

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 4 SEPTEMBER 2019 FROM 7.00 PM TO 9.05 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Abdul Loyes (Vice-Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather and Alison Swaddle

Others Present

Jim Frewin, Councillor
Neil Carr, Democratic and Electoral Services Specialist
Graham Ebers, Deputy Chief Executive

20. APOLOGIES

Apologies for absence were submitted from Nick Durman (Healthwatch), Councillor Bill Soane and Jim Stockley (Healthwatch).

21. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 15 July 2019 were confirmed as a correct record and signed by the Chairman.

22. DECLARATION OF INTEREST

There were no declarations of interest.

23. PUBLIC QUESTION TIME

There were no public questions.

24. MEMBER QUESTION TIME

In accordance with the agreed procedure the Chairman invited Members to submit questions.

24.1 Councillor Gary Cowan asked the Chairman the following question:

Re Item 26 on the Agenda:

Does the Council support the Clinical Commissioning Group (CCG) policy on its provision of healthcare in which rural communities will certainly suffer as a result of their one size fits all policies?

As Councillor Cowan was not in attendance, the following written answer was provided.

Answer

As service provider the CCG decides how health provision is to be delivered and as partners Wokingham Borough Council aim to work with the CCG to facilitate their needs where this is possible.

24.2 Councillor Jim Frewin asked the Chairman the following question:

A recent planning application for a local quarry and cement works highlighted that the planning process does not appear to take health risks as a decision criteria. Will this Committee consider adding to its work programme a review of how the health care community can contribute to planning where there are significant community health concerns and risks as part of the planning application as part of their forward programme?

Answer

The planning system does make a significant contribution to promote the health of our communities through delivery of well planned development that provides a level of facilities and amenities to promote a healthy lifestyle.

I am aware that health risk is often raised by local people as a concern about individual planning proposals such as the recent quarry application. However, national planning rules require that risks to health are only considered by the planning system to the extent that they are not addressed by other regimes, for example environmental protection legislation and policy. If risks are addressed through these other regimes, they are not a material consideration in the planning application process.

The most positive contribution that Health Overview & Scrutiny Committee can make to the planning system is to input into the policy making process. The Local Plan Update is progressing and is scheduled to be the subject of a consultation starting this autumn. If Members are supportive, the Health Overview & Scrutiny Committee may wish to request the opportunity to review and comment on related policies ahead of confirming the consultation.

Supplementary Question

If the Committee decides to give further consideration to this issue, can it look at matters such as the amount of buffer zone between the activity and schools/care homes and the introduction of planning conditions which are difficult to enforce such as monitoring the prevailing wind direction.

Supplementary Answer

The Committee is sympathetic to the request and will consider the matter as part of the discussion of its work programme later on the Agenda.

25. DELAYED TRANSFER OF CARE

The Committee received a presentation on Delayed Transfer of Care, set out on Agenda pages 9 to 26. The presentation was delivered by Janette Ledbrook (Assistant Team Leader, Community Care) and Helen Spokes (Head of Adult Social Care).

The presentation set out a definition of Delayed Transfer of Care (DToC) and highlighted the role of the Health Liaison Team in working with hospitals to arrange safe and timely discharges.

The Health Liaison Team worked primarily with the Royal Berkshire Hospital (acute), Frimley Park Hospital (acute) and Wokingham Community Hospital (reablement).

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

- Did the data about admissions include information on readmissions to hospital? It was confirmed that readmitted patients were dealt with by the original worker to ensure a consistent approach.
- What were the different process stages for a typical customer? The different stages were outlined including referral, case allocation, needs assessment, discharge and support. NHS and social care staff worked closely to ensure minimum delays through

the process. Sam Burrows (Berkshire West CCG) commented on the positive improvements to this service over the past two years.

- What proportion of transfers were delayed? It was confirmed that around 10% of transfers were delayed. Joint working was ongoing in order to identify further improvements that could reduce the number of delayed transfers.
- What was the level of agency staff working in the service? It was confirmed that work had been ongoing to reduce the number of agency staff. However, Wokingham Borough was an expensive area to live in, which provided challenges in filling posts on a permanent basis.
- Did the service deal with mental health cases? It was confirmed that interventions under the Mental Health Act were carried out by specialist staff. The Health Liaison Team focussed more on physical needs.
- What was the funding situation for service users from outside the area or outside the country? It was confirmed that, for services users in this country, the home local authority would be recharged for any costs incurred. For service users from outside the EU checks would be carried out to establish whether or not a reciprocal treaty was in place.

RESOLVED That:

- 1) The presentation on Delayed Transfers of Care (DToC) be noted;
- 2) Janette Ledbrook and Helen Spokes be thanked for attending the meeting and answering Member questions.

26. BACKGROUND TO THE CCG AND AN INTRODUCTION TO THE BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP (ICP)

The Committee received a presentation which provided background information on the Berkshire West Clinical Commissioning Group (CCG) and an introduction to the Berkshire West Integrated Care Partnership (ICP). The presentation slides were set out at Agenda pages 27 to 44.

The presentation was delivered by Sam Burrows (Deputy Chief Officer, Berkshire West CCG) and Graham Ebers (Deputy Chief Executive, Wokingham Borough Council).

The presentation provided background information on:

- the Berkshire West CCG, which was established by the Health and Social Care Act (2012);
- the development of Primary Care Networks and Neighbourhoods within the Wokingham Borough;
- linkages with the wider geographical framework – Health and Wellbeing Boards, Berkshire West Integrated Care Partnership and the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

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

- How did the ambulance and fire and rescue services fit within the structure set out in the presentation? It was confirmed that the ambulance service covered BOB in addition to East Berkshire, Hampshire and the Isle of Wight. The Royal Berkshire Fire and Rescue Service was a key partner in the design and development of neighbourhoods, along with the voluntary sector.
- What was the process for developing response times for the different services? It was confirmed that response times were based on clinical need. Across Berkshire West, £2m per annum was spent on rapid response teams.
- How many Primary Care Networks covered the Wokingham Borough? It was confirmed that there were four Primary Care Networks (PCN). PCNs were groupings of GP practices, community services, social care and the voluntary sector which planned and coordinated care within a neighbourhood comprising 30,000 to 50,000 patients.
- Access to GP appointments was an important local issue. What steps were being taken to reduce waiting times for appointments? It was confirmed that measures were being introduced to ensure same-day appointments for more urgent cases. In relation to other appointments, it was felt that waiting up to three weeks for an appointment was not acceptable. A national access review was under way to address this issue.
- What measures were being considered to recruit and retain staff, especially in light of the potential impact of Brexit? It was confirmed that, as mentioned earlier, the cost of living in the South East provided additional challenges for recruitment and retention. A number of measures were being implemented to address this issue.
- What were the current pressures on the Royal Berkshire Hospital? It was confirmed that A&E patient volumes were generally static. However, the complexity of A&E cases had increased over the past five years. There was some evidence that the birth rate across the CCG area was falling. However, this may change with the significant number of new houses to be built over the next ten years.
- Were there any plans to deliver GP services on Sundays? It was confirmed that GP advice could be accessed on Sundays via the 111 service or attendance at the Royal Berkshire Hospital for more serious cases.
- Were there any concerns about recruitment and retention of GPs, especially in the light of Brexit? There was anecdotal evidence of shortages of doctors and nurses across the region which could be exacerbated following Brexit.
- What progress was being made in relation to the joining up of different IT systems used by different organisations? It was confirmed that, since 2014, the Connected Care IT programme had introduced a common IT platform which meant that GPs and social workers could access patient records quickly and in confidence. This initiative was very much “ahead of the game” compared to other parts of the country.

The Committee also discussed the potential benefits of a wider public understanding of which medical practitioners could prescribe which medicines, e.g. doctors, dentists, nurses, pharmacists, physiotherapists, etc. Also, under what circumstances, if any, was it possible to self-prescribe.

RESOLVED That:

- 1) the presentation on the CCG and the Berkshire West Integrated Care Partnership be noted;
- 2) Sam Burrows and Graham Ebers be thanked for attending the meeting to answer Member questions;
- 3) a further briefing paper be requested, setting out details on which medical practitioners could prescribe which medicines.

27. UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH

As representatives from Healthwatch Wokingham Borough were unable to attend the meeting, this item was not considered.

RESOLVED That the Healthwatch update be deferred to the next meeting of the Committee.

28. FORWARD PROGRAMME

The Committee considered the forward programme for the remainder of the Municipal Year.

The Chairman referred to the recent successful Member training sessions run by the Centre for Public Scrutiny and asked the Committee to consider the provision of a session looking at HOSC issues. Members supported this proposal.

Members discussed the issues relating to the Planning process raised in Councillor Frewin's question and agreed that this be the subject of a report to the next meeting of the Committee.

RESOLVED That:

- 1) the Forward Programme, as amended, be approved;
- 2) a Member training session on HOSC issues be arranged.