

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON MONDAY 19 JANUARY 2015 FROM 7PM TO 9.05PM**

Present: Ken Miall (Chairman), Mark Ashwell, Kay Gilder, Nick Ray, Malcolm Richards and David Sleight

Also present

Paul Anstey, Shared Services Manager (until Item 46)

Matt Davey, Head of Highways and Transport (until Item 46)

Darrell Gale, Consultant in Public Health

Councillor Julian McGhee-Sumner, Chairman of Health and Wellbeing Board (until Item 44)

Sarah O'Connor, Adult Safeguarding Service Manager (until Item 45)

Stuart Rowbotham, Director of Health and Wellbeing (until Item 45)

Madeleine Shopland, Principal Democratic Services Officer

Jim Stockley, Healthwatch Wokingham Borough (until Item 47)

Nicola Strudley, Healthwatch Wokingham Borough (until Item 47)

PART I

38. MINUTES

The Minutes of the meeting of the Committee held on 18 November 2014 were confirmed as a correct record and signed by the Chairman.

39. APOLOGIES

Apologies for absence were submitted from Councillors Kate Haines, Tim Holton, Philip Houldsworth and Wayne Smith.

40. DECLARATION OF INTEREST

There were no declarations of interest made.

41. PUBLIC QUESTION TIME

There were no public questions received.

42. MEMBER QUESTION TIME

There were no Member questions received.

43. UPDATE FROM HEALTH AND WELLBEING BOARD

Councillor McGhee-Sumner, 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 Health and Wellbeing Board was coming into its third year and was continuing to evolve.
- The Health and Board had a wide remit. Members' attention was drawn to some of the areas which the Health and Wellbeing Board were looking at.
- Wokingham had an ageing population which was expected to increase by approximately 22% within 5-8 years. Members asked Councillor McGhee-Sumner how confident he was that the Council would be able to cope with the increased pressure on services that this would bring. He responded that the Council was the

worst funded authority and had had to move from critical to substantial for the eligibility criteria for care and support services. Whilst there would be a funding shortfall he was confident that the Council would be able to provide the services it needed to.

- Increased A&E attendance and non-elected care was a national problem. The Health and Wellbeing Board was considering who was presenting at A&E and the alternatives available for those where A&E was not the most appropriate destination. It was noted that the Royal Berkshire Hospital now had a GP on a duty in A&E. The Trust had carried out a survey asking those presenting at A&E the reason for their visit. One of the questions asked of participants was why they had not visited a GP. Some people had responded that they had been unable to get an appointment. Nevertheless, the walk in centres at Reading and Bracknell were not at full capacity. Stuart Rowbotham commented that one of the big pressures on A&E and acute admissions was frail elderly. Many were admitted from nursing homes and residential care and had to be assessed before they could return.
- The Board was also looking at the increasing pressures on adult social care and delayed transfer to care.
- Access to GPs was an issue which had been highlighted to the Board. With the development of the Strategic Development Locations it was important that there were enough GPs to cover the new residents these would bring. Councillor Miall emphasised that it was also important that there were enough new GPs coming through to replace those who were retiring.
- In response to a question from Councillor Ashwell regarding the involvement of the Partnerships such as the Business, Skills and Enterprise Partnership, Councillor McGhee-Sumner commented that the representatives on the Board kept other Board members informed of work in their areas.
- In response to a question regarding telecare, the Committee was informed that there was a Better Care workstream relating to this and telehealth.
- Nicola Strudley asked what impact the Health and Wellbeing Board had made and for a view going forwards. Councillor McGhee-Sumner responded that a lot more people were aware of the Health and Wellbeing Board and that the Board tried to respond to issues which mattered most to residents. However, it could not look at everything and had to prioritise.
- Councillor Miall indicated that a number of residents had expressed concern regarding access to NHS dentists and questioned whether this had been identified as a problem in the area. Councillor McGhee-Sumner commented that he believed access to NHS dentists in the Borough was in line with Department of Health guidelines and that this had not been highlighted as a concern. Darrell Gale commented that there was sufficient NHS dentist provision within the Borough. Dentist capacity would be reviewed with the development of the Strategic Development Locations.

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

44. WOKINGHAM 2013-2014 ANNUAL SAFEGUARDING REPORT

The Committee received the Wokingham 2013-14 Annual Safeguarding Report and a presentation on the report.

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

- Sarah O'Connor took the Committee through the priorities for 2013-14 which had included; introducing threshold criteria and tools for practitioners in decision making and assure proportionate responses.
- Systems and practice change in Safeguarding and Care Governance had been achieved resulting in a better understanding of local need, better understanding of our local performance, facility to demonstrate evidenced based practice and efficiency in resource.
- The referral rate had increased year on year between 2011-12 and 2012-13. 2012-13 had seen the highest referral rate and this reflected the national picture. The way in which data was collated changed in 2013 to distinguish what was an alert and what went into the framework for safeguarding. The Safeguarding Adults Partnership Board continued to receive reports on alerts.
- 61% of referrals were for females and 37% of referrals were for the age group 18-64. People with Physical Disability remained the highest overall referral rate at 51% for 2013-2014 followed by individuals with a learning disability at 28%. Councillor Miall questioned whether there was any possibility of double counting and was informed that there was.
- 34% of referrals alleged physical abuse whilst 30% of referrals alleged neglect.
- 35% of referrals received were from residential staff which indicated good identification and reporting under safeguarding within care provision.
- Whilst 181 referrals identified that the alleged perpetrator was known to the individual, for 49% of referrals this information was not recorded.
- The highest location for abuse was recorded as the persons own home (193) followed by Care homes. It was noted that there was a potential recording issue of own home against care home.
- 425 cases were concluded during 2013-14; the risk was reduced for 333 individuals, the risk removed for 40 individuals, the risk was unchanged for 14 individuals and the outcome was unrecorded in 22 cases.
- Members received information regarding outcomes. 47% of allegations had been substantiated. Stuart Rowbotham explained what was meant by 'allegations partially substantiated' and that referrals covered a wide range of issues.
- Councillor Gilder asked who made the referral if the individual lacked capacity and was informed that referrals could come from anywhere.
- Priorities for 2014/15 included developing an understanding of the impact of interventions by capturing individual experience and outcomes and improving performance management benchmarks and increasing the use of benchmarking.

RESOLVED: That the Wokingham 2013-14 Annual Safeguarding Report be noted.

45. EFFECT OF POLLUTION ON PUBLIC HEALTH AND WELLBEING IN WOKINGHAM BOROUGH

Mr Malvern, a member of the public had previously submitted a scrutiny suggestion to the Overview and Scrutiny Management Committee. The suggestion proposed a scrutiny review of the effect of particulate air pollution on public health within the Borough in light of data from a report from Public Health England published on 10 April 2014 which was reported to have attributed a local mortality rate of 5.7% to long term exposure to this form of pollution. The Overview and Scrutiny Management Committee had referred the matter to the Health Overview and Scrutiny Committee.

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

- The Chairman read a statement from Mr Malvern, who was unable to attend the meeting. He felt that the information provided gave an indication of how the Council viewed the report from Public Health England. However, he also felt that more information could have been provided regarding how traffic and pollution were related, targets and when the issue would be looked at again.
- Darrell Gale informed the Committee that the Council was already aware of the air quality within the Borough and where improvements needed to be made. A number of steps had already been taken to make improvements. There was a measure in the Public Health Outcomes Framework which addressed mortality attributable to particulate air pollution.
- The Committee noted that Bracknell had an AT of 5.6%, Reading has an Attributable Fraction (AT) of 5.9%, Slough an AT of 6.8%, Windsor and Maidenhead an AT of 5.9% and West Berkshire an AT of 5.5%. Comparisons between areas were not good indications of good or poor practice as the amount of anthropogenic fine particulate matter was dependent on the particular characteristics of each area.
- Paul Anstey assured the Committee that the Council took its air quality monitoring responsibilities seriously and had a legal duty to undertake regular reviews and assessment of air quality within the Borough. The findings were sent to DEFRA.
- An Air Quality Progress Report, which was produced annually, could be viewed on the Council's website.
- The Borough currently had 1 Air Quality Management Area (AQMA). This was due to the Borough's location; the M4 transects the Borough from East to West and the A329(M)/A3290 runs from the border with Reading to Bracknell, and the M4. Traffic had been identified as a large contributor to air pollution.
- It was important to recognise that AQMA's were generally concerned with Nitrogen Dioxide (NO₂) and not particulates, which were measured in the Public Health England report.
- The annual mean nitrogen dioxide objective was 40µg/m³. This was a national standardised limit and a trigger level for action to be taken. The annual mean objective was exceeded in the previous year at several locations including Mill Lane, Sindlesham. There were also several areas of concern, including Peach Street and High Street, Twyford, outside of the AQMA.
- Paul Anstey explained that NO₂ diffusion tube monitoring took place at 61 locations across the Borough during 2013. In response to a question from Councillor Ray regarding trends in the data, he commented that levels varied each year and the monitoring locations reviewed. NO₂ monitoring had been discontinued from nine locations and seven new locations added.
- Councillor Gilder expressed concern about pollution levels along Church Road, Woodley. Paul Anstey commented that there were limitations to monitoring and that peaks during the day might not necessarily register on the diffusion tubes.
- Councillor Sleight commented that other types of pollution such as noise pollution would also have an impact on health and wellbeing. Darrell Gale indicated that this was also covered under the Public Health Outcomes Framework.
- The Committee was assured that an annual report on Air Quality was produced but felt that an update to the Committee regarding the effect of pollution, in future, would be helpful.

RESOLVED: That the briefing on the effect of pollution on public health and wellbeing in Wokingham Borough be noted.

46. HEALTHWATCH UPDATE

Nicola Strudley and Jim Stockley presented an update on the work of Healthwatch Wokingham Borough.

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

- Members' attention was drawn to issues followed up from the previous Health Overview and Scrutiny Committee relating to confidentiality at GP front desk /pharmacy, Workforce issue – seeing a nurse vs seeing a GP, female genital mutilation and following up a concern regarding elderly patients being asked to sign a “Do not resuscitate” form.
- The Committee noted the update on the enquiries received and the summary of key issues by service type.
- The sensory needs mystery shop “Are you hearing us?” had been well received at the Health & Wellbeing Board. It had highlighted how all services needed to look at accessibility. An action from the meeting had been for the CCG to check with the South Central Ambulance Service and Royal Berkshire Hospital about what happened in practice if a deaf patient required urgent treatment.
- A report about volunteer transport would be published shortly. Healthwatch had been key in bringing together the voluntary transport groups into a Wokingham Transport Forum. There was now a designated volunteer space at the Royal Berkshire Hospital as a result of this forum.
- In response to a question regarding the Health and Wellbeing Board, Nicola Strudley commented that it was a work in progress and that the Board would be undergoing a peer challenge review.
- Healthwatch's focus over the next 3 months would be producing an interim report on initial data from the over 1000 young people surveys that had been collated regarding emotional health and wellbeing. Key issues would then be focused on in more detail.
- Several Members commented that a number of residents had expressed dissatisfaction regarding pharmacies and pharmacy waiting times. Darrell Gale commented that the pharmaceutical needs assessment questionnaire had included questions regarding waiting times and queueing.

RESOLVED: That the Healthwatch update be noted.

47. FEMALE GENITAL MUTILATION

The Thames Valley Police and Crime Panel had written to all Thames Valley Health and Wellbeing Boards and Health Overview and Scrutiny Committees asking that they request information from their local hospital Trusts and Clinical Commissioning Groups regarding measures taken to identify cases of Female Genital Mutilation (FGM).

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

- Members considered a paper from the Royal Berkshire NHS Foundation Trust which detailed measures that the Trust took to identify cases of FGM. Darrell Gale commented that Gynaecology, Midwifery and Obstetrics were more likely to deal directly with those who had undergone FGM. Members were assured that FGM was an issue which providers took very seriously.
- In response to a question regarding prosecutions for undertaking FGM, Darrell Gale commented that whilst there was currently a case in court there had been no prosecutions nationally.

- The Committee would receive information from the Berkshire West Clinical Commissioning Groups at a later date.

RESOLVED: That

- 1) the update from Royal Berkshire NHS Foundation Trust regarding Female Genital Mutilation be noted.
- 2) a further update on measures taken by the Clinical Commissioning Group and the Royal Berkshire NHS Foundation Trust to identify cases of Female Genital Mutilation (FGM) be sought every 6 months.

48. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JANUARY 2015

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2015.

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

- Clarification regarding 'improved reporting of medication errors' was requested.
- Councillor Gilder expressed concern that across Berkshire West all three of the ambulance response time targets had not been achieved in October.

RESOLVED: That the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2015 be noted.

49. HEALTH CONSULTATIONS

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

The Committee was notified of the CQC's consultation on how it regulates dental, ambulance and independent acute healthcare services. Clarification regarding primary care dental services was requested.

RESOLVED: That the Health Consultations report be noted.

50. WORK PROGRAMME 2014/15

The Committee considered the Work Programme 2014/15.

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

- It was suggested that the draft Work Programme 2015/16 and the Healthwatch Annual Report be deferred to the first meeting of the 2015/16 municipal year.

RESOLVED: That the Work Programme 2014/15 be noted.

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

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