

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 8 NOVEMBER 2016 FROM 7.00 PM TO 9.20 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Laura Blumenthal, Richard Dolinski, Philip Houldsworth, Clive Jones and Chris Smith

Others Present

Luciane Bowker, Senior Democratic Services Officer
Gill Valentine, Director of Midwifery Royal Berkshire
Katie Summers, Director of Operations Wokingham CCG
Dr Johan Zylstra, NHS Wokingham CCG
Rhian Warner, BCF Project Manager, Wokingham Community Health and Social Care

31. APOLOGIES

Apologies for absence were submitted from Councillors Parry Bath and Bill Soane and Darrell Gale, Consultant in Public Health.

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 8 September 2016 were confirmed as a correct record and signed by the Chairman, subject to the correction that Councillor Kate Haines had sent her apologies.

Matters arising

The Chairman asked that HOSC Members be provided with the agendas, minutes and forward programme of the Health and Wellbeing Board as per agreement at the last meeting. Luciane Bowker, Senior Democratic Services Officer would follow this up.

33. DECLARATION OF INTEREST

A declaration of interest was received from the Chairman Councillor Ken Miall on the basis that he worked for a company that provided computers for Involve.

34. PUBLIC QUESTION TIME

There were no public questions.

35. MEMBER QUESTION TIME

There were no Member questions.

36. MATERNITY SERVICES

The Committee received the Maternity Services report which was presented by Gill Valentine, Director of Midwifery.

Gill went through the presentation and explained in more detail the following points:

- The number of deliveries differed from the number of births because of multiple births;
- The number of deliveries in 2016/17 were based on the numbers at the end of September and the figures were similar to the past few years;
- Wokingham worked towards a target of 1:28 midwife to birth ration, this was based on the profile of the local population;
- During the last four months a ratio of 1:1 care in labour had been achieved for 100% women. Gill confirmed that this was a top priority for the service;

- 39% of the midwifery workforce was within the 45-65 age bracket, with 27% being over 50 years of age. This was in line with the rest of Thames Valley region and equivalent to the national profile;
- There were 20 midwife vacancies at the moment. The service was actively looking to recruit midwives and also looking at different ways that nurses and other maternity care staff could help and therefore free up midwives time;
- A midwife from Dublin had been recruited;
- There was going to be a Nursing Maternity Recruitment day on 12 November in Reading and it was hoped that midwives would be recruited as a result of this event;
- When agency midwives were used, the service tried to negotiate so that they worked for a number of consecutive shifts to ensure consistency. There were five or six full time equivalent agency midwives working for the service at the moment;
- There were development opportunities for staff as part of a programme for succession planning;
- Reciprocal arrangements were in place with neighbouring maternity services providers. Gill emphasized that women were only diverted when every other avenue had been explored and it was in the woman's best interest in terms of safety to go to a different place;
- There had been an unannounced Care Quality Commission visit into Maternity Services in 2015. The feedback had been positive and compared favourably against the previous report;
- The Consultant presence on delivery suite remained below the recommended level of 168 hours per week. Consultant cover was 77-90 hours per week at the time of the inspection. Four new Consultant Obstetricians/Gynaecologists had been employed since, which increased the Consultant cover to 116 hours per week;
- Gill mentioned a '*National Maternity Review 2016: Better Births*' document and stated that as a result of the recommendations contained in the report, the service had identified three priorities for each year. The priorities for 2016/17 were listed in the presentation.

The Committee thanked Gill for her presentation and the following comments and questions were put forward:

- Councillor Houldsworth asked if there was a housing issue involved in the recruitment of midwives from Dublin. Gill stated that there was limited accommodation at the Hospital, but this was only suitable for a maximum period of six months. Gill confirmed that housing was a challenge due to the high cost of housing in this area. Additionally, Reading was in competition with other trusts that payed higher wages due to the London weighting;
- Councillor Dolinski was concerned with the workforce age range and mentioned having read about a '*midwifery retirement time bomb*', he asked about the recruitment of midwives. Gill stated that the service was aware of the '*time bomb*' prediction. A programme was in place to nurture young midwives and to train senior midwives for managerial posts. There was ongoing work with Human Resources to retain staff and work with universities and colleges of midwives;
- Gill informed that there were sufficient newly qualified midwives and senior midwives, but there was a shortage of 'middle' experience midwives who could support the newly qualified midwives;
- Gill believed that it was necessary to be more creative in using the support that could be given by other health professionals so that the resources could be used as effectively as possible;

- In response to a question Gill informed that it could be difficult to attract young people to the profession because being a midwife involved shift work and weekend work. It was important send out a positive message and to demonstrate that this was a rewarding job and to offer flexible shifts;
- In response to a question Gill informed that historically there have never been many males in the profession, but there had been some;
- Members asked if there was recruitment from other parts of Europe. Gill stated that they had in the past employed midwives from other countries in Europe. However, this was dependent on where they had completed their training. The difficulty was that in England midwives were trained to work more autonomously than in other countries, so often midwives from abroad required a lot of support initially, which the service sometimes was not able to provide;
- In response to a question, Dr Johan Zylstra, NHS Wokingham CCG stated that when all costs involved in hiring permanent staff (holiday pay, sick pay, pension) were taken into account, agency staff were not much more expensive than permanent staff;
- Gill stated that they had tried to offer permanent positions to agency workers, but they often came from London and did not want to relocate to Reading;
- Gill stated that there was now a cap on how much agencies were allowed to charge;
- Gill confirmed that the appointment of another four consultants were needed to achieve the desired level of Consultant cover. Gill pointed out that there was a Consultant on call in the hospital at all times and women were not in any danger, this target related to the physical presence in the room;
- Katie Summers, Director of Operations Wokingham CCG stated, that only two Local Authorities in England managed to achieve the target of 168 hours per week;
- Councillor Blumenthal asked if diversions were a new phenomenon. Gill stated that diversions had always happened, the process involved a risk assessment and women were only diverted when it was deemed safer;
- Gill informed that the number of births was predicted to increase in the next few years based on the number of new houses being built in the area. There was ongoing work in planning to increase capacity, both physically and in staffing preparation;
- Dr Zylstra pointed out that the number of maternal death rates had not changed significantly in the past 20 years, irrespectively of the number of consultants in hospitals. He stated that the current levels were very safe.

RESOLVED: That the Maternity Services presentation be noted.

37. COMMUNITY HUBS

The Committee received a presentation from Rhian Warner, Better Care Fund Project Manager, Wokingham Community Health and Social Care about Community Hubs.

Rhian went through the slides and explained that the Community Health and Social Care programme (CHSC) was a complex proposal which aimed: *'to keep the residents of Wokingham fit, well and living as independently as they can be in their own homes for as long as possible by working as a single health and social care system that supports people, promotes self-care and prevention and **ultimately makes the most effective use of resources in the system**'.*

Rhian explained that the proposal was that residents would initially contact their GP practice who would be able to identify which service was needed and direct them to the right professional. It was hoped this streamlined process would be clearer to residents as they would not need to contact different people to access the right service.

Rhian stated that there were a number of benefits to this system (which were listed in the presentation) and described the timeline for its implementation.

Regarding community engagement, Rhian stated that there were now eight active Community Navigator volunteers, four trained and ready to go and four at enquire stage. The scheme had been launched on 1 March 2016 at three GP surgeries: Wargrave, Wokingham and Swallowfield. Twyford, Brookside and Parkside started on 16 October 2016.

Rhian stated that the Community Navigator strategy across health and social care was to increase knowledge and referrals. The plan was to have a network of 30 volunteers across the Borough. Rhian pointed out that as with most business enterprises, it was expected that it would take three years for the project to be fully embedded. Rhian stated that Involve has been complimentary about the Navigator services as they helped to reduce the workload.

The following comments were made:

- Councillor Smith noted that the graph containing the CHSC finances did not project inflation increases for the line relating to '*on-going costs for running operations*' and asked for a clarification. Katie Summers stated that the budget for the project was £3m, she would take this observation back to the finance team for further analysis;
- In relation to the CHSC finance graph, Councillor Smith drew attention to the line about '*GP appointments avoidance*' and asked why there was no variation. Dr Zylstra explained that GPs were under a type of contract that was not tied to the number of patients they saw in a day, they were paid a fixed amount independently of their volume of work;
- Members suggested that the line about GP appointments avoided be taken out of the graph;
- Councillor Dolinski expressed frustration that he had received information about this project from different sources and every time it was a slightly different picture was presented. It was not clear to him who was leading the project;
- Dr Zylstra clarified that Wokingham Integration Strategic Partnership (WISP) was the organisation which was accountable for this project. Katie Summers confirmed that Involve was also engaged in the project;
- Councillor Dolinski expressed concern that the proposal would not be able to effectively link different care agencies and share information when two different patients were in need of intervention. Katie Summers suggested that Councillor Dolinski's example be used to test the model;
- In response to a question, Rhian stated that health professionals would be to communicate better and have access to patients history records;
- In response to a question Rhian stated that there was a '*ladder of change*' in place to measure success in the form of specific changes in people's lives.

RESOLVED: That the report and the presentation be noted.

38. MEETING THE NEEDS OF THE GROWING CARE HOME POPULATION

Members of the Committee expressed concern that there had not been a written report in relation to this item. Members felt that this was an important issue and it would have been helpful to have received a written report beforehand in order to formulate questions ahead of the meeting. The Chairman suggested that the Committee accept a verbal report in this instance and that a written report be submitted to a future meeting; this was agreed by the Committee.

Dr Zylstra gave a verbal update on how the health and care economy was meeting the needs of the growing care home population in the context of challenges faced by General Practice.

Dr Zylstra stated that there was going to be a rapid increase in the older population over the next 10 years. The number of people over 80 years old was expected to double and as a result there would be many more people in need of care.

Dr Zylstra explained that currently there were 22 registered care homes with 1000 beds in the local area. The level of care needed varied, and there were different types of care homes according to the level of need of care. There were some people in care homes living relatively independently, others who needed more nursing care and support and others who needed a high level of medical care who would in the past be in the hospital. This set up had seen a 30% reduction in admission to hospitals from last year.

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

- Dr Zylstra stated that the projected life expectancy once a person went into a care home was two years;
- Patients with dementia could be very demanding psychologically, but were often physically well;
- Dementia levels were decreasing, this was linked to a reduction of smoking;
- Two new dementia units had recently opened in Winnersh;
- In Dr Zylstra's opinion General Practitioners should be dealing with the more complex cases, colds and coughs could be looked after by nurses;
- Dr Zylstra explained that it was better if when people moved to a care home they registered with the General Practice associated to the care home rather than staying registered with their own General Practice;
- Home visits could be difficult to manage when patients moved into a care home that was outside of the General Practice boundaries;
- It was easier for the care homes to administer prescriptions from the same General Practice;
- There was usually one doctor nominated to one care home from the surgery;
- Dr Zylstra stated that sometimes new care homes were built without consultation with the General Practice and this created difficulties. He asked Councillors to help with this issue when planning new care homes.

RESOLVED: That a written report on 'Meeting the needs of the growing care home population' will be submitted to the Committee at a future meeting.

39. HEALTHWATCH UPDATE

The Committee received the Healthwatch papers included in the Agenda pack and an update paper was tabled at the meeting. There were no representatives from Healthwatch present, therefore no discussion took place about the reports.

The Committee was informed that there was a significant danger that the funding for Healthwatch was going to be cut. The funding for Healthwatch was given by central government but was not ring fenced. In Wokingham Healthwatch received all the money allocated from the government.

The Committee felt that Healthwatch provided a valuable service to the community and hoped it would continue to receive funds to operate. The Chairman asked Members to send any questions regarding this issue directly to Madeleine Shopland, Principal Democratic Services Officer.

RESOLVED: That the Healthwatch update papers be noted.

40. FORWARD PROGRAMME 2016-17

The Committee considered the Forward Programme for the remainder of the municipal year.

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

- More information in the 'Purpose of report' box should be included to help Officers and health professionals to produce the reports and meet the Committee's expectations;
- Members asked that children be included in the item: *'Adults with learning difficulties who require support with their day to day living – accessing health services in a timely manner and engaging with the health and social care system'*;
- It was not clear at what age a child stopped being a child and started to be considered an adult in terms of health care;
- The Committee felt that the tracking note produced by Madeleine Shopland was very helpful and suggested that a box with *'what expect to see'* be included;
- It would be useful to include last year's Performance Outcomes report to compare it with this year's report in the next agenda.

RESOLVED: That the Forward Programme 2016/17 be noted.