

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON MONDAY 14 JULY 2014 FROM 7PM TO 9.25PM**

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

Also present

Diane Farmer

Public Health Project Officer

Darrell Gale

Consultant in Public Health

Dr Husein Hafizji

NHS Wokingham CCG (until Item 7)

Dr Stephen Madgwick

Vice Chairman Health and Wellbeing Board and NHS Wokingham CCG (until Item 8)

Professor Peter Malone

Care Group Director of Planned Care, RBH (until Item 7)

Madeleine Shopland

Principal Democratic Services Officer

Jim Stockley

Healthwatch Wokingham Borough (until Item 10)

Nicola Strudley

Healthwatch Wokingham Borough (until Item 10)

Katie Summers

Director of Operations, NHS Wokingham CCG (until Item 7)

PART I

1. MINUTES

The Minutes of the meeting of the Committee held on 24 March 2014 were confirmed as a correct record and signed by the Chairman.

2. APOLOGIES

An apology for absence was submitted from Wayne Smith (substituted by Bill Soane).

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.

6. UPDATE ON CANCER SERVICES AND CANCER PATHWAYS

Members received information regarding cancer services offered by Royal Berkshire NHS Foundation Trust and cancer pathways from Professor Peter Malone, Care Group Director of Planned Care, RBH. Katie Summers, Director of Operations, NHS Wokingham CCG and Dr Husein Hafizji, NHS Wokingham CCG also provided information.

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

- Royal Berkshire Hospital provided cancer services to a population of circa 600,000 across Berkshire East and West. A joint bowel screening service was managed with Heatherwood & Wexham Park which extended the population covered to around 1 million. There were only two Cancer Centres in the Thames Valley area; Oxford and Royal Berkshire Hospital. Principal sites where cancer services were provided by Royal Berkshire NHS Foundation Trust included: Royal Berkshire Bracknell Clinic, Royal Berkshire Hospital and West Berkshire Community Hospital.

- Major breast, urology and colorectal cancer surgery was carried out at Royal Berkshire Hospital. Specialist Surgery was centralised in Oxford for several cancer sites such as gynaecology, Head and Neck and Upper Gastrointestinal. Since April 2014 cystectomies had been centralised to the Royal Berkshire in East and West Berkshire. Royal Berkshire NHS Foundation Trust provided radiotherapy services for Heatherwood & Wexham Park at Bracknell and Reading sites. It was noted that Royal Berkshire was the supra-regional penile cancer centre feeding into University College London Hospital.
- The Committee noted the national cancer targets and were informed that the Trust had to report on these targets every three months to Monitor. With regards to the 62 day Screening target Professor Malone explained that this related to the percentage of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service. He went on to explain that if a decision was made to start treatment, patients were expected to begin treatment within 31 days. Katie Summers indicated that the CCG also looked at performance data on a monthly basis and the Planned Care Programme Board was looking at the 62 day targets.
- Professor Malone explained the 2 week wait pathway process and the screening pathway process. The screening pathway process in particular could be complicated by various factors such as the grade of the cancer.
- Members were informed of how cancer pathways were managed. There was a Cancer Pathways Manager. All patients were monitored via a central system and tracked individually by experienced site specific cancer pathway co-ordinators. The Committee was assured that there was cross cover for these co-ordinators' leave to ensure no gaps in service. A rapid and robust escalation process was in place so as to manage timely appointments.
- It was noted that any breaches were highlighted on a twice weekly basis.
- Cancer targets were monitored both internally and externally.
- Main constraints on meeting cancer targets included; a significant increase in 2 week wait referrals, the need for quick diagnostics and reporting, managing patient expectations and GPs referring without discussing the nature of the referral with the patient. The introduction of a major bowel screening programme for over 55's from 2015 would also have an impact.
- Staff and equipment capacity could be an issue in areas such as Radiology and Endoscopy. Tests in this area were complex and there was a small number of staff trained to carry these out.
- Members received information on the main causes of breaches of the 2 week wait and 62 day targets. These included patient choice e.g. cancelling appointments, delaying tests and deferring surgery for other personal priorities, Diagnostics capacity, administrative delay or error, transport or as the result of referral issues. Other causes of breaches of the 62 day target included tertiary referrals and surgical capacity.
- The Committee noted that for 2013/14 the Trust had met all cancer targets except the 62 day screening target in Q4. Dr Hafizji commented that whilst the figures presented against cancer targets were good they were purely for the Royal Berkshire NHS Foundation Trust and that the figures for Wokingham Borough were slightly different.
- Meeting targets this year would be a challenge as referrals increased. Two new MRI scanners had been fitted. Building work had resulted in a scanner being shut down temporarily. Mobile scanners had been hired to help clear the backlog of patients but this was expensive.
- Kay Gilder commented that she was pleased to hear of the new scanners and asked Professor Malone whether he believed that there were sufficient trained personnel in place to operate the equipment. Members were informed that staff recruitment was a

national problem and that the Royal Berkshire was also affected by being outside of London waiting and by Berkshire being an expensive area to live.

- Nick Ray questioned whether the MRI scanners could be used through the night and was informed that they already were in emergencies. Katie Summers commented that over the coming months there were conversations to be had with the CCG regarding service design and improving the 62 day target. There was a need for technicians and surgical staff.
- Members were pleased to note that the referral rate had gone up by over 50% over the last 7 years.
- Nick Ray asked what impact the likely merger of Frimley Park and Heatherwood and Wexham Park would have on the provision of cancer services. Professor Malone indicated that it could have an impact on Urology.
- In response to a question from Kate Haines regarding what impact possible government plans to publicly name GPs with a poor record in spotting signs of cancer, would have if they were to go ahead, Professor Malone commented it could create further pressure.
- Kate Haines suggested that the Committee receive a further update on diagnostics performance at its January meeting.

RESOLVED: That

- 1) the update on cancer services and cancer pathways be noted;
- 2) an update on diagnostics performance be requested for the Committee's January meeting.

7. UPDATE FROM HEALTH AND WELLBEING BOARD

Dr Madgwick, Vice Chairman of the Health and Wellbeing Board provided an update on the activities of the Health and Wellbeing Board.

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

- The Health and Wellbeing Board was responsible for developing a Needs Assessment which identified the range of current and future health and wellbeing needs in the Borough. It was also responsible for developing a Health and Wellbeing Strategy which detailed how the health and social care needs identified in the Needs Assessment would be addressed and sets targets for health improvement and for the promotion of health and wellbeing.
- There were 6 partnerships including the Community Safety Partnership and the Wokingham Integration Strategic Partnership whose work fed in to that of the Health and Wellbeing Board.
- With regards to the Health and Wellbeing Strategy, the Board would be focusing on 5 key areas which would require a multi-agency approach in order to be achieved. Members were informed that the Health and Wellbeing Board would consider the new Health and Wellbeing Strategy at its October meeting, with a view to it being taken to Full Council in November for agreement.
- In 2015/16 £3.8 billion nationally would be available to be spent locally on integrated and improved health and care services. Councils and CCGs had had to submit jointly developed plans detailing how the Better Care Fund would be spent to meet the national conditions regarding the integration of health and social care and how this would impact on services against various performance measures. The Health and Wellbeing Board had been involved in developing and signing off Wokingham's Better Care Fund Plan. Integration of health and social care was fairly advanced. Members

were reminded that the Intermediate Care and START (short term assessment and reablement team) were being brought together into a single short term intervention team and would be co-located.

- The Board was considering ways of pooling budgets as well as resources.
- Child and Adolescent Mental Health Services (CAMHS) was a priority for the Board. Tiers 1 to 3 were community or outpatient-based and were commissioned by CCGs and councils. Tier 4 services treated patients with more complex needs, usually requiring inpatient treatment. Across Berkshire referral rates had increased by 40%. Standardising the offer to young people was under consideration. It was hoped that waiting list levels would drop over the next few years but it would not be a quick fix.
- In response to a question from Kate Haines regarding Tier 4, Dr Madgwick indicated that NHS England had recently published a report on Tier 4 provision which was a national issue. There was currently no Tier 4 provision within Berkshire.
- Prevention was also on the Health and Wellbeing Board's agenda and Public Health was looking at self-care and early intervention.
- With regards to carers and the voluntary sector consideration was being given to coordinating the commissioning of services.
- Domestic abuse continued to be a priority. The implications of the Children and Families Act 2014 would be a priority going forward.
- In response to concerns expressed by Mark Ashwell, Dr Madgwick commented that it was important to engage with all relevant parties on health and wellbeing and that the Business, Skills and Enterprise Partnership was represented on the Board.
- A member of the public commented that it was becoming increasingly difficult to recruit full time GPs and that Berkshire was an expensive area to live and work. He went on to question whose responsibility it was to ensure a good flow of GPs. Dr Madgwick stated that many younger GPs now wanted to work part time. CCGs were commissioning GP services in conjunction with NHS England.
- Another member of public asked that transport for those with dementia and other associated conditions be given consideration.

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

8. UPDATE ON NHS HEALTH CHECKS

The Committee had received information regarding the implementation of the NHS Health Checks at its January meeting 2014 and had requested a further update, which was provided by Diane Farmer who had taken on the project on joining the Public Health team in March.

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

- Everyone between the ages of 40 and 74, who had not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia or had certain risk factors, would be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and would be given support and advice to help them reduce or manage that risk.
- Members received Health Check performance figures for 2013/14. It was noted that 8.2% of the eligible population in the Borough had been offered Health Checks and only 4.0% of the eligible population had had Health Checks completed. This was lower than the other Berkshire authorities and ninth lowest nationally. Work was being undertaken to improve performance.
- Philip Houldsworth questioned how the Public Health team could be sure of the validity of the figures as Wokingham was one of the healthiest areas in the country and was

informed that the surgeries input their own data. Nevertheless, there was room for a margin of error if staff were unused to the data entry software.

- Diane Farmer outlined issues which affected performance including; capacity within surgeries to deliver Health Checks and the repercussions, a feeling amongst surgeries locally that the Payment Level was too low and the Public Health England target increases.
- Public Health England set national ambitions which the Council had to endeavour to meet. Darrell Gale indicated that funding in future would be based on the achievement of national ambitions.
- Diane Farmer informed the Committee of action that was being taken with regards to reviewing the service. This included attending CCG and Practice Manager meetings, meeting with the regional Public Health England lead, reviewing other Local Authority services, reviewing outsource options and receiving software demonstrations. Quotations were being obtained.
- It was likely that outsourcing on a wholesale basis would be more expensive than the current model. The likely service model going forward would be a mixed model using GP surgeries, Pharmacies, events and through offering Health Checks in the work place. Mixed models had worked well in other areas.
- Mark Ashwell asked about the Council sub-contracting the NHS Health Check process to private companies that offered health checks.
- Nick Ray questioned whether an automated system had been considered, under which people carried out their own checks. Diane Farmer commented that some organisations sold annual software subscriptions to workplaces to enable them to carry out their own checks. This software often used similar algorithms and questions as software which had already been considered. Darrell Gale commented that whilst parts of the Health Checks could be automated, the main thrust could not.

RESOLVED: That the update on NHS Health Checks be noted.

9. HEALTHWATCH UPDATE

Nicola Strudley and Jim Stockley presented the Healthwatch update.

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

- Healthwatch Wokingham Borough was just over a year old and had published its annual report.
- Healthwatch as consumer champion could help to spot gaps. Not many residents would necessarily know about the potential implications of the Better Care Fund.
- Healthwatch Wokingham Borough was still becoming known locally. It was starting to report back on what people were telling them as evidenced by reports within the agenda, including one regarding the Wokingham Medical Centre. Members were informed that the CCG would be responding shortly to the report regarding Wokingham residents' attendance at A&E.
- Healthwatch Wokingham Borough would be reporting in the near future on two Enter and Views carried out; work undertaken regarding food banks; and a sensory needs mystery shop.
- Tim Holton expressed concern that the Healthwatch Wokingham Borough helpline had only received 195 calls throughout the year and that there had been 137 Walk ins seen at the Citizens Advice Bureau. Nicola Strudley explained that it had taken some time for Healthwatch Wokingham Borough to become established and that many calls were complex, taking approximately an hour. It was anticipated that calls to the helpline and walk ins would increase.

- Nick Ray asked how the relationship between Help & Care and the Citizens Advice Bureau was working. Nicola Strudley stated that there was a good relationship between the two and that Citizen Advice Bureau volunteers had been trained to recognise Healthwatch calls. Ros Croy was the Healthwatch Liaison Officer for the Citizens Advice Bureau.
- Healthwatch Wokingham Borough would be meeting again with the Chief Executive Officer of the Royal Berkshire NHS Foundation Trust regarding the A&E report.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted.

10. CARE QUALITY COMMISSION SURVEY OF ADULT INPATIENTS 2013

The Committee received the results of the Care Quality Commission Survey of Adult Inpatients 2013 for Royal Berkshire NHS Foundation Trust.

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

- With regards to Q15. 'Were you ever bothered by noise at night from other patients?' Royal Berkshire's score had decreased from 5.3 in 2012 to 5.0. The lowest Trust score achieved for this question had been 4.8. This score lay in the red section of the graph and as such was 'worse' compared with most other trusts in the survey.
- Members were informed that the score for Q53 'How long was the delay [in leaving hospital]?' had improved from 6.8 in 2012 to 7.4 in 2013. The score for Question 65 'Did you receive copies of letters sent between hospital doctors and your family doctor (GP) had improved from 7.4 in 2012 to 8.2 in 2013. In addition the score for Question 69 'During your hospital stay, were you ever asked to give your views on the quality of your care?' had improved from 1.2 in 2012 to 1.7 in 2013. It was noted that this question had generally received a low score with the highest Trust score achieved being 4.6 and the lowest 0.9.
- Members were encouraged to inform the Chairman and the Principal Democratic Services Officer if they had any concerns which they wished to be followed up.

RESOLVED: That the results of the Care Quality Commission adult inpatient survey 2013 for Royal Berkshire Hospital NHS Foundation Trust be noted.

11. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JULY 2014

Members considered the Wokingham Clinical Commissioning Group Performance Outcomes Report July 2014.

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

- Royal Berkshire Foundation Trust continued to perform well on the Friends and Family Test. The patient satisfaction scores from the Friends and Family Test had improved with inpatients at 79 and A&E and 63 with scores last year averaging around 64 and 58 respectively.
- Wokingham CCG had had no case of MRSA bacteraemia reported during April 2014.
- The reasons for the underperformance of the 'Diagnostics % waiting 6 weeks or more' target were noted.
- The underperformance of the 'Ambulance Handover delays' target continued to cause concern. The Principal Democratic Services Officer was asked to follow up the previous correspondence with the CCG regarding the target.

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

12. HEALTH CONSULTATIONS

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

Members were reminded of the current consultations regarding the draft regulations and guidance for implementation of part 1 of the Care Act in 2015/16 and the Standardised packaging of tobacco products: draft regulations.

RESOLVED That the Health Consultations report be noted.

13. WORK PROGRAMME 2014/15

The Committee considered the Work Programme 2014/15.

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

- The items scheduled to be taken to the September Committee meeting were agreed.
- Kate Haines informed Members that the Overview and Scrutiny Management Committee had referred several suggestions for scrutiny reviews to the Committee, namely Integration with the NHS within the context of the Better Care Fund and Implementation of the Care Act. It was suggested that as these were such large topics all Committee members may wish to be involved in the reviews. Mark Ashwell expressed concern regarding possible duplication of the work of the Health and Wellbeing Board and was informed that the Health and Wellbeing Board was not able to undertake the scrutiny function but Members should be mindful of work that the Board was undertaking in these areas.

RESOLVED That

- 1) the Work Programme 2014/15 be noted.
- 2) the Committee undertake reviews of Integration with the NHS within the context of the Better Care Fund and Implementation of the Care Act.

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

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