

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, 19 MARCH 2013

Councillors Present: Howard Bairstow, Dominic Boeck, Carol Jackson-Doerge, Tony Linden, Gwen Mason (Vice-Chairman) and Quentin Webb (Chairman)

Also Present: Jan Evans (Head of Adult Social Care), Charlene Myers (Democratic Services Officer)

Apologies for inability to attend the meeting: Councillor Sheila Ellison and Councillor Alan Macro

PART I

20. Apologies for Absence

Apologies for inability to attend the meeting were received on behalf of Councillor Sheila Ellison and Councillor Alan Macro. Councillor Roger Hunneman substituted for Councillor Alan Macro.

21. Minutes of Previous Meeting

The Minutes of the meeting held on 4 December 2012 were approved as a true and correct record and signed by the Chairman.

It was requested that the following action be carried forward:

- Marion Andrew – Evans to formally type a response to questions issued by the panel.

22. Declarations of Interest

There were no declarations of interest received.

23. Urgent Items

Councillor Roger Hunneman suggested that the Panel Members receive a glossary of acronyms used within the reports.

Resolved that

- Philip McNamara to provide the panel with a glossary of acronyms.

24. Continuing Health Care (CHC)

Jan Evans introduced the item to Panel Members and reminded attendees that the Continuing Health Care (CHC) review instigated an action plan which had been agreed jointly by the Local Authority and the Primary Trust Care (PCT). Following the development of the action plan it was agreed to establish a joint working group across the Local Authorities and the PCT to take forward some of the main recommendations. The working group comprised two assistant Directors of Social Services from Councils in

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Berkshire East and Berkshire West, along with the Assistant Director for Continuing Healthcare (CHC) in the PCT. The group is further facilitated by a representative of the Strategic Health Authority (SHA). The Initial responsibility of the task group was to develop the 5 key recommendations, which were:

- Operational policy
- Programme of joint training
- PCT compliance with Fast Track Pathway Tool (FTPT)
- Review checklist/screening tools
- Disputes resolution policy

Jan Evans advised that all five key actions were in progress, although none of the original deadlines had been met. The training programme would commence in quarter one of 2013/14. The next stage was to deliver on the remaining recommendations and also to ensure a seamless transition from the PCTs to the Clinical Commissioning Groups (CCG).

Councillor Tony Linden highlighted earlier concerns that the PCT were acting illegally as a result of their failure to comply with the FTPT. Jan Evans advised that since the independent review was published there was no evidence in practice to indicate that the PCT were non compliant. Councillor Linden questioned the West Berkshire Council's contribution toward CHC costs in comparison to neighbouring Local Authorities and asked where CHC staff would be located within the new health structure. Philip McNamara advised that the reporting line for CHC staff remained unclear at this stage.

Councillor Gwen Mason suggested that clients had the option to receive information regarding the changes to the CHC process via a leaflet as well as via the internet.

Resolved that:

- Panel Members to receive another update in 3 months time.

25. PCT quality Handover

Sara Whitaker introduced the Primary Healthcare Trust handover document to Panel Members. Members were advised that the document provided an overview of healthcare services in Berkshire and set out, for successor organisations, the key risks, challenges, achievements and ambitions for quality and patient safety in Berkshire, in preparation for handover from the Berkshire PCT on the 31 March 2013.

The version 4 draft document was due for sign off on the 19 March 2013. Sara Whitaker advised Members of the Panel that the document was nationally mandated in terms of its structure although the content could vary between PCTs.

Sara Whitaker summarised the key elements and advised that the document would be accompanied by an evolving quality agenda to focus key tasks. Councillor Hunneman suggested that the handover document provided an opportunity for performance review following the introduction of the new health structure. It was noted that there was no statutory requirement to provide an updated version of the handover document; however, it could be used as a basis for comparison.

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Members discussed monitoring the effectiveness of the Quality Handover. It was noted that the document outlined areas of high risk of which the PCT detailed the action taken to address the issue and planned action for the Clinical Commissioning Groups (CCGs). It was suggested that the CCGs reported back to the Health Scrutiny Panel in 6-9 months to provide an update regarding high risk items.

Philip McNamara explained that the Berkshire CCG's were created to provide clinical leadership. Each team was assigned specific areas of leadership and it was expected that the CCG would provide quality reports on a regular basis.

It was noted that the PCT handover document failed to mention smaller areas of the PCT, as such it was questioned how the CCG's would manage the transition with limited information. Sara Whitaker advised that some smaller areas had not been mentioned because there were no concerns to highlight. Members heard that the PCT and CCGs conducted face to face handovers to reinforce a seamless transition.

Resolved that

- CCG to report back to the Health Scrutiny Panel in 6-9 months to provide an update regarding high risk items.

26. Changes to the West Berkshire Health Service

Philip McNamara explained that the Newbury and District CCG (N&DCCG) would cover a small area in comparison to other CCGs in Berkshire, however, the area was significant and diverse.

Members were advised that it was the CCGs intention to deliver:

- The right care for patients, at the right time and provided in the right place;
- Health and social care services that worked more closely together;
- Care closer to home for patients, recognising the issues of access and travelling distances for some of the District's communities;
- Further development of patient centred health services in the Community Hospital in Thatcham.

The CCG would provide a degree of scrutiny to Healthcare, delivering innovative ways of providing care, through better use of technology, a wider skills-base and team support for individual members of staff, or development of shared care-planning with patients. It would be the CCGs intention to commission accessible, efficient patient care from a wide range of providers offering value for money care.

Philip McNamara explained that the Commissioning Plan existed in draft and was due for sign off imminently. The plan detailed key priorities and illustrated the strategic context of the plan beside the operational plans created by the N&DCCG.

CCGs had been extensively monitored by the NHS Commissioning Board Area Team (NHS CB AT) for 12 months prior to confirming their status. It was expected that the NHS CB would confirm the status of the N&DCCG on 27 March 2013. Philip McNamara explained that the N&DCCG was categorised as wave one CCG, therefore considered sufficiently prepared for handover on the 1 April 2013. Philip McNamara was therefore not concerned about the competency of the N&DCCG.

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Jan Evans reminded the Panel that the CCG in North and West Reading were also responsible for West Berkshire Patients and therefore suggested that their Commissioning Plan be incorporated into the review. Members agreed that both West Berkshire CCGs inclusion would be essential.

Panel Members suggested the N&DCCG provided a structure layout to illustrate the changes within the Healthcare Service and incorporate the CCGs applicable to areas within West Berkshire. It was noted that the public could access information regarding the N&DCCG via the website as of the 1 April 2013. Jan Evans suggested that residents would not experience a change in service accessibility and the detail regarding internally restructure might be irrelevant to some.

Jan Evans asked whether the CCGs developed their own benchmarks for performance management and whether these would be available to the public. Philip McNamara explained that the CCG would be monitored and challenged by Health Watch. It was noted that the NHS CB AT highlighted measures to the CCGs for peer review on a quarterly and annual basis.

Resolved that:

- N&DCCG to report the progress of the actions outlined within the Commissioning Plan.

27. Dignity and Nutrition – CQC Standards

Tony Lloyd introduced the report to Panel Members and explained that the investigation commenced in October 2011. Concerns were expressed by the Panel that the Royal Berkshire Hospital (RBH) had not been visited by the Care Quality Commission (CQC). The Local Involvement Network (LINK) offered to investigate Dignity and Nutrition within RBH by issuing questionnaires.

Tony explained that RBH agreed to facilitate the distribution of 500 questionnaires; however, this was delayed due to an internal survey already underway. Members were advised that that the investigation received 94 responses in total.

The responses consisted of individuals from Wokingham, Reading, West Berkshire and other surrounding areas. The profile of responses was:

- Marginally more ladies than men (53%/47%)
- Predominantly over 65 (96%)
- Only 11(12%) from elderly care wards, 14(15%) from day surgery/A&E.

It was noted that 6% of those people asked would not recommend the RBH. Tony explained that the outcome was consistent with the statistics collected by the RBH, who received 90,000 patients a year. The results suggested that potentially 5,500 patients would not recommend the RBH. Panel Members discussed the potential impact of 5,500 patients sharing a negative experience within the community.

Tony Lloyd provided anonymised testimonies which detailed negative experiences whilst at the RBH. Members were made aware that some staff at the RBH lacked the feeling of empowerment, impacting the ability to challenge poor practice and modify staff efficiency.

Tony Lloyd advised that the following recommendations would be issued to RBH as a result of the survey:

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- Repeat this exercise and propose a better way of distributing questionnaires;
- Ask Care Groups for ideas to prevent recurrence;
- Review recruitment, training and supervision of Health Care Assistants and agency staff;
- Review training and supervision of catering staff and audit uneaten food.

The following recommendations would be issued to the CCG's as a result of the survey:

- GPs / CCGs had to quality assure patient experience following referrals to secondary care;
- Suggest standard anonymous questionnaires to patients chosen at random;
- Encourage surgery patient groups to process returned questionnaires;
- Regular reports to CCG board on issues arising;
- Praise, celebrate and publicise good practice.

Panel Members thanked LINK for the time and effort committed to the investigation. Members agreed that the survey achieved a beneficial outcome and better understanding of the patient experience at RBH. Councillor Dominic Beock suggested future surveys made a concerted effort to encompass the feedback from the percentage of patients considered most vulnerable, whom might otherwise be overlooked.

Tony Lloyd advised that the LINK report would be issued to all stakeholders for comments. Councillor Webb recommended that the Health Scrutiny Panel monitored the progress of the recommendations issued to the RBH and CCGs.

Resolved that

- The Health Scrutiny Panel monitor the progress of the recommendations issued to the RBH and CCGs.

28. Health Scrutiny Panel Work Programme

In the Panel considering its work programme it was requested that they receive an update relating to:

- Outstanding actions from the CHC action plan,
- Monitoring the progress of the recommendations issued to RBH and CCGs following publication of the LINK report into dignity and nutrition.
- The PCT quality handover

RESOLVED that

- The Work Programme would be noted and amended as per the discussion.

(The meeting commenced at 6.30 pm and closed at 8.50 pm)

CHAIRMAN

Date of Signature