external partners and 0-5 health offer (health visiting service) (for possible consideration late 2015/16) to the Children's Services Overview and Scrutiny Committee for possible consideration.
- A scrutiny review suggestion had been received from the Executive Member for Health and Wellbeing regarding Day care services; Residents needing two carers as part of their care package and employment support beyond six weeks. Nicola Strudley suggested that as part of this, Members might wish to look at 15 minute care calls.

RESOLVED: That the Committee:

- 1) notes the report;

- 2) considers key themes and individual issues it would like to consider during 2014/15;
- 3) considers whether it wishes to continue to receive the following standing items at each meeting; NHS Wokingham CCG Performance Outcomes Report, Health consultations and Healthwatch update;
- 4) agrees the draft Health Overview and Scrutiny Committee Work Programme 2014/15 (attached at Appendix A);
- 5) refers items listed on the draft work programme as possible referrals to the Children's Services Overview and Scrutiny Committee, to the Children's Services Overview and Scrutiny Committee for consideration;
- 6) establishes a Task and Finish Group to look at Day care services; Residents needing two carers as part of their care package and employment support beyond six weeks.

65. UPDATE ON SITE VISIT AND CENTRE FOR PUBLIC SCRUTINY HEALTH SCRUTINY NETWORKING EVENT

Members received a report regarding a site visit undertaken by a group of Members to Beeches Manor, an extra care housing facility for those with dementia and also the Centre for Public Scrutiny's Thames Valley Health Scrutiny Network February meeting.

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

- At its meeting held on 20 January 2014, the Committee had agreed that a small group of Members would visit Beeches Manor, a facility providing extra care housing for those with dementia. It was felt that this would provide a picture of some of the facilities available in the Borough, to those with dementia. On 16 January 2014 Councillors Houldsworth, Richards and Hayward and the Principal Democratic Services Officer visited Beeches Manor. A summary of the visit was attached at Appendix A to the report.
- On 7 February 2014, the Principal Democratic Services Officer attended the Centre for Public Scrutiny Thames Valley Health Scrutiny Network meeting. Topics discussed had included; Working with new health scrutiny regulations and guidance, how Health Scrutiny is engaging with and undertaking forward planning with Public Health, Public Health England, the Health and Wellbeing Board, Clinical Commissioning Group(s), NHS England Area Team; specialised commissioning; Quality Surveillance Group, the local Healthwatch and the CQC and Health scrutiny following the Francis Inquiry and the Keogh Review.

RESOLVED: That the update on the site visit and Centre for Public Scrutiny Health Scrutiny Networking event be noted.

66. HEALTH CONSULTATIONS

The Committee considered a report on current 'live' consultations.

Members were reminded that the current "live" consultations detailed in the report included in the Agenda could be commented on or responded to by individual members where appropriate.

RESOLVED That the Health Consultations report be noted.

The Chairman thanked Healthwatch Wokingham Borough for their involvement throughout the year and the members of the public for attendance. He went on to thank the Committee for their work and Democratic Services for supporting the Committee.

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

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