

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 3 JUNE 2015 FROM 7.00 PM TO 9.30 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Laura Blumenthal, UllaKarin Clark, Tim Holton, Malcolm Richards, Rachelle Shepherd-DuBey, Alison Swaddle and Bob Wyatt

Others Present

Caroline Ainslie, Director of Nursing, RBH
Helene Dyson, Service Manager Public Health
Marlena O'Donnell, Policy and Strategy Manager
Stuart Rowbotham, Director of Health and Wellbeing
Madeleine Shopland, Principal Democratic Services Officer

1. APOLOGIES

An apology for absence was submitted from Councillor Philip Houldsworth.

2. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 23 March 2015 were confirmed as a correct record and signed by the Chairman.

It was confirmed that no further comments on the consultation on charges for adult social care services had been received.

3. DECLARATION OF INTEREST

There were no declarations of interest made.

4. PUBLIC QUESTION TIME

There were no public questions.

5. MEMBER QUESTION TIME

There were no Member questions.

6. UPDATE ON ROYAL BERKSHIRE HOSPITAL

The Committee received an update on the Royal Berkshire Hospital from Caroline Ainslie, Director of Nursing RBH.

Royal Berkshire NHS Foundation Trust had been placed in Band 1, trusts that were the highest priority for inspection, following intelligent monitoring undertaken by the CQC in October 2013.

4 elevated risks:

- whistleblowing alerts;
- neonatal readmissions;
- In-hospital mortality - Gastroenterological and hepatological conditions and procedures;
- Dr. Foster: Composite of Hospital Standardised Mortality Ratio indicators)

and 5 Risk indicators:

- 'never event' incidence;
- deaths from respiratory conditions and procedures;

- the number of health workers who had had a flu vaccine;
- staff receiving health and safety training in the last 12 months and;
- governance)

had been identified.

A two day inspection had been carried out in March 2014 and the report published in June 2014. The Trust had been rated 'Good' for 'Effective' and 'Caring' and 'Requires Improvement' for being 'Safe', 'Well lead' and 'Responsive.'

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

- Seven compliance actions had been received. A CQC post-inspection action plan in respect of the compliance actions to address all issues identified had been developed. This was monitored via the Trust's governance system. The Action Plan was reviewed at a departmental level and at the governance groups of the difference Care Groups before being considered by the Trust's Governance Board.
- The Requires Improvement rating and compliance notices would remain in place at least until the Trust was next inspected by the CQC.
- Maternity Services had been rated 'Inadequate' for safety. The Trust had acted quickly to address some of the concerns identified. An issue relating to hoists had been resolved within 24 hours.
- The Committee was provided with information on where the Trust was a year on from the inspection. Some of the actions such as reviewing the critical care capacity and ensuring that the A&E was fit for purpose were not quick fixes. The A&E had been built to take 60,000 patients per year but currently saw approximately 105,000 patients. The Trust was working to improve patient experience in A&E and the introduction of an observation bay had had a positive impact. Work was being undertaken across the health system to reduce demand on A&E and the A&E wait target had been achieved the first two months of the financial year.
- The Trust had linked up with Bournemouth and Christchurch NHS Foundation Trust to establish an internal peer review system to provide assurance to the CQC and patients that actions being taken were delivering the desired outcomes.
- Quarterly meetings were held with the CQC and monthly quality meetings were held with the CCGs.
- In April the CQC had produced three additional essential standards. A gap analysis action plan was capturing any outstanding actions from the inspection and actions required to also achieve the new standards.
- RBH was in the top 20% for NHS Foundation Trusts for Friends and Family Test results and the Staff Satisfaction Survey results.
- Councillor Richards questioned how long the CQC had given the Trust to make improvements and was informed that this varied according to the issue. The CQC had signed off the action plan and the deadlines.
- With regards to points raised in relation to staff shortages, Members were informed that the inspection report had commented that at the time of the inspection there were staff shortages and an over reliance on agency staff. This was an issue faced by many other Trusts. There had been issues regarding staffing in the maternity unit which had had to close six times during August 2014 due to staff shortages. Additional capacity had been invested in since the CQC inspection.
- In response to Members' questions regarding maternity service capacity, the Committee was advised that the birth rate fluctuated. Last August there had been a need to divert a number of mothers but this year the pressure was much less.

Throughout 2014/15 the midwife to birth ratio at the hospital had fluctuated between 1:31 – 1:36. Other providers had reported ratios of between 1:30 – 1:35. Staff sickness had an impact on capacity but the midwives at the hospital were flexible and responded to service demands. A phased business case had been put forward to employ six additional midwives and an additional seven the following year.

- Members heard that although the Trust used more agency staff than it would like, it was a lower user of agency staff, particularly nursing staff. Efforts were being made to further reduce the number of agency staff used.
- Councillor Clark commented that the Minister for Health had recently announced a cap on agency staff and asked what impact this would have. Members were advised that the Trust was financially constrained and tight controls regarding agency staff were in place. A high level of authorisation was required.
- In response to a question regarding staff numbers, the Committee was advised that the Trust were actively recruiting and had looked to Ireland, Spain and Portugal to recruit nurses. A challenge faced was staff moving on to areas such as London once they had gained training and experience. Members heard that nurses recruited internationally took a language test and were provided with additional support if required.
- Councillor Clark queried whether increased key worker housing would lessen retention and recruitment issues.
- Many Trusts across the South of England were experiencing problems recruiting and retaining staff. Reading was an expensive area to live. Councillor Shepherd-DuBey questioned if the Trust could pay London waiting and was advised that the Trust was already very financially challenged.
- Councillor Blumenthal asked what other factors had an impact on staff retention. Members heard that retention was more of a problem in harder to recruit to areas such as elderly care and orthopaedic trauma.
- With regards to A&E Councillor Holton asked what was being done to expand facilities. Caroline Ainslie commented that the Trust was working with health and social care to develop long and short term strategies to address the needs of the local population. There was a need to do things differently. The number of younger people accessing A&E and the severity of cases had increased.
- Councillor Miall questioned whether the GP in admissions pilot would be continuing. It was suggested that a senior manager or physician provide an update.

RESOLVED: That the update on the Royal Berkshire Hospital be noted.

7. SUICIDE AUDIT

Helene Dyson, Public Health Service Manager provided a presentation on the Suicide Audit.

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

- A pan Berkshire audit had been carried out by Public Health staff from across Berkshire. The audit had looked at the inquest reports for those reported to have committed suicide in Berkshire 2012-14. Not all information for 2014 had been captured as the files for deaths at the end of the year had not been worked up by the time of the audit. Access had been granted by formal agreement of the coroner.
- Nationally there had been 4,513 suicides in 2012 which equated to 8.0 per 100,000 covering the period 2010-2012. Suicide was more common in males. The number and rates of suicide and undetermined deaths varied between age groups; the

highest being those aged 35-54 for males and for females 40-59. Hanging, strangulation and suffocation accounted for the largest number of suicides in males (60%) whilst hanging and drug related poisoning were the joint most frequent cause of death for females (38%). There had been a correlation in the number of suicides and the economic downturn.

- In Berkshire 120 deaths had been covered by the audit, 70% of which had been classified as suicide and 30% undetermined/open verdicts.
- As per the national picture, males had a higher suicide rate compared to females in Berkshire during 2012-14. 70% of the deaths recorded in that time were those aged 30-59. The audit had not looked at those aged under 16. The majority of deaths recorded were from a White British heritage which reflected the make-up of Berkshire.
- The data showed a relatively even spread across the whole week, with no particularly 'common' day.
- Throughout the audit period there had been more deaths from single people.
- 13% of those living in England and Wales lived alone. Data from the audit indicated that those living alone in Berkshire were over-represented in suicide deaths, accounting for 34% of suicide/open verdict deaths in 2012-14 in Berkshire.
- During 2012-14, 36% of those who had died by suicide or as result of an unexplained death in Berkshire had been in full time employment (from 55% 2009-11) whilst 38% had been unemployed. 52% of those recorded in 2009-11 had been owner/occupier in relation to their housing status.
- The majority of deaths identified in the audit had taken place in the person's home or that of another. The proportion had increased and was 71% in 2012-14.
- Information regarding alcohol and drug involvement was provided.
- Personal and social factors included relationship problems, financial problems and depression, amongst others. It was noted that physical health as a factor had increased from 5% in 2009-11 to 33% in 2012-14.
- Members were informed that Wokingham had a higher number of those diagnosed with mild depression.
- Three areas to work on were;
 - Prevention of the suicide;
 - Quick access for those who witness a suicide and attempted suicide;
 - Support for those who are bereaved through suicide
- Further investigation of physical ill health and at what point the person had committed suicide; point of diagnosis, following a change in systems or at end of life stage, was required.
- Many people did not leave suicide notes.
- In response to a question regarding campaigns to raise awareness, the Committee was informed of the work of the Campaign Against Living Miserably (CALM), which sought to prevent suicide in men. Younger males had the highest rate of suicides. Investment was required but funding had not been allocated at present.
- In response to a question regarding the number of attempted suicides and those who had committed suicide having previously attempted suicide, Members were informed that this data had not been captured.
- The Committee requested that an update be provided at a future meeting.

RESOLVED That the presentation on the suicide audit be noted and that an update be provided at a future meeting.

8. UPDATE ON IMPLEMENTATION OF THE CARE ACT 2014

The Implementation of the Care Act Task and Finish Group had recommended that the Health Overview and Scrutiny Committee be updated on the implementation of elements of the Care Act 2014 which had been due to come into effect on 1 April 2015.

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

- The Committee received an overview of the Care Act 2015 reforms. All Members were sent Care Act in a nutshell bulletins.
- With regards to assessments Members were advised that there was a new assessment questionnaire for customers and a carer's assessment (including a new Resource Allocation System) and new style of assessments (outcomes based, whole family approach); the care planning process has been adapted to reflect the Care Act guidance and a new carer's support planning process developed; transition arrangements had been put in place to better support young people entering adult social care and their families and independent advocacy was provided to customers and carers.
- Additional staff had been recruited to help cover the assessment process and an extensive training programme was in place. A number of senior social care practitioners meet fortnightly to develop best practice.
- The Committee was updated with regards to carers. A Young Carers protocol had been put in place to streamline and improve the identification of young carers and a referral process for an assessment; providers of carers' services and carers had been actively involved in implementation of the carer's assessment, support planning and information and advice carers through monthly meetings; carers' views were sought via a survey. These would feed into the carers' strategy and commissioning plan.
- A Carers event focusing on the Care Act would be held on 12th June.
- All carers' services would be re-commissioned to reflect the Care Act requirements and carers' needs from April 2016.
- There had been consultations on streamlining the Council's charges in line with the Care Act principles and the Care Act related charges. Options to streamline direct payments such as e-payments were being explored and monitoring arrangements put in place in order to evaluate the impact of the Care Act reforms.
- With regards to the Council's duties relating to information and advice, the Committee was advised that all public information had been updated and new information provided to ensure compliance; a new Adult Social Care website had been developed to facilitate easy access to information about statutory services and community based support; printable factsheets were available; signposting to independent financial advice was available and online self-screening for social care customers was being developed.
- Marlina O'Donnell detailed the actions being taken to meet the requirements relating to prevention services, commissioning and safeguarding.
- Means of communicating the changes included fortnightly Care Act bulletins, public events and presentations and dedicated webpages.
- The Committee was provided with an overview of the Care Act 2016 reforms. Members were reminded that after reaching the care cap of £72,000, all eligible residential and non-residential care would be provided free of charge. The capital thresholds would also change.
- Some of the actions being taken to plan for and implement the 2016 reforms were outlined. It was noted that a clear steer was expected from government in June or July.

RESOLVED: That the update on the implementation of the Care Act be noted.

9. HEALTHWATCH UPDATE

The Committee noted the Healthwatch update. Members were requested to send any questions they had regarding the report to the Principal Democratic Services Officer.

RESOLVED That the Healthwatch update be noted.

10. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT MAY 2015

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

Members were asked to send any questions they had regarding the report to the Principal Democratic Services Officer. Some Members expressed concern that a number of indicators showed as red.

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

11. WORK PROGRAMME 2015/16

The Committee discussed the Work Programme for the 2015/16 municipal year.

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

- The Committee received the NHS Wokingham CCG Performance Outcomes Report, Health consultations and Healthwatch update at each meeting. Members agreed that they wished to continue receiving these reports.
- It was noted that some items were already scheduled in the work programme such as the sexual health contract procurement look back.
- Members considered suggestions for possible topics submitted by the Executive Member for Health and Wellbeing and Healthwatch Wokingham Borough.
- The Committee agreed that it wished to receive an update on NHS 111 at its July meeting. Members requested a briefing on the impact of the closure of the Independent Living Fund at its September meeting. Members also agreed that they wished to receive an update on Wokingham hospital.
- Members wished to receive updates on the work of South Central Ambulance Service, the Clinical Commissioning Group, the CQC and Berkshire Healthcare Foundation Trust during the municipal year.
- Councillor Richards proposed that the Committee looked at the local policy towards use of the European Health Card. It was agreed that further information be sought.
- Stuart Rowbotham had proposed a scrutiny review regarding the Better Care Fund to the Overview and Scrutiny Management Committee who had considered the suggestion at their meeting on 2 June and referred the matter to the Health Overview and Scrutiny Committee. The Committee agreed to undertake a review of the following Better Care Fund schemes; Neighbourhood clusters, Primary prevention and Self-Care and Access to General Practice.

RESOLVED: That

- 1) the report be noted;

- 2) the Committee continues to receive the NHS Wokingham CCG Performance Outcomes Report, Health consultations and Healthwatch update at each meeting;
- 3) the list of suggested topics detailed in the report be considered.