

Notice of Meeting

Health Scrutiny Panel

Tuesday, 4th October, 2011 at 6.30 pm
in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Friday, 23 September 2011

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Naylor on (01635) 503019
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Agenda - Health Scrutiny Panel to be held on Tuesday, 4 October 2011 (continued)

- To:** Councillors Howard Bairstow, Dominic Boeck, Sheila Ellison, Carol Jackson-Doerge, Tony Linden, Alan Macro, Gwen Mason (Vice-Chairman) and Quentin Webb (Chairman)
- Substitutes:** Councillors George Chandler, Roger Hunneman, Andrew Rowles and Julian Swift-Hook
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Agenda

Part I	Page No.
1 Apologies for Absence To receive apologies for inability to attend the meeting (if any).	
2 Minutes of Previous Meeting <i>Purpose:</i> To approve as a correct record the Minutes of the meeting of this Panel held on 19 th July 2011.	1 - 6
3 Declarations of Interest To receive any Declarations of Interest from Members.	
4 Urgent Items <i>Purpose:</i> For the Chairman to draw to the Panel's attention any urgent items for consideration.	
5 Ambulance Service Quality Indicators <i>Purpose:</i> To receive a short update from Duncan Burke (South Central Ambulance Service) on the changes to the performance reporting regime of the South Central Ambulance Service.	Verbal Report
6 Commissioning of General Practitioner Services <i>Purpose:</i> To discuss the proposed changes to GP commissioning arrangements and how this will affect services in the east of the District. Evidence will be received from Janet Fitzgerald (Transition Director of the GP Commissioning Consortia), Dr Iain Rock (Mortimer Surgery) and Dr John Winchester (Theale Medical Practice).	Verbal Report
7 Care Quality Commission "Dignity, Respect and Nutrition" Reviews <i>Purpose:</i> To receive an update on the Panel's progress in undertaking a local review of patients' views of hospital care and using the Care Quality Commission's (CQC) "Dignity, Respect and Nutrition" standards as the basis for this review work.	Verbal Report



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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON TUESDAY, 19 JULY 2011

Councillors Present: Dominic Boeck, George Chandler (Substitute) (In place of Tony Linden), Sheila Ellison, Carol Jackson-Doerge, Gwen Mason (Vice-Chairman), Julian Swift-Hook (Substitute) (In place of Alan Macro) and Quentin Webb (Chairman)

Also Present: June Graves (Head of Social Care Commissioning and Housing), Nigel Owen (Quality & Performance Manager), Beverley Searle (NHS Berkshire) and Rob Alexander (Policy Officer)

Apologies for inability to attend the meeting: Councillor Howard Bairstow, Councillor Tony Linden and Councillor Alan Macro

PART I

1. Apologies for Absence

Apologies for inability to attend the meeting were received on behalf of Councillors Tony Linden, Alan Macro and Howard Bairstow. Councillor George Chandler substituted for Councillor Tony Linden and Councillor Julian Swift-Hook substituted for Councillor Alan Macro.

2. Declarations of Interest

Councillor Carol Jackson-Doerge declared an interest in Agenda item 4, by virtue of the fact that she was once an employee of the Local area Involvement Network (LINK) for Slough As her interest was personal and not prejudicial she determined to remain in the meeting and take part in the debate.

Councillor Julian Swift-Hook declared an interest, by virtue of the fact that he was the chairman of West Berkshire Mencap. As his interest was personal and not prejudicial he determined to remain in the meeting and take part in the debate.

3. Urgent Items

Councillor Quentin Webb asked if the Health Scrutiny Panel had any urgent items which required discussion.

Councillor Webb informed the group that as part of his commitment to Health Scrutiny, he was going to lose three stone in weight. Councillor Webb asked that this be minuted.

4. West Berkshire LINK Annual Report

(Councillor Carol Jackson-Doerge declared an interest in item 4, by virtue of the fact that she was once an employee of the Local area Involvement Network (LINK) for Slough. As her interest was personal and not prejudicial she decided to remain and take part in the debate.)

Councillor Quentin Webb invited Tony Lloyd to give a summary of the West Berkshire LINK annual report. Councillor Julian Swift-Hook proposed that it would be worthwhile, all Members agreed to this proposal. In accordance with paragraph 6.16.4 of the

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Constitution the Panel agreed to suspend standing orders and permit Mr Lloyd to speak at the meeting.

Mr Lloyd informed the group that this was the penultimate report before the LINKs were disbanded in 2012/13. Mr Lloyd mentioned that the report showed the highlights of good work carried out by the West Berkshire LINK and informed the Health Scrutiny Panel of the major project on Neurological Conditions, carried out in conjunction with the West Berks Neurological Alliance, which had interesting results.

Mr Lloyd said that he had hoped to do work with people suffering from long term conditions, focussing on the local health pressures. Mr Lloyd produced an example by stating that it was believed Berkshire West could benefit with a specialist epilepsy nurse in employment at the Royal Berkshire Hospital, but with the capacity to travel to community hospitals.

Mr Lloyd finished off by saying that the future for the LINK would be focussed on investigating what the upcoming Healthwatch priorities were, and encouraging the local health authorities to take note of it, and work in greater partnership.

Councillor Webb thanked Mr Lloyd for the presentation, and asked if Members had any questions. As there were no questions, Councillor Webb proposed that the contents of the report be noted. All Members agreed.

The Report was Noted.

5. Update on the Health Service in West Berkshire

Mrs Searle informed the group that, following the national listening exercise, Strategic Health Authorities (SHA) were being kept until 2013, however the geographical area was changing. Mrs Searle informed the group that there was going to be four SHA Clusters, with West Berkshire being in the South SHA. Mrs Searle said that the SHAs still had the same purpose, in that they were holding the PCTs to account and making sure they reached their targets. Mrs Searle mentioned that Berkshire PCTs had clustered together to form one PCT and that her new title was Director of Joint Commissioning, which also meant she was lead officer for Safeguarding and Equalities along with commissioning of mental health and learning disability services, and service for children and young people.

Councillor Quentin Webb asked how many officers there were now in the Executive team. Mrs Searle responded that there were 8, and further mentioned that although the Berkshire PCTs had clustered together, they were still separate statutory organisations with their accounts.

Councillor Julian Swift-Hook asked if there were separate accounts how management of financial performance was undertaken. Councillor Swift-Hook further questioned whether the cluster would solve the issues it was set up for. Mrs Searle responded that it would, by making best use of available management resources, and achieving required management savings, to ensure that areas such as safeguarding could be protected.

Councillor Carol Jackson-Doerge asked whether Mrs Searle felt there would be difficulty from a commissioning point of view, as Berkshire East and Berkshire West were different. Mrs Searle agreed they were, however she also noted that Berkshire West was very diverse. Mrs Searle said that in her team structure proposal she had proposed a Head of Joint Commissioning in both East Berkshire and West Berkshire. Mrs Searle

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mentioned that the continued good work with the local authorities would also play a key role.

Mrs Searle said that GP Commissioning groups would be confirming their commissioning support arrangements in the next year, in order to be established in shadow form from April 2012. Following a question from Councillor Webb, Mrs Searle replied that the PCT would be working in partnerships along with the GP commissioning groups however the Chief Executive of the PCT retains his role as chief officer until March 2013.

Councillor Dominic Boeck enquired what GPs attitudes were to the change. Mrs Searle responded that the Commissioning Group leads were positive and enthusiastic towards the changes suggested.

Councillor Gwen Mason asked Mrs Searle what would happen should a GP consortium and/or cluster straddle different counties. Mrs Searle advised that the national guidance stated that this should not normally happen. However, should it be the case, then it would be important for hospital and primary care colleagues to work together to ensure effective clinical pathways.

Councillor George Chandler asked whether the restructuring was going to lead to financial savings. Mrs Searle said it would, and although the National Health Service had not received a cut, health costs are continuing to rise, therefore savings are required to break even. Mrs Searle said the PCT was also working on preventative measures, such public health work to reduce obesity and harm resulting from problem drinking. Mrs Searle informed the Panel of the four clinical commissioning groups in the Berkshire West area:

- 1) Wokingham
- 2) South Reading
- 3) North West Reading – this would incorporate areas of West Berkshire; including Pangbourne, Theale etc.
- 4) Newbury

However, as discussed earlier, the White Paper said there should not be a cross council boundaries.

Councillor Swift-Hook asked if there were any other health increase problems in West Berkshire that Members should be aware, apart from Over 85s, increase in obesity and alcohol problems. Mrs Searle said that with over 85s there was the increased risk of dementia and other age related health problems. Councillor Swift-Hook said that this could easily affect Local Authority services, as well as the health service.

Councillor Swift-Hook asked what the rate of health inflation was compared to normal inflation. Mrs Searle said she did not have the information to hand but would report back to Councillor Swift-Hook.

Mrs Searle commented that in regards to obesity, and diabetes resulting from obesity, a lot could be done to help. Mrs Searle also mentioned there was a good working partnership between the Local Authority (Social Care) and the health service in regards to reablement.

Councillor Sheila Ellison asked whether the NHS had any diabetes testing units, and further asked what work had been completed on readmittance to hospitals. Mrs Searle

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said that there was a financial incentive in acute hospitals to complete a full assessment before discharging a patient. Mrs Searle said that acute hospitals were not paid if a patient was readmitted in an emergency 30 days after being discharged. Locally the health service was good at discharge planning and avoiding readmission, however there was still improvements to be made.

Councillor Mason asked whether the problem with readmission and communication was still apparent. Mrs Searle said that this did not appear to be a problem any more due to regular conversations between GPs and the Local Authority.

Councillor Webb thanked Mrs Searle for her presentation.

Members noted the points raised.

6. **Update on the Health and Wellbeing Board**

Mrs June Graves updated the Health Scrutiny Panel on the Health and Wellbeing board explaining that the structure of the board was being worked on. Mrs Graves explained that a decision was taken last year to have a Health and Wellbeing Board in each unitary in Berkshire West, and that this would be reviewed in 2013. The membership comprised a representative from public health, Healthwatch, Portfolio Holders for Adult Social Care, Children, Environment and the Leader of the Council (as Chair). One meeting had been held in June, and the next one was due to place in August.

The role of the Health and Wellbeing Board in the next year would be to develop the Joint Strategic Needs Assessment as well as the Health and Wellbeing Strategy. A shadow board was hoped to be in place by April 2012.

Councillor Webb asked how the three unitaries would work together. Mrs Searle replied that there was currently a joint commissioning board which worked really well, and it was proposed that this would be retained.

Councillor Swift Hook asked that Mrs Graves supply a written summary of her verbal report, which was agreed.

Councillor Webb asked that a further update to be given at the autumn meeting.

Action: June Graves to produce a written summary of the “Update on the Health and Wellbeing Board”.

7. **Review into Dignity of Care for Older People in Hospitals**

Nigel Owen informed Members that the Review into Dignity of Care for Older People in Hospitals followed on from a national report published in 2010. That report had flagged up a number of issues including respect, dignity and understanding nutritional requirements. The Care Quality Commission (CQC) had made a commitment to go and review 100 hospitals. By the 19 July 2011, 97 hospitals had been reviewed, the Royal Berkshire Hospital was not one of them.

One of the early reports, from Luton and Dunstable was extremely poor and highlighted a number of concerns and simple standards being missed. Locally, the Great Western Hospital at Swindon had been reviewed and was found not to be compliant with regard to respect and dignity for older people, and there was another improvement required in respect of nutritional requirements.

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The Basingstoke and North Hampshire Hospital had recently undergone the examination by the CQC and were found to be compliant.

It was proposed that West Berkshire Council facilitate a focus group to bring together voluntary groups, patients and families, to discuss their experiences of the care in the Royal Berkshire Hospital.

Councillor Boeck asked how objective the focus groups would be. Mr Owen responded that the focus group would be completely independent of the Health service, but people would be self selecting, and so the response would be qualitative rather than quantitative. It would highlight the themes and issues.

Councillor Jackson-Doerge commented that the proposed focus group might miss people, such as those who had moved into care homes, and people in their own homes without care. Mr Owen said he would seek to include them.

Councillor Mason said she was not surprised by Basingstoke and North Hampshire's results, as they were a very good hospital for care standards. She asked whether it was possible to ask the CQC to visit the Royal Berkshire Hospital. Mr Nigel Owen said that unfortunately the programme was near completion, and he did not think CQC would have the resources to extend it.

Councillor Swift-Hook asked whether it was just acute hospitals that were being reviewed or if community hospitals were being included. The CQC review was just concerned with acute hospitals, but, because this review was being carried out by the Council it was possible to look at community hospitals as well. Councillor Swift-Hook questioned whether the review would just bring forward bad experiences, and therefore produce skewed results. Mr Owen replied that this might be the case, however bad experiences should not be ignored. The suggestion was for the findings to be reported back to the panel at their next meeting.

Councillor Ellison was very interested in this review, having had a family member experience problems whilst in hospital care.

Councillor Webb asked whether the Royal Berkshire Hospital had an internal scrutiny function. Mrs Searle replied that it did., and suggested it could be worthwhile asking the Royal Berkshire Hospital for compliments and complaints relating to Dignity in Care for Older People. Local hospitals would welcome the review taking place. It was also noted by Members that the Royal Berkshire Hospital had dignity champions. The dignity champions signed up to a code of conduct, and sought to improve dignity of people in the care of the hospital.

Councillor Webb brought Members attention to the proposed timescales in 4.1; he said that this seemed reasonable. He liked the idea of hearing experiences first hand. Mr Owen said that there were two key areas, respect and nutrition. Respect took into account dignity in care, as well as how involved the patient was, and how aware they were of what was going on. Nutrition took into account meals provided, and if they were substantial for the patient, and meeting their needs.

Councillor Swift-Hook supported these recommendations, but also suggested that the following were reviewed:

- Complaints; regarding dignity and respect in care

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- Choice involving nutrition; making sure people can eat it.
- Management of Medicine.

Councillor Boeck said that although Councillor Swift-Hook's proposals were important he thought the proposals should be focussed.

Councillor Webb agreed and proposed that respect be used as an assessment, as well as Nutrition, which had the potential to be broader and encompass what Councillor Swift-Hook mentioned regarding nutritional requirements. Councillor Webb said that when explaining to the focus group, broader examples such as the other CQC Standards which overlapped with Respect and Nutrition should be used.

Councillor Webb proposed the following:

- **That the timescale as set out in the report be kept to**
- **The headings of Respect and Nutrition be used as the focal point into the Review into Dignity of Care for Older People in Hospitals.**

All Members present agreed.

Councillor Webb asked if Councillor Swift-Hook and Councillor Chandler as substitutes wished to be kept updated with the review. Councillor Chandler and Swift-Hook both asked to be kept up to date.

8. **Health Scrutiny Panel Work Programme**

Mrs Searle mentioned to the Health Scrutiny Panel, that no people with learning difficulties had been placed in a Winterbourne View home from Berkshire.

Mrs Searle also mentioned the possibility of organising a joint Health Scrutiny meeting across Berkshire West, when topics affect more than one area, and suggested bringing forward some proposals to see if it would be something that would be of interest to the Health Scrutiny Panel. Councillor Quentin Webb said it would be sensible to see the proposals.

Councillor Webb proposed that the Six Lives report be brought to the autumn meeting. Mr Owen said this would be possible.

(The meeting commenced at 6.30 pm and closed at 8:45 pm)

CHAIRMAN

Date of Signature

Agenda Item 8

Title of Report:	Progress from Berkshire West PCT post the “Six Lives” report
Report to be considered by:	Health Scrutiny Panel
Date of Meeting:	4 th October 2011

Purpose of Report: To review the progress in West Berkshire after the publication of the six lives reports.

Recommended Action: To question what further changes, if necessary, have been applied by Berkshire West PCT.

Healthier Select Committee Chairman	
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Supporting Information

1. Introduction – Six Lives Report

- 1.1 The Ombudsman published the report Six Lives: the provision of public services to people with a learning disability in March 2009. The Ombudsman required local authorities to report to Cabinet on actions taken.
- 1.2 This report was produced following the deaths of six adults with a learning disability which were first reported in the report Death By Indifference produced by Mencap (2007) and subsequently Healthcare for All (a report of the independent inquiry into the access to healthcare for people with learning disabilities) by Sir Jonathan Michael (2008).

2. What West Berkshire Council's response was

- 2.1 Following the publication of the Six Lives Report, West Berkshire Council reviewed the effectiveness of the local systems in place, and reviewed the capacity and capability of the local services for people with learning disabilities. Below is a report that was produced for what are now Adult Social Care senior managers. The report has been updated in August 2011 and the updated comments are shown in [blue](#).

Title: SIX LIVES REPORT

Date: 5th May 2010

Author: Alison Love

Introduction.

- 2.2 The purpose of this report is to provide Community Services Senior Management Team with information about the recommendations and local actions required in response to issues raised in the report by the Local Government and Parliamentary and Health Service Ombudsman, "Six Lives: The provision of public services to people with Learning Disabilities" published in March 2009.
- 2.3 This report describes six investigations and recommendations by the Ombudsman following Mencap's report, "Death by Indifference" in 2007 and the "Healthcare for All" published in July 2008.
- 2.4 All three reports relate to the deaths of six people with learning disabilities who died between 2003 and 2005, whilst in NHS or local authority care. They highlight significant failures in service across both health and social care leading to situations in which the six people with learning disabilities experienced unnecessary suffering and inappropriate care. Lack of leadership and a failure to understand the law in relation to disability discrimination and human rights are also identified as key factors.
- 2.5 In all six cases the people did not receive health care that would have been available to other people because either or both health and social care

organisations with responsibility for their care did not understand their needs or were unable to communicate adequately with them. Thus healthcare needs were not dealt with in a timely or appropriate way. All organisations concerned also were found to have significant failings in the way they responded to complaints made by the families concerned. It is not known if the people concerned would have survived and/or recovered had they received appropriate treatment in time. What is significant is the evidence in the reports of the degree of institutional failure involved in all six cases.

- 2.6 One of the people who died was a young woman from West Berkshire who died in the Royal Berkshire Hospital 2004. West Berkshire Council was not implicated in the complaint made by her mother or in the investigations of Independent Inquiry. Council staff have been involved in the work being done by the PCT as their response to the Six Lives report. This work is designed to be taken forward as part of joint working arrangements. (See attached – Six Lives Action Plan).
- 2.7 This report to the Senior Management Team is designed to constitute West Berkshire's review of the way it commissions and delivers services to people with learning disabilities.
- 2.8 In West Berkshire there are already a range of local measures in place that ensure that people with a learning disability receive services that take account of their healthcare needs and are proactive in helping them access the health care they need. These measures include the following:-
- A Safeguarding Forum that oversees all safeguarding matters in the local area and monitors the numbers and types of safeguarding issues that arise.
 - A Safeguarding service that complies with national and West of Berkshire Safeguarding procedures.
 - A Care Quality Board and care quality officers which monitor all regulated services locally and address with providers any specific issues of concern. The Care Quality Board consists of Safeguarding staff, Contracts and Commissioning staff, Care Management, and PCT Commissioning. This ensures that all known information about local provision is brought together and monitored. The care quality officers can also work with providers for time-limited periods to improve service provision.
 - Contracts and commissioning officers and care managers who also work together to ensure that any concerns about particular service provision are investigated thoroughly and action plans for improvement are put in place. This feeds into the information that goes to the Care Quality Board.
 - There is a local integrated Community Team for People with Learning Disability. This joint team is managed by 1 manager and the nurses in the team can assess and monitor general and particular health issues for people in West Berkshire. The Health staff in CTPLD also liaise with GP surgeries and support hospital admissions and discharges.
 - The West Berkshire Learning Disability Partnership Board contributed to the Berkshire West Health Self Assessment in March 2010 and also produced an Annual Report which addressed the Valuing People Now priorities one of which is Health. [The Health Self Assessment and the LDPB Annual Report are both in the process for being produced for 2011.](#)
 - The Learning Disability Partnership Board has a Health subgroup which will be piloting a monthly Health Drop-in service from June 2010. This will provide

individuals with a low- level monitoring and advice service for health related matters. The Health Drop in Service has been operating since June 2010 and generally has between 15 and 20 people using the service.

- Addendum September 2011. Given the recent Safeguarding concerns that have been published nationally about people with learning disabilities in long term care settings, it would be timely to write to all providers of services to people with a learning disability and ask them for assurance that they are compliant with the Disability Discrimination Act and are making reasonable adjustments to ensure that people with a learning disability are accessing the healthcare they need.

2.9 Poor complaints handling was a key feature of all six cases.

2.10 Six Lives Report recommended:

That all NHS and social care organisations in England should review urgently:

- The effectiveness of the systems they have in place to enable them to understand and plan to meet the full range of needs for people with learning disabilities in their areas; and
- The capacity and capability of the services they provide and/or commission for their local populations to meet the additional and often complex needs of people with learning disabilities.

Attached below is the Berkshire West PCT Six Lives Action Plan that sets out actions that apply to both the PCT and Local Authorities.

ACTION PLAN

ACTION	WHO IS RESPONSIBLE	TIMESCALE	MEASURE OF SUCCESS
1. Complete the Health Self Assessment Framework and agree priorities for 2010/11	The PCT via the Learning Disability Core Group and Learning Disability Partnership Boards	By 31/03/10 Completed.	Priorities will be achieved by March 2011
2. Complete the Learning Disability Partnership Board Annual Plan	Locality Managers via the three Learning Disability Partnership Boards	By 31/03/10 Completed.	Each local area will have agreed Health priorities in accordance with local need and the requirements of Six Lives, Valuing People Now, and the Health Self Assessment by September 2010 Local Priorities were to:- <ul style="list-style-type: none"> • Increase the

			<p>number of Health Action Plans</p> <ul style="list-style-type: none"> • Set up the Health Drop-in Service • Set up a Sexual Health and Relationship Group <p>All of these have been achieved</p>
3. Review the effectiveness of the new Joint Complaints Process for Health and Social Care	The PCT via the Learning Disability Core Commissioning Group in conjunction with Berkshire Healthcare Foundation Trust and the three Local Authorities.	By 31/03/2011	All organisations will have agreed and will be following a joint complaints process. This process was delayed but a draft Joint Complaints Protocol has now been sent out by the PCT to all LAs (adult social care) and all Health Trusts across Berkshire.
4. Increase the number of people with learning disabilities having an annual health check and Health Action Plans .	Learning Disability Core Group, CTPLDs, and Learning Disability Partnership Boards	By 31/03/11	More people will have had improved access to primary health care. HAP target for 2010/11 was 100 At 31/03/11 265 had been achieved.
5. Provide training for PCT Learning Disability staff on all aspects of healthcare for people with learning disabilities but with particular emphasis on Six Lives and the actions from the Health Self Assessment (At least 2 workshops)	Learning Disability Core Commissioning Group.	By 31/03/11	Staff will be aware of and working to agreed priorities for providing healthcare to people with learning disabilities. (Half-day workshop took place on 10 th May 2010 with a second in October.)

<p>6 Review and monitor reasonable adjustments being made by local services to enable people with learning disabilities to access appropriate healthcare. This means that physical and mental health care for people with learning disabilities is considered equally in acute, secondary and primary care.</p>	<p>Learning Disability Commissioning Group</p>	<p>By March 2011</p>	<p>Good practice is recognised and shared and poor practice is challenged and improved.</p>
<p>7. Prepare evidence for the Care Quality Commission review of the provision of health services for people with learning disabilities.</p>	<p>Learning Disability Commissioning Group</p>	<p>By March 2011?</p>	<p>An action plan is developed following the review Outcome of review not yet known</p>
<p>8. Review the local implementation of the Green Light document</p>	<p>Learning Disability Commissioning Group and Learning Disability Partnership Boards</p>	<p>By March 2011</p>	<p>The mental health needs of people with a learning disability are more readily identified and treated. Presentation and discussion on the Green Light took place at LDPB in March 2011.</p>
<p>9. Develop a training strategy for Learning Disability which targets different groups and different levels of training, i.e.:- - Focussed training for LD professionals - General LD awareness for all health and social care staff via induction and Equality and Diversity training - Specialist training in MHA, MCA, Best Interest, autism - Training for specific</p>	<p>Learning Disability Commissioning Group and the Training managers of the PCT, Trusts and local authorities.</p>	<p>30/09/10</p>	<p>Appropriate training is available to ensure that staff in all health and social care settings can respond to people with learning disabilities appropriately.</p>

groups of acute sector staff via the Learning Disability Liason Nurse - Training for universal health and social care staff e.g dentists, opticians, Housing			
10. Implement the Action Plan agreed between the SHA and the PCT from the Health Self Assessment.	Learning Disability Commissioning Group and the subgroups from each Partnership Board	By March 2011	Health services for all people with learning disabilities show improvement. Review of Action Plan took place in March 2011. In general improvement s had been made but further actions were identified in workshop for 2011 Health Self Assessment.
11. Ensure that each Partnership Board receives a report at least once a year on the number and type of Safeguarding referrals that have been made in their local area.	Partnership Board Chairs and LA reps.	By March 2011	Partnership Boards are monitoring that people are safe in health and social care settings Jackie Bennett(Safeguarding manager) attended LDPB in November 2010 and gave presentation on Safeguarding in West Berkshire
12. Develop a West of Berkshire Autism Strategy	Learning Disability Partnership Manager for the PCT		PCT LD Partnership Manager has developed an Autism Action Plan .
13. Review the Discharge Planning process for people with learning disabilities from acute health settings	Learning Disability Commissioning Group with Learning Disability Liason nurse, BHCT staff, and LA managers	30/09/10	Better discharge planning is in place
14. Provide a Berkshire West Health Event to share local good practice from the Health self Assessment and Six	Learning Disability Partnership Boards Health Sub-Groups	30/12/10	Everyone has the opportunity to be involved in the development of health services. This took place in

Lives Report and engage with stakeholders on what other actions are required.			Reading in September 2011. A few West Berkshire service users attended.
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Alison Love – Locality Manager

June 2010.

3. Strategic Health Authority

3.1 The Strategic Health Authority requested that the PCT carry out the work required within their areas following the publication of the six lives report. In the progress report it noted that all PCTs had followed up and done the work required, however not all by the deadline of March 2010.

4. Berkshire West

4.1 Berkshire West PCT have carried out significant work since the publication of the Six Lives Report such as the appointment of a learning disability liaison nurse who although based at the Royal Berkshire Hospital, travels around the three Local Authorities in Berkshire West (West Berkshire Council, Reading Borough Council and Wokingham Borough Council).

4.2 Since the publication of the “Six Lives: Progress Report” detailing the aims, and work of the PCTs no further update has been given by Berkshire West PCT. Although structures and processes exist to ensure the PCT understands the needs of the people with a learning disability locally, further work is required to ensure that this includes the full range of needs and the development of the Joint Strategic Needs Assessment.

4.3 The Self Assessment portal created by the Public Health Observatory is a useful tool which has been set up. The portal gathers information from across England; it will help hospitals and other providers of health and social care, to understand better the needs of people with learning disabilities, and their families and carers. Appendix B has the feedback from Berkshire West PCT.

5. Recommendation

5.1 To note the briefing and consider what remedial action, if any, is required.

Appendices

Appendix A - Berkshire West PCT Six Lives Assurance Report

NAME OF MEETING:	PAPER NUMBER:
Public Board Meeting	B10/059

TITLE OF PAPER:	Six Lives Assurance Report
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DATE OF PAPER:	DATE OF MEETING:
9 th March 2010	23 rd March 2010

PURPOSE OF PAPER:
To inform the Board about the requirements of the Six Lives report and to report the review of local arrangements, progress made and further work planned in relation to understanding and meeting the needs of people with learning disabilities.

SUMMARY:
<p>“Six Lives: The provision of public services to people with Learning Disabilities” was published by the Local Government and Parliamentary and Health Service Ombudsman report in March 2009. The report required that all NHS and social care organisations should review effectiveness of local systems for needs assessment and planning to meet the needs of people with learning disabilities; and the capacity and capability of the services they provide and/or commission for their local populations. It was also required that a report concerning this should be provided to those responsible for the governance of health and social care organisations within 12 months.</p> <p>The attached report includes an outline of the organisational structures in place in Berkshire West to identify and respond to local needs, and work undertaken in Secondary Care, Primary Care and PCT Provider services in relation to the provision and improvement of health services for people with learning disabilities.</p> <p>Assurance processes are described which will enable future monitoring of progress and identification of additional work required.</p>

RECOMMENDATIONS:
The Board is asked to note the Six Lives Assurance Report, and the commitments made to future action in relation to the requirements of the Six Lives report of the Local Government and Parliamentary and Health Service Ombudsman.

LEAD:	PAPER AUTHOR:
Bev Searle Director of Partnerships & Joint Commissioning	Bev Searle Director of Partnerships & Joint Commissioning

FINANCIAL IMPLICATIONS:

None

WHICH HEALTHCARE STANDARDS ARE RELEVANT TO THIS PAPER?

CO6, CO7e, C18, C22ac

WHICH WORLD CLASS COMMISSIONING COMPETENCY DOES THE SUBJECT OF THIS PAPER HELP US ACHIEVE? *(X as appropriate)*

1. Local leader of NHS		2. Collaborates with Partners	x	3. Patient & Public Engagement	
4. Clinical leadership		5. Assess needs		6. Prioritisation	
7. Stimulates Provision		8. Innovation		9. Procurement & Contracting	
		10. Performance Management		11. Effectiveness of Spend	
Governance - Strategy	x	Governance - Finance		Governance - Board	

HOW DOES THIS PAPER IMPACT ON THE PCT'S STRATEGIC OBJECTIVES?

5 - To work collaboratively with community partners and provider organisations to ensure we commission services which improve health and reduce inequalities.

Implementation of identified actions will support the continued development of quality health service provision for people with learning disabilities in response to identified local needs.

PLEASE LIST ANY OTHER COMMITTEES OR GROUPS WHERE THIS PAPER HAS BEEN DISCUSSED:

None

Six Lives Assurance Report

1.0. Introduction

This report is required to provide Board assurance of the implementation of the requirements of the “Six Lives” report.

“Six Lives: The provision of public services to people with Learning Disabilities” was published by the Local Government and Parliamentary and Health Service Ombudsman report in March 2009. The report required that all NHS and social care organisations in England should urgently review the effectiveness of the systems they have in place, to enable them to understand and plan to meet the full range of needs of people with learning disabilities in their areas; and the capacity and capability of the services they provide and/or commission for their local populations to meet the additional and often complex needs of people with learning disabilities. It was also required that a report concerning this should be provided to those responsible for the governance of health and social care organisations within 12 months.

2.0. Background

A report was brought to the Board of NHS Berkshire West in September 2008, which outlined the Independent Inquiry into Access to Healthcare for People with a Learning Disability. The Inquiry was commissioned following the Mencap Report “Death by Indifference”, and made ten principle recommendations for the Department of Health, Trainers, Commissioners, Provider, and Inspectors and Regulators.

In addition, a report on the Independent Inquiry was taken to the Berkshire West Partnership Board in November 2008, in recognition of the need for a joint approach to the implementation of the recommendations.

The Six Lives report contains a detailed summary of the Ombudsman investigations undertaken into the six cases cited in the “Death by Indifference” report.

As recommended in the September 2008 Board report, the Independent Inquiry recommendations have been taken forward by the Learning Disability Commissioning Group.

This report outlines progress to date and further work required concerning the requirements of the Six Lives report.

3.0. Assessment of Needs

The first requirement of the Six Lives report was the review of the systems enabling understanding and planning to meet the needs of people with learning disabilities.

3.1. Organisational Structures

NHS Berkshire West and its 3 partner Unitary Authorities work in partnership to provide and commission services for people with a learning disability, and the structures which exist to undertake these tasks are as follows:

- There are jointly managed Community Teams for People with a Learning Disability in each of the Unitary Authority areas, which enable a coordinated response to the needs of individuals referred.
- There is a joint Learning Disability Commissioning Group which oversees commissioning activity across the three areas, and takes responsibility for required performance monitoring and support of strategic planning.
- This group is accountable to the Berkshire West-wide Joint Commissioning Partnership which includes oversight of commissioning in response to all patient and service user groups across Berkshire West.

- Learning Disability Partnership Boards (LDPBs) exist in each of the 3 Unitary Authority areas, and membership includes service users, family carers, voluntary sector representatives, statutory service providers and commissioners. These groups have the lead responsibility for implementation of Valuing People national guidance, and ensuring the involvement of service users and family carers in the identification of local needs and planning.
- There are Health Sub Groups of each of the LDPBs which have taken forward a variety of actions in each area to promote the health and wellbeing of people with learning disabilities.
- The LDPBs are linked to the 3 Health and Wellbeing Partnerships, which are in turn accountable to the 3 Local Strategic Partnerships. This structure ensures the inclusion of the needs of people with learning disabilities in the development of Sustainable Community Strategies, and wider partnership work – for example in terms of Community Safety and Housing etc.

3.2. Joint Strategic Needs Assessment (JSNA)

The JSNA has been undertaken in 2008 and 2009, and informs the development of health and social care strategic plans. To date, it has not included significant specific information on the needs of people with a learning disability, although health and social care organisations have detailed information which is available to be shared on request. Work is currently underway to inform the development of the 2010 JSNA, and the Learning Disability Commissioning Group will take responsibility for the inclusion of an appropriate analysis of the needs of people with a learning disability.

The requirement of the Six Lives report was to review the means by which the **full range** of needs of people with learning disabilities were understood and planned for – further work is required to ensure that this is completed, and the annual reports of the Learning Disability Partnership Boards will be used to inform specific actions required.

4.0. Capacity and Capability of Services

The second requirement of the Six Lives report was the review of the capacity and capability of the services provided and/or commissioned for our local populations to meet the additional and often complex needs of people with learning disabilities.

4.1. Secondary Care

Since the September 2008 Board report, a Learning Disability Liaison Nurse has been appointed at the Royal Berkshire Hospital. This has improved access and care for people with learning disabilities when using acute services. The post-holder also attends the three Learning Disability Partnership Boards within the Berkshire West area. This has effectively promoted the role to service users, family carers, commissioners and providers of local services, enabling issues of concern to be raised and issues resolved.

The post also carries lead responsibility for Deprivation of Liberty Safeguards (DOLS), which were introduced in April 2009, providing an addition to the Mental Capacity Act 2005. The link between DOLS and the Six Lives report is outlined below in section 5.

Berkshire Healthcare Foundation NHS Trust provides specialist assessment and treatment services for people with a learning disability. The specialist Learning Disability Psychology and Psychiatry Services provide an important source of expertise for staff employed in the mental health service, when treatment is required for people with a learning disability who also have a mental health problem. The specialist Learning Disability staff work closely with the 3 Community Teams for People with a Learning Disability (CTPLD) in Reading, West Berkshire and Wokingham.

The national guidance for the provision of mental health services for people with Learning Disabilities is contained with the Green Light document, published in 2006

The Mental Health Local Implementation Team will undertake a review of the local implementation of Green Light during 2010 to ensure local compliance with all requirements.

4.2. Primary Care

Using the Directed Enhanced Service (DES) for learning disability, GP practices have received training and are able to provide annual health checks for people with learning disabilities. Training has been provided by health staff in CTPLDs, which has had the added benefit of developing stronger relationships between the teams and Primary Care. Further work is required to analyse the outcomes of the assessments, and assure universal provision across the whole PCT area.

Assurance of the services provided by GPs and other Independent Contractors is required in order to identify whether reasonable adjustments are being made to meet the needs of people with Learning Disabilities. This has been planned as part of the response to the Learning Disability Health Self Assessment (see below), and will include "mystery shopper" reports undertaken by people with learning disabilities. The Learning Disability Commissioning Group will analyse results of this work and provide recommendations to the PCTs Primary Care Commissioning Team during 2010.

4.3. NHS Berkshire West Provider Services

The Learning Disability Commissioning Group ran a training session for all PCT Learning Disability staff in September 2009 which included a session on the implications of Death by Indifference, Healthcare for All, and Six Lives.

The completion of Health Action Plans for individuals with learning disabilities has been progressing as part of the implementation of Valuing People guidance. This will be audited during 2010 to assess the level of progress achieved and further action required. There will be a follow up half day workshop for PCT Learning Disability staff in May 2010 so that the Six Lives report and resulting Action Plan can be monitored and requirements for further work identified.

5.0. Deprivation of Liberty Safeguards

The implementation of DOLS in April 2009 has provided an important additional means of promoting quality provision for people with a learning disability in hospital. DOLS is an addition to the Mental Capacity Act of 2005, and provides a legal framework for the authorisation of arrangements which may deprive the liberty of a person who lacks capacity to make their own decisions. Although the numbers of DOLS that we have authorised since April 2009 have been very small, there have been a number of opportunities to improve arrangements for advocacy for people with a learning disability, to reduce restrictions of liberty, and ensure the person's best interests are assessed fully and in line with the legal framework.

In addition, a number of members of Community Health staff have received training as Best Interest Assessors (BIAs), who undertake assessments required within the DOLS process. This has enabled them to develop a greater understanding of the needs of people who may lack capacity to make their own decisions. This includes some people with a learning disability, as well as people with specific health problems. Community Health has an identified DOLS lead, who provides leadership and support for BIAs, as well as advice for staff when working with individual patients in our Community Hospitals.

6.0. Assurance Processes

A number of processes exist which provide ongoing assurance of action in response to the Six Lives requirements:

6.1. Learning Disability Health Self Assessment

In March 2009, the Learning Disability Commissioning Group completed the first national Health Self Assessment for the Strategic Health Authority. The framework for the Self Assessment included questions that reflected the recommendations from Healthcare for All. A validation process was undertaken with the SHA, and areas for further action identified. The self assessment process for 2010 is now in progress, and will incorporate stakeholder, user and care feedback, and will be used to inform additional work required, which will be monitored by the Learning Disability Commissioning Group.

6.2. Learning Disability Partnership Board Annual Report

For the first time this year, LDPBs have been required to complete an annual report which includes a significant amount of detail about needs of people with a learning disability in the area, as well as commissioning arrangements and strategy implementation. This will provide a basis for national benchmarking in future, and ensure input of service users and carers in the submission of information. The annual reports will provide a basis for development of the Learning Disability section of the JSNA referred to earlier.

6.3. Care Quality Commission

One of the reviews due to be undertaken during 2010/11 by the Care Quality Commission is the provision of health services for people with learning disabilities. The Learning Disability Commissioning Group will take responsibility for necessary preparation work, and required action identified following the review.

7.0. Complaints

Poor complaints handling was a key feature of all six cases which were the subject of the Six Lives report. Therefore, the review of the joint health and social care complaints process will be undertaken by the Learning Disability Commissioning Group during 2010.

8.0. Conclusion

A significant amount of work has been undertaken in Berkshire West since the publication of the Six Lives report:

Structures and processes exist to ensure the PCTs understanding of needs of people with a learning disability locally, and the use of this information to plan service provision. Further work is required to ensure that this includes the full range of needs and the development of the JSNA. However, there are assurance processes in place to ensure that this work is undertaken and monitored.

Capacity and capability of services to meet the needs of people with a learning disability has improved as a result of the introduction of health checks, developments in secondary care and the work of the health sub groups of LDPBs. Assessment of the reasonable adjustments made by services provided locally will be undertaken during 2010 and monitored by the Learning Disability Commissioning Group. The LDPBs annual reports and Care Quality Commission review will provide an objective assessment of progress and guidance on further work required.

Agenda Item 9

Title of Report:	Health and Wellbeing Board Update
Report to be considered by:	Health Scrutiny Panel
Date of Meeting:	4 October 2011

Purpose of Report: Update on the progress towards establishing a Health and Wellbeing Board for West Berkshire.

Recommended Action: This item is for information only

Health Scrutiny Chairman	
Name & Telephone No.:	Councillor Quentin Webb – Tel: 01635 202646
E-mail Address:	qwebb@westberks.gov.uk
Contact Officer Details	
Name:	Rob Alexander
Job Title:	Policy Officer
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Executive Report

1. Introduction

- 1.1 At the July meeting of the Health Scrutiny Panel Members received a verbal update regarding the establishment of a Health and Wellbeing Board. Members also requested a written briefing note, this has been attached at Appendix A.
- 1.2 Members will receive a verbal update of current progress at the 4th October 2011 meeting.

2. Recommendations

It is recommended that:

- 2.1 Members note the Appendix A and verbal update.

Appendices

Appendix A – Briefing note regarding the Health and Wellbeing Board.

Update on Health and Wellbeing Board for Health Scrutiny Panel July 2011

Senior managers at director level from local authorities, PCT and Public Health, along with Clinical Commissioning leads and lead politicians from Reading, Wokingham and West Berkshire, have met on a number of occasions to explore options for the set up of Health and Wellbeing Boards (HWB) in the West of Berkshire.

Through these meetings it was agreed that there would be a HWB in each of the three unitary areas. This agreement was on the basis that this arrangement would be reviewed over time to monitor effectiveness and to track other changes.

Primary aim of the HWB will be to oversee the development of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy and to ensure that commissioning decisions across the health and social care economy account for identified need.

The WBC board will meet on a bi-monthly basis as an executive committee of the local authority, with a membership that comprises of Leader of the Council as chair,

Portfolio leads for the relevant directorates, Directors of Adult and Children's social care, Director of Public Health and representation of the Clinical Commissioning Groups and Healthwatch. Other members will be co-opted onto the Board as required. Sub groups for specific strands of work will form in line with the work programme of the Board.

It is intended that the Board will be operating in shadow form ahead of the April 2012 deadline and established to assume the full function of HWB by April 2013.

June Graves
July 2011

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Title of Report:	Health Scrutiny Panel Work Programme
Report to be considered by:	Health Scrutiny Panel
Date of Meeting:	4 October 2011

Purpose of Report: To consider and prioritise the work programme for the municipal year 2011/12.

Recommended Action: To consider the current items and discuss any future areas for scrutiny.

Health Scrutiny Panel Chairman	
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E-mail Address:	qwebb@westberks.gov.uk
Contact Officer Details	
Name:	Rob Alexander
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Executive Report

1. Introduction

- 1.1 Members are requested to consider the latest work programme attached at Appendix A. In addition, Members are asked to give consideration to future areas for scrutiny.

Appendices

Appendix A – Health Scrutiny Panel Work Programme

Consultees

Local Stakeholders:

Officers Consulted: Director for Community Services, Head of Adult Social Care, Head of Social Care Commissioning and Housing.

Trade Union: N/A

OVERVIEW & SCRUTINY MANAGEMENT COMMISSION WORK PROGRAMME 2011/12

Reference	Subject/purpose	Methodology	Expected outcome	Review Body	Dates	Lead Officer(s)/ Service Area	Portfolio Holder(s)	Status: In Progress Completed	Comments
OSMC/11/104	Anti-Child Poverty Strategy	To monitor the strategy	Monitoring item	HSP	Start: On-going End: April 2012	Julia Waldman – 2815 Children and Young People	Cllr Joe Mooney	In Progress	
OSMC/11/105	Dignity and Nutrition – Hospitals To review the Care Quality Commission report on Dignity and Nutrition - Hospitals	To survey and hold focus groups detailing information		HSP	Start: July 2011 End: 2012	Nigel Owen, West Berkshire LINK, Age UK	Cllr Joe Mooney		
OSMC/11/106	Update on the Health and Wellbeing Board To receive updates from the Health and Wellbeing Board	To update members on Health and Wellbeing Board	Monitoring item	HSP	Ongoing	Teresa Bell/June Graves	Cllr Joe Mooney	In Progress	
OSMC/11/107	Update on the Health Service in West Berkshire	To update members on the changes to Health Service in West Berkshire	Monitoring item	HSP	Ongoing	Bev Searle - Director Joint Partnerships and Commissioning	Cllr Joe Mooney	In Progress	
OSMC/11/108	Six lives report To receive updates on progress of Six Lives report	Investigate NHS improvements since the six lives report		HSP	Start: Oct 2011 End: 2012	Alison Love, Nigel Owen, Teresa Bell	Cllr Joe Mooney		
OSMC/11/114	GP Commissioning To understand the arrangements in the East of West Berkshire concerning GP Commissioning	In meeting review.		HSP	Start: Oct 2011 End:	June Graves, Bev Searle	Cllr Joe Mooney		
OSMC/11/115	Review of the Ambulance Indicators To understand and review the changes to the ambulance indicators	In meeting review.		HSP	Start: Oct 2011 End:		Cllr Joe Mooney		

Key:

OSMC Overview and Scrutiny Management Commission
HSP Health Scrutiny Panel
RMWG Resource Management Working Group

Scheduled Meetings Dates

20/09/11	01/11/11	10/01/12	21/02/12	17/04/12	29/05/12
04/10/11	17/01/12	27/03/12			
27/09/11	08/11/11	17/01/12	28/02/12	24/04/12	

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