

# DRAFT

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, 4 DECEMBER 2012

**Councillors Present:** Howard Bairstow, Dominic Boeck, Sheila Ellison, Roger Hunneman (Substitute) (In place of Alan Macro), Tony Linden, Gwen Mason (Vice-Chairman) and Quentin Webb (Chairman)

**Also Present:** Jan Evans (Head of Adult Social Care), Janet Golder (WBC Continuing Healthcare Consultant), Elizabeth Rushton (Primary Care Trust), Tony Lloyd (Chairman of the West Berkshire Local Involvement Network - LINKs), David Lowe (Scrutiny & Partnerships Manager), Marion Andrew - Evans (Primary Care Trust), Charlene Myers (Democratic Services Officer), Olga Senior (South Central Health Authority) and Samantha Ward (South Central Health Authority)

**Apologies for inability to attend the meeting:** Councillor Carol Jackson-Doerge and Councillor Alan Macro

**Councillor(s) Absent:**

#### PART I

#### 12. Apologies for Absence

Apologies were received from Councillor Carol Jackson-Doerge and Councillor Alan Macro for whom Councillor Roger Hunneman substituted.

#### 13. Minutes of Previous Meeting

The Minutes of the meeting held on 19 June 2012 were approved as a true and correct record and signed by the Chairman, subject to the inclusion of the following amendments:

**Page 2, paragraph 9** : it was noted the word garner should be replaced with gain.

**Page 5, paragraph 8:** it was noted that the final sentence should exclude the word 'in'.

#### 14. Declarations of Interest

Councillor Roger Hunneman declared an interest in Agenda Item 5, but reported that, as his interest was personal and not prejudicial, he determined to remain to take part in the debate.

#### 15. Urgent Items

No urgent items were reported.

#### 16. Findings of the Independent review of Continuing Healthcare

*(Councillor Roger Hunneman declared a personal interest in Agenda item 5 by virtue of the fact that he had a relative who received CHC within West Berkshire. As his interest was personal and not prejudicial he determined to take part in the debate.)*

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Jan Evans presented to members, the Continuing Healthcare (CHC) process and background concerns which led to the Independent Review in June 2012. Jan Evans explained that CHC was care provided over an extended period of time to a person over the age of 18 years to meet the physical or mental health needs that had arisen due to disability, illness or injury. The National Healthcare Service (NHS) provided a CHC package which would be arranged and solely funded by the NHS where the individual had a primary health need. Jan Evans provided members with a brief overview of the process in order for an individual to obtain CHC;

- Consent by an individual to conduct an assessment.
- NHS Checklist – referral to Primary Care Trust (PCT)
- Decision Support Tool (DST) – multidisciplinary
- Agreed recommendation
- PCT advises individual of decision
- Dispute and Appeal – opportunity for the LA or individual.

Jan Evans advised that a Fast Track Pathway Tool was in place to assess individuals whose condition had rapidly deteriorated and possibly entered a terminal phase; the Fast Track process was designed to avoid complex process steps to enable prompt implementation of support services.

Jan Evans advised that the PCT had a responsibility to ensure consistency in the application of the national policy on eligibility of NHS CHC. The PCT was also responsible for raising awareness of the NHS CHC and the delivery of training and development to staff to ensure quality standards were met and sustained. Jan Evans noted that the PCT was responsible for commissioning the NHS CHC on a strategic and individual basis within the legal framework.

Members were advised that the Local Authority (LA) had a responsibility to identify individuals who may be eligible for consideration or assessment and notify the PCT if individuals' needs potentially fell within the scope of the NHS Act 2006. The LA contributed towards the section 47 Social Care assessments and was responsible for promoting awareness of the NHS CHC. The LA was responsible for ensuring quality of standards were met and sustained, delivery of training and development to staff and the implementation and maintenance of good practice. Jan Evans explained that the LA had to ensure the nature of the individual's needs was not beyond the LA's legal limits, the definition of which was unclear.

The Panel heard that the performance of the Berkshire West PCT was rated 150 out of 150 and had the lowest number of residents accessing CHC, 15 per 10,000 weighted population.

Members were reminded that the CHC Independent Review process commenced in June 2012, commissioned by the South Central Health Authority (SCHA), and aimed to review the process and practice related to NHS CHC in Berkshire with suggestions for improvement. Overall the Independent Review issued 58 recommendations and the key findings were;

- The Strategic Health Authority required assurance that the PCT was operating within the legal framework and guidance around the Fast Track Pathway Tool.
- Improvement in joint working between the NHS and 6 Local Authorities in Berkshire.
- The approval of an operational policy which made all procedures clear.
- An agreed and signed Dispute Resolution Policy

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- Agreement on content of NHS Checklist Tool to avoid delayed discharge from the acute setting

Jan Evans advised that an interim agreement was in place to reduce the number of patients delayed in Hospital due to the outstanding change required to the CHC process. Jan Evans explained to Members that the PCT, SCHA and LA created the action plan following release of the 58 recommendations.

Members were presented with an example case, Mrs A, which highlighted the significant period of time Mrs A had to wait before a decision regarding her CHC needs was made. The example showed that the Council sent the PCT legal letters in response to the delay and negative impact that it was having upon the Individual and family members.

Jan Evans explained that the first draft Operational Policy, Application Process and Dispute Procedure was created in November 2012; the Implementation Group scheduled a review for 10 December 2012 and planned to implement the documents by the 31 December 2012. It was noted that the implementation date was no longer achievable. Members were informed that the Council continued to receive legal advice and input from the Association of Directors of Adult Social Services (ADASS). Jan Evans advised that in her opinion, operationally, there had been very little change in practice since the recommendations were released.

Councillor Quentin Webb thanked Jan Evans for the presentation and asked the other guests whether they agreed with the detail, setting aside the example of Mrs A's experience. Olga Senior wished to clarify that the author of the Independent review was Eileen Roberts rather than Eileen Reynolds but otherwise agreed with the content.

Councillor Webb asked why the expected implementation date of the Operational Policy was no longer achievable. Jan Evans felt the delay was due to the miscommunication between PCT and the SCHA in respect of who would set up the required meeting to take the policy forward. In response Marion Andrew - Evans explained that the PCT were required to work with 6 authorities within Berkshire which brought about its own challenges due to diary management and availability of staff, however, a draft policy was created to allow initial review.

Councillor Webb asked how far forward the key findings had been taken. In response Marion Andrew - Evans explained that the PCT ensured their actions were legal. In respect of the Fast Track process, the PCT were in the process of developing a team who would be solely tasked with managing Fast Track applications. Marion Andrew-Evans noted that the team would enable an efficient and robust approach to the Fast Track process. Councillor Webb asked whether Fast Track applications could be refused, Marion Andrew - Evans advised they could not but the PCT intended to identify an auditing process which would evaluate the needs of a referral after an episode of care and subsequently share lessons learnt with the LA. Marion Andrew - Evans noted that the Fast Track process should be utilised for specialised cases only.

Councillor Gwen Mason noted the action plan referred to additional training of PCT staff and asked what training had been delivered since the review. Marion Andrew - Evans explained that training was not scheduled to commence until the Operational Policy had been issued. The PCT planned to deliver training with regard to the use of the assessment checklist, the decision making process and specialised areas such as palliative care. In response to Councillor Mason asking what timeframe had been set in respect of training, Marion Andrew- Evan advised no specific date had been set but anticipated training would be delivered in January 2013. It was noted that the PCT

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continued to source GP's to deliver training which had resulted in indentifying lead GP cluster who would attend training on behalf of the wider group.

Councillor Webb asked who would take responsibility for monitoring the progress of the action plan; Olga Senior advised that the Clinical Commissioning Group would take forward the responsibility.

Councillor Tony Linden noted that concern had been raised as to whether the recommendations would be achieved before the PCT ceased to exist and whether financial costs overshadowed the needs of individuals. Councillor Linden stressed that CHC must work to a legal framework of which the PCT must comply; in response Olga Senior noted that as a result of the review there were sufficient legal processes in place. Jan Evans advised that there had been no evidence within the Fast Track process to suggest the PCT were acting unlawfully, however, felt the PCT were not utilising the framework correctly in some respects. Olga explained that the PCT were not acting unlawfully, and reassured members that there would be a legal transfer to the CCG's.

Marion Andrew Evans was asked why the NHS Berkshire's figures were low in comparison to the national PCT statistics to which Members were informed that PCTs receive funds dependant on the outcome of an assessment reviewing local need and demography. Marion Andrew - Evans noted that the PCT should be expected to decrease funding for individual CHC and instead focus on funding wide-reaching services which would offer better value for money and increase availability for local residents.

Marion Andrew - Evans advised that all Independent appeals against the Berkshire PCT have been upheld which indicated that their process was robust.

Councillor Webb asked when the PCT planned to implement the key findings which in turn would solve many outstanding concerns. Marion Andrew - Evans explained that the action plan referred to the Operational Policy being reviewed which would require significant changes, the CCG intend to shadow the PCT whilst the action plan continued which enabled the plan to be transferred when the PCT ceased at the end of March 2013. The PCT expressed concern that working with the 6 Authorities within Berkshire potentially slowed down the process of agreeing the Operational Policy, therefore, Jan Evans stated an agreement between the Authorities ensured they worked in conjunction with one another whilst West Berkshire continue to lead overall. Jan Evans explained that after agreeing the Operational Policy there would be numerous other policy updates and process changes required which would delay implementation of change even further, therefore the implementation date of 31 December 2012 was not achievable. Marion Andrew - Evans stated that the PCT would prioritise actions.

The Independent Review identified a strained working relationship between the PCT and LA, both of which had a desire to address. Olga Senior explained that whilst it was disappointing that the Operational Policy would not be implemented by the 31 December 2012 it was understandable. Members noted in response that the action plan failed to clearly identify responsibility of tasks.

Councillor Dominic Boeck noted that the action plan failed to sufficiently mention end dates for the tasks within it, Marion Andrew - Evans explained that the SCHA scheduled an update from the PCT in January 2013 at which point dates would be available.

Councillor Mason asked whether the PCT felt they had improved staff levels. Marion Andrew - Evans agreed the PCT was understaffed and following the review it received

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funds to recruit, from which they plan to add an additional two senior nurses, one band 7 nurse, four band 6 nurses and two administrators. It was noted that the additional roles would be reviewed as the CCG inherited the positions and would need to consider utilisation.

Councillor Webb asked the PCT to comment on the case detail provided within the earlier presentation. The PCT agreed that the CHC process appeared simple on paper but it could be difficult to apply. Councillor Webb raised concern that the individuals made a request to postpone the review by the Multi Disciplinary Team (MDT) which was declined by the PCT. The PCT felt unable to respond to the specifics of Mrs A's case but stated that the situation would be considered based on the information at that time. Olga Senior specifically asked the PCT why they would not consider a request to postpone a meeting and asked that they explain the reasoning behind the decision as it otherwise appeared the PCT had ignored the request. Liz Rushton explained that the case had been outstanding for a significant period of time and was subject to a Legal Letter, the case was allocated to a Nurse and an interim care package was put in place due to the delay already experienced. Liz Rushton noted that a date had been set for the MDT and individual/family to meet so their views could be captured, however, due to ill health the Individual asked that the meeting be postponed. At the point of agreeing a second date the family asked once more to delay the meeting due to ill health, however, the PCT had accommodated the request once already and it was felt they had sufficient information from the GP to proceed. Liz Rushton advised that the application could be revisited at any time if the needs of an individual changed, however, in the case of Mrs A the application had been open for a significant period of time and fluctuating ill health was not a satisfactory reason to leave the application unresolved. In response Councillor Webb asked whether the PCT received a high volume of requests to postpone such meetings Liz Rushton advised the PCT receive a fair number and each case would be reviewed on its own merit.

Janet Golder advised that the MDT was originally scheduled for December 2011 at which point the PCT asked to postpone the meeting allowing for the consultant's information to be included. The LA chased progress and issued a legal letter to the PCT in June 2012. The PCT subsequently rescheduled the MDT for October 2012 which the family were unable to attend due to Mrs A's episode of deteriorated health and the responsibility of care restricting the family.

Councillor Mason noted that the draft Operational Policy had been created and asked whether the PCT had tested it before approval, furthermore Councillor Mason asked the PCT to explain the delay between WBC care ceasing and the PCT accepting a CHC application. Jan Evans explained in response that there had been no improvement in respect of the time delay. It had been noted that the working relationship between the LA and PCT was strained and there were differing opinions with regards to the deliverables of the PCT. Jan Evans stressed that the experience of the Council was not isolated, other Authorities within Berkshire experienced similar frustrations.

Councillor Boeck asked whether tasks set within the action plan which appeared to be complete would reduce the likelihood of any future 'Mrs A' scenarios; It was noted that the date mentioned within the action plan was not a completion date but rather deadline date which had been missed. Members raised concern that the action plan was not being monitored and task deadlines had been missed, Marion Andrew - Evans advised members that a meeting was scheduled between the PCT and LA to revisit the plan before the review with the SCHA in January. Members concluded that the

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recommendations had not been implemented or appropriately managed within the action plan

Tony Lloyd noted that the item had not been addressed with the Clinical Commissioning Board, of which he was a member. Marion Andrew - Evans explained that the CCG Federation were aware of the item but the PCT had yet to formally approach the Clinical Commissioning Board.

The Panel questioned the capability of the PCT in ensuring the recommendations of the SHA review were appropriately taken forward and essential changes implemented before the transition to the CCG. It was agreed that the action plan had not been sufficiently monitored; as such numerous deadlines had been missed.

It was noted that there was no accountability for the PCT's actions and questioned whether the PCT might delay changes before the arrival of the CCG's in April 2013. It was suggested that the HSP would be the appropriate task group to monitor the action plan.

### **Resolved that:**

- The PCT, SCHA and LA would provide further updates
- A meeting would be held before the next scheduled HSO to review the progress of the action plan.
- Marion Andrew – Evans to formally type a response to questions issued by the panel,

### **17. Dignity and Nutrition in Local Hospitals.**

*Councillor Roger Hunneman declared a personal interest in Agenda item 6 by virtue of the fact that he had a relative who received As his interest was personal, not prejudicial and not a pecuniary interest he determined to take part in the debate and vote on the matter.)*

Tony Lloyd informed Members that the instigation of the survey was delayed due to the Royal Berkshire Hospital (RBH) conducting its own survey in the establishment at that time. The questionnaire was intended for discharged patients over the age of 65, or their carers, asking them to record their experience whilst in the RBH. Tony Lloyd noted that the response rate had been low, 27 by 29 November 2012 and explained that whilst feedback had been good there was one survey return which would result in a complaint. Concern was expressed about agency night staff, failing to appropriately support patients who may have difficulty eating or tending to issues of personal hygiene in a timely manner. Tony Lloyd advised that the CEO of the RBH planned to visit a problematic ward to witness concerns and address them with staff. It was stressed that RBH should not be condemned overall due to one ward's failing, as the CQC felt the Hospital's performance and treatment of patients was exemplary. Councillor Webb thanked Tony Lloyd for the verbal update and noted that the panel looked forward to seeing the outcome of the survey at the next HSP.

### **18. Work Programme**

The following updates were provided in respect of the work plan:

#### **Adult Social Care eligibility Criteria (new)**

Councillor Webb noted that due to a legal challenge and recent events the item would be taken to the OSMC in December 2012 for their consideration. If the item was approved

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then it would form part of the HSP work plan and both Councillor Boeck and Councillor Mason would work with Councillor Webb and officers to review the current eligibility criteria within the Council.

**PCT quality Handover (OSMC12/133)**

The process was in the stage of consultation and feedback had been scheduled for the next HSP meeting.

Councillor Webb noted that all other items were ongoing

**RBH Appointment System (new)**

Councillor Mason expressed concern that the inadequacy of the RBH appointment system was impacting the community hospital outpatients, Tony Lloyd noted that the item was high upon the RBH CEO's agenda.

**Resolved that:** Tony Lloyd would provide an update in respect of work underway to improve the efficiency of the RBH appointment system  
efficiency of the RBH appointment system

**19. Next meeting date**

*(The meeting commenced at Time Not Specified and closed at Time Not Specified)*

**CHAIRMAN** .....

**Date of Signature** .....