

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 26 JANUARY 2016 FROM 7.00 PM TO 9.20 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Laura Blumenthal, UllaKarin Clark, Philip Houldsworth, Malcolm Richards, David Sleight, Alison Swaddle and Bob Wyatt

Others Present

Tim Holton

Bob Pitts, Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire NHS Foundation Trust Board of Governors

Jim Stockley, Healthwatch Wokingham

Nicola Strudley, Healthwatch Wokingham

Madeleine Shopland, Principal Democratic Services Officer

Stuart Rowbotham, Director of Health and Wellbeing

Nicola Cliffe (Primary Medical Services Inspection Manager, Thames Valley Team), Care Quality Commission

42. APOLOGIES

An apology for absence was submitted from Councillor Rachelle Shepherd-DuBey.

43. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 30 November 2015 were confirmed as a correct record and signed by the Chairman.

44. DECLARATION OF INTEREST

There were no declarations of interest.

45. PUBLIC QUESTION TIME

There were no public questions.

46. MEMBER QUESTION TIME

There were no Member questions.

47. CARE QUALITY COMMISSION

Nicola Cliffe (Primary Medical Services Inspection Manager, Thames Valley Team) provided an update on the work of the Care Quality Commission (CQC) and in particular Primary Medical Services.

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

- The purpose of the CQC was to make sure health and social care services provided people with safe, effective, compassionate, high-quality care. The CQC also encouraged care services to improve.
- The CQC monitored, inspected and regulated services to make sure they met fundamental standards of quality and safety. The CQC published what they found including performance ratings to help people choose care.
- The Committee noted the CQC approach to regulation. It was noted that the registration process was being updated. Ratings were not currently provided for dentists and independent health services.

- The CQC had inspection teams with responsibility for:
 - Hospitals;
 - Adult Social Care;
 - Primary and Integrated Care
- The Primary and Integrated Care Team inspected GP practices, out-of-hours services, dentists, prison healthcare and healthcare in children's services.
- GP Practices could be rated 'Outstanding', 'Good', 'Requires Improvement' or 'Inadequate.' Reports were published once inspections had been carried out.
- The CQC had published 2,375 inspection reports (as of 31 December 2015) on Primary Medical Services since it had begun using the new inspection methodology.
- Nationally 4% of Practices inspected had been rated 'Outstanding,' 80% 'Good', 12% 'Requires Improvement' and 4% 'Inadequate.'
- A key theme from inspections across the country was a link between good care provided and good leadership and similarly a link between poor care and poor leadership.
- Councillor Miall asked when the CQC would step in should a practice receive an unfavourable rating. Members were informed that if a practice had been rated 'Requires Improvement' for one area they could be given up to a year to make improvements before a follow up inspection or a desk top review was carried out. If a practice was rated 'Inadequate' it was re-inspected 6 months later. If insufficient improvement had been made the CQC could take action such as either suspending the regulated activity or closing the practice. Some practices in Reading had been rated 'Inadequate' and there had been closures but no practices in the Borough had been rated 'Inadequate.'
- Councillor Richards questioned what happened to patients if their surgery was closed. Nicola Cliffe referred to a practice in Reading which had had its regulated activity suspended for four weeks. During that time patients had been asked to use the Reading Walk In Centre. NHS England had written to all patients at the surgery to explain the situation. Councillor Richards went on to ask whether practices rated 'Inadequate' were fined and was informed that practices would be offered the support of the Royal College of General Practice, for which the practice paid half and NHS England paid the other half.
- Members noted what could lead to inadequate care including weak leadership, isolated working and a poor culture of safety.
- Councillor Blumenthal asked how often GP practices would be inspected. Nicola Cliffe commented that all practices across the country would be inspected by the end of September. How often practices would be inspected would then be reviewed. It was possible that a self-assessment process would be included as part of the future inspection process.
- The CQC sought to develop links with scrutiny committees. Members were requested to encourage residents to contact the CQC should they have any feedback on GP practices, positive or negative. There were various ways in which contact could be made including completing a 'Share your experience' form.
- Councillor Swaddle asked about Wokingham GP practices. The Committee was informed that only three practices within the Borough had been inspected so far. Wokingham Medical Centre and Loddon Vale had been rated 'Requires Improvement' and Wilderness Road had been rated 'Good.' There had been some concerns regarding access at one practice and medication management at another. Nicola Cliffe indicated that further information would be available at the end of Quarter 1, which she would circulate to the Committee. She also hoped to have information regarding dentistry available.

- Nicola Strudley commented that Healthwatch had undertaken a number of Enter and Views in care homes and that what Healthwatch heard sometimes differed to what the CQC heard as part of its formal inspection process. Thames Valley Healthwatch network had suggested that Healthwatch reports should sit with CQC reports. Nicola Cliffe indicated that she would feed this back.
- Councillor Miall asked whether the CQC fed back to Healthwatch and vice versa. Nicola Cliffe indicated that they did and that a quarterly feedback meeting was held between the CQC, Healthwatch, CCG and NHS England.

RESOLVED: That Nicola Cliffe be thanked for her presentation.

48. UPDATE FROM COUNCIL'S REPRESENTATIVE ON BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST AND ROYAL BERKSHIRE HOSPITAL FOUNDATION TRUST - BOARD OF GOVERNORS

Councillor Bob Pitts provided the Committee with an update on his role as the Council's representative on the Royal Berkshire Hospital NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust Board of Governors.

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

- Councillor Pitts was a Partner Governor, representing Wokingham Borough Council, at the Royal Berkshire NHS Foundation Trust (RBH). He was a member of the Clinical Assurance Committee.
- The Governors challenged and held the Non-Executive Directors of the Trusts to account. They could also escalate concerns that they might have.
- There were 5 Public Governors for Reading, 3 for Wokingham (1 vacant), 3 for East Berkshire and Borders (2 vacant) and 3 for West Berkshire and Borders (1 vacant) and 1 for Southern Oxfordshire. There were 8 Partner Governors, which included Councillor representatives from Reading, Wokingham and West Berkshire Councils. There was also a Volunteer Governor and several Staff Governors.
- Councillor Pitts commented that there was a Youth Governor role which was appointed by Wokingham Borough Council. The Committee were of the view that it was important that this role was filled.
- Councillor Pitts informed the Committee that residents contacted him as the Council's representative on the RBH Board of Governors and that he raised their query with the appropriate person. His information was available on both the Trust's and the Council's website.
- The Trust was facing a difficult financial situation. Members were assured that an action plan was in place to address this so far as possible.
- Councillor Clark commented that there was a shortage of dermatologists at Royal Berkshire Hospital and was informed that the Trust was looking to recruit.
- With regards to Berkshire Healthcare NHS Foundation Trust, Councillor Pitts was one of the Governors appointed by the six Berkshire local authorities.
- Members requested that Councillor Pitts be invited to give further updates on the role and work of the Council's representatives on the Royal Berkshire Hospital NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust Board of Governors at a future meeting.

RESOLVED: That Councillor Pitts be thanked for his presentation.

49. FRAIL ELDERLY PATHWAY

Stuart Rowbotham, Director of Health and Wellbeing provided a presentation on the Frail Elderly Pathway.

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

- There was a connected, inter-dependent Berkshire West wide health and social care system.
- 4 CCG's (Wokingham, North & West Reading, South Reading and Newbury & District), 3 local authorities (Wokingham, Reading and West Berkshire) and 3 providers (Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust and South Central Ambulance Service) were working together as the Berkshire West 10 (BW10) to deliver a health economy wide programme. Whilst the BW10 had previously submitted a bid to be national Integration Pioneers this had not been accepted.
- There was a commitment to whole system integration.
- Drivers for the Frail Elderly Pathways included:
 - Demographic pressures across the system;
 - Scale of frail elderly costs;
 - Costs and sustainability;
 - Austerity – fiscal strategy;
 - Long established policy aspiration for health and social care integration;
 - Better Care Fund.
- A high level pathway was being developed. The Frail Elderly Pathway was a design or template for responding to health and care needs for 'Sam', a frail elderly person and described what 'good' looks like from Sam's perspective. It had been designed by stakeholders including staff, the voluntary sector and patient voice and had been supported by the King's Fund.
- Expected outcomes were a person centred, joined up response to Sam's needs through his later years life stage and a new health and social care paradigm that was affordable and sustainable.
- Stuart Rowbotham outlined the commitments to the Frail Elderly Pathway. He emphasised that there was a need to do things differently to ensure the sustainability of the health and social care system.
- There was a commitment between partners to undertake economic modelling of the impact of the pathway across the system and to share risks and benefits
- More could be done to further the prevention agenda.
- Members noted the underpinning themes. Stuart Rowbotham explained the Connected Care Programme.
- Currently over 75 year olds made up less than 7% of the Berkshire West population but it was expected that this would increase by 17% over 5 years.
- 8770 people in Berkshire West met the frail elderly definition. This was only 2% of the Berkshire West population. However, this 2% consumed 28% of health and adult social care resource in Berkshire West.
- The total health and care spend on the frail elderly population was £187m; this included an estimated £5m spent by NHS England on primary care (appointments and other contacts with general practice). Using the BW10 total of £182m, the frail elderly health and care cost per head was £20,750 compared to £1,070 for the rest of the BW10 population. The Committee noted the breakdown of the total spend on Frail Elderly.

- Whilst Wokingham was already high performing even more efficiencies would be required.
- Councillor Sleight asked what the situation would be for those who became frail elderly and lived on the Wokingham/Bracknell (Berkshire East) border and whose GP may be located outside of the Wokingham CCG. Stuart Rowbotham commented that the local authority and CCG boundaries were not completely coterminous and that whilst a common system was hoped for eventually, there would always be boundaries.

RESOLVED: That Stuart Rowbotham be thanked for his presentation.

50. HEALTHWATCH WOKINGHAM BOROUGH

Nicola Strudley updated the Committee on the work of Wokingham Borough.

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

- Healthwatch Wokingham Borough would soon be publishing two reports. One related to the implementation of the Care Act. Healthwatch had interviewed 15 carers in May 2015 to ascertain their understanding of the Care Act. The carers were reinterviewed in Autumn to gauge their understanding of the Care Act and how it had affected them. The second report would be an information report on care provision, which had been a massive piece of work. One of the main subjects of comments that Healthwatch Wokingham Borough received, was care.
- With regards to the work undertaken on young people's mental health, an app builder had been appointed and an app was being built.
- Nicola Strudley would be attending the second 'Future in Mind' Board meeting. Across Berkshire, funding had been received from central Government to support CAMHS. Some of the funding was required to be spent by the end of the financial year. There was also 5 year funding.
- The Healthwatch Wokingham Board had agreed its strategic priorities for the next year. These included continuing to try and influence decision making at a strategic level, gaining a better understanding of the financial arrangements for health and social care, adults mental health (crisis care), CAMHS, health and care experiences of those with impairments and the impact of housing on health and wellbeing.
- A health question time with John Redwood would take place in March.
- Healthwatch Wokingham Borough had attended flu clinics at Woodley practice and Wokingham Medical Centre. Councillor Holton commented that Earley was one of the bigger towns in the Borough and questioned why Healthwatch had not attended flu clinics at the Earley practices. Nicola Strudley indicated that whilst Healthwatch had offered to attend a number of practices not all had responded. The Chairman agreed to follow this up with regards to the Earley practices.
- The Committee discussed CAMHS. It was noted that Healthwatch Wokingham Borough had been informed that two residents had paid privately for autism diagnosis due to an 18 month wait for this service with CAMHS.

RESOLVED: That Healthwatch Wokingham Borough be thanked for their report.

51. POSSIBLE IMPLICATIONS FOR SCRUTINY OF THE FRANCIS REPORT WORKING GROUP - UPDATE

The Possible Implications for Scrutiny of the Francis Report Working Group was set up to look at the potential implications of the Francis Report for scrutiny in Wokingham. The Working Group made 28 recommendations which were presented to the Health Overview

and Scrutiny Committee on 10 September 2014. The Committee considered a report which gave an update on the implementation of the Working Group's recommendations.

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

- With regards to Recommendation 7 'That all HOSC members and substitutes should receive induction and refresher training and briefings on topics which the Committee will be looking at in detail', it was noted that scrutiny related training sessions held following the agreement of this recommendation had generally not been well attended. It was appreciated that often Members had not attended for valid reasons. The Committee felt that it would be helpful to hold a training session in the new municipal year for any new members of the Committee and for more experienced committee members to also be invited.
- Recommendation 10 stated 'That new HOSC members be encouraged to view membership of the Committee as a long term commitment, so far as possible.' The makeup of the current Committee was a mixture of Members with experience of health scrutiny and those who were new to it. Members were of the view that continuity where possible was a good idea. Councillor Haines commented that this would help to reduce duplication of information provided.
- Recommendation 15 stated 'That the HOSC members monitor information regarding complaints published by each of the NHS Foundation Trusts which provide services to Wokingham Borough residents and on which the Committee is prioritising its focus, for Board meetings held in public. That Committee members highlight any concerns to the Chairman, for follow up by the Committee.' The Committee was updated periodically regarding complaints.
- It was noted that in the Committee's terms of reference there was provision to assign members of the Committee to lead roles in relation to particular health issues or health service providers. Members were informed that Bracknell Forest Council Health Overview and Scrutiny Panel had appointed Members to act as leads for different areas. It was felt that this would be potentially beneficial for Wokingham. Possible areas suggested were; Health and Wellbeing Board, Clinical Commissioning Group, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, South Central Ambulance Service, Public Health and the Care Quality Commission.
- The membership of both the Health and Wellbeing Board and the Health Overview and Scrutiny Committee had changed since the last workshop had been held with Healthwatch to gain an understanding of each other's roles and responsibilities and the interdependencies between the three. It was felt that a refresher workshop could be helpful.
- Councillor Swaddle expressed concern regarding verbal reports and reports which were tabled at the meeting and commented that this made it difficult for Members to prepare sufficiently.

RESOLVED: That the update on the implementation of the recommendations of the Potential Implications for Scrutiny of the Francis Report Working Group be noted.

52. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JANUARY 2016

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2016.

Councillor Houldsworth expressed concern regarding future staffing levels in General Practice in the Borough. Councillor Clark asked what plans the CCG had in place to provide sufficient Primary Care services for the increased population following the development of the Strategic Development Locations. Councillor Haines expressed concern that the indicators relating to the Ambulance Service were rated red.

RESOLVED: That the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2016 be noted.

53. HEALTH CONSULTATIONS

The Committee noted the consultation identified in the report, Overseas visitors and migrants: extending charges for NHS services.

RESOLVED: That the Committee note the current live consultation detailed in the report.

54. WORK PROGRAMME 2015/16

The Committee discussed the Work Programme for the remainder of the municipal year.

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

- It was confirmed that the proposed visit to Wokingham Hospital had been deferred until the new municipal year.
- It was noted that the final report of the Better Care Fund Task and Finish Group would be presented to the Committee in future.

RESOLVED: That the Forward Programme be noted.

This page is intentionally left blank