

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 OCTOBER 2011

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

Also Present: Duncan Burke (South Central Ambulance Service), Keith Boyes (South Central Ambulance Service), Janet Fitzgerald (Transition Director for the Clinical Commissioning Groups), Dr Iain Rock (Mortimer Surgery), Dr John Winchester (Theale Surgery), Dr Rupert Woolley (Pangbourne Surgery), Beverley Searle (Berkshire NHS), Jan Evans (Head of Adult Social Care), Alison Love (Service Manager) and Jo Naylor (Principal Policy Officer).

PART I

9. Apologies for Absence

There were no apologies for inability to attend the meeting.

10. Minutes of Previous Meeting

The Minutes of the meeting held on 19th July, 2011 were approved as a true and correct record and signed by the Chairman.

11. Declarations of Interest

Councillors Carol Jackson-Doerge, Alan Macro, Tony Linden and Quentin Webb all declared a personal interest in Agenda Item 6. They reported that, as their interest was personal and non-prejudicial, they determined to remain to take part in the debate and vote on the matter.

12. Ambulance Service Quality Indicators

The Panel considered a report (Agenda Item 5) regarding changes to the South Central Ambulance Service (SCAS) performance reporting targets. Duncan Burke (Director of Communications & Public Engagement, SCAS) described how the Department of Health (DoH) targets had dramatically changed in April 2011. The new system involved greater measures around clinical care and patient experience with performance reports published on the SCAS website every month.

There was now a range of eleven indicators that were monitored under the headings of "Access", "Response", "Treatment", "Disposition" and "Outcomes".

"Access" related to call answering and call abandonment rates. "Response" referred to time to reach life-threatening emergencies with the former "A8" and "A19" targets renamed "Red8" and "Red19". The Trust was no longer required to report on the less urgent Category B calls ("B19").

"Treatment" targets referred to treatment of severe heart attack, cardiac arrest and stroke. "Disposition" monitored how effectively call handlers answered calls and elicited the relevant information from the caller the first time. The "Outcomes" measure reported on the overall success of treatment for cardiac arrest patients.

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The Ambulance Service worked closely with Primary Care Trust (PCT) colleagues to ensure patients received the most appropriate care pathway this was particularly important for dealing with some of the Service's more prolific callers.

Councillor Boeck asked about the timing of call recording and impact on performance reporting. Mr Burke, described how an ambulance would be dispatched as soon as the 999-call was connected via British Telecom. However, a new telephony service was due to be introduced, this was likely to result in an initial drop in performance which was hoped would be back in line with the national averages by the year end.

Mr Burke described how SCAS had the highest rural demand of any Ambulance Service in the Country and therefore the "time to treatment" target was seen as particularly challenging. The stringency of the measure had also been increased as patients had to be treated by a clinician i.e. Technician, Paramedic or Doctor and not a First Responder.

Councillor Macro enquired about the ambulance turnaround times at acute hospitals such as the Royal Berkshire NHS Foundation Hospital Trust (RBH). Mr Burke reported that they were working closely with all acute hospital trusts to resolve such vehicle delays.

In terms of performance SCAS was top in the Country for "Red8" response times for life-threatening calls and within the top three Ambulance Trusts for stroke care services in the Country.

Members asked about the Computer Aided Dispatch (CAD) system for ambulances and the triage tool used by call handlers to assess life-threatening emergencies. Mr Burke described that the software package identified symptoms which could be life-threatening and this would trigger an emergency response. A new '111' call service was also being introduced as a single point of contact for all non-emergency calls.

The Chairman enquired about the Department of Health (DoH) consultation with SCAS over setting of the new targets. Mr Burke described the dialogue that took place with the DoH and the compromises made when agreeing the targets.

Councillor Mason asked whether staff shortages of previous years were still an issue for the Trust. Mr Burke explained that due to specialist courses offered at two national Universities more newly qualified Paramedics were now available, however recruitment was still difficult due to the high cost of living in the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire.

Councillor Jackson-Doerge enquired about pathways of care and ensuring 24-hour care. The Ambulance Service, described the pathway for elderly 'fallers' and how to get them seen and treated appropriately which might stop later demand on the Ambulance Service or National Health Service (NHS). He described how more suitable care pathways were required working more closely with Social Care and Mental Health Services.

Councillor Ellison asked about the proportion of hoax calls. Mr Burke responded by explaining these were only a tiny fraction of all calls received and did not present a problem.

Councillor Linden asked about the challenges of combining with the Hampshire Ambulance Service. Mr Burke confirmed that Hampshire was a previously poor performing Ambulance Trust and had numerous issues associated with the geography and rural nature of this area. He confirmed however that national targets for performance had now been reached across all four counties.

The Chairman thanked the Ambulance Service representatives, Mr Duncan Burke and Mr Keith Boyes for giving up the time to attend the Panel and congratulated them on the current performance.

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RESOLVED that the update on the new performance reporting targets were noted and the South Central Ambulance Service were thanked for their presentation to the Panel.

13. Commissioning of General Practitioner Services

(Councillor Carol Jackson-Doerge declared a personal interest in Agenda item 6 by virtue of the fact that she was a patient of the Mortimer Surgery. Councillor Alan Macro declared a personal interest as a patient of the Theale Surgery. Councillor Tony Linden as a patient of the Burghfield Surgery and Councillor Quentin Webb as a member of the Chapel Row Patient Panel. As their interests were personal and not prejudicial they were permitted to take part in the debate and vote on the matter).

The Panel considered a presentation by Janet Fitzgerald (Transition Director for the Clinical Commissioning Groups) (Agenda Item 6) and described the proposed configuration of the Clinical Commissioning Groups (CCGs) across Berkshire.

Mrs Fitzgerald introduced the doctors that were present as Dr Iain Rock (Mortimer Surgery), Dr John Winchester (Theale Surgery) and Dr Rupert Woolley (Pangbourne Surgery).

Mrs Fitzgerald described how the establishment of CCGs were part of the wider health reforms of the NHS. These groups would need to be established by April 2013 to replace Primary Care Trusts as the statutory bodies for healthcare commissioning.

She described how there would be a National Commissioning Board established for highly specialised services, e.g. organ transplants, as well as retaining the statutory responsibility for Primary Care commissioning. It was described that without such an overarching Board, General Practitioners (GPs) would have a conflict of interest in commissioning Primary Care Services. GPs would commission community health services such as nursing, midwifery, mental health and acute hospital services, accident and emergency and ambulance services.

Mrs Fitzgerald described the proposals for seven Clinical Commissioning Groups across Berkshire with four covering the Berkshire West area.

Mrs Fitzgerald described the similar sized populations covered by the Newbury and District CCG (113,000 weighted population) and the North and West Reading CCG (106,000 weighted population). She described that often a Practice's registered patient numbers did not always align with political geographical boundaries. It was described how, for example, some patients that attended the Pangbourne Surgery actually lived in South Oxfordshire and not West Berkshire.

Mrs Fitzgerald described how the proposal was for CCGs to be in place by October 2012 and operational by the official final deadline date of April 2013.

Mrs Fitzgerald mentioned how CCGs needed to demonstrate competence to pass the Department of Health (DoH) approval process. All CCGs needed to show strong clinical and professional focus along with proper patient and community engagement. Credible plans needed to be established alongside clear governance structures. She described the links with the West Berkshire Health and Wellbeing Task Group and the consultation that would take place to ensure the CCGs were fully formed and fit for purpose.

The Department of Health (DoH) was responsible for considering the size and the boundaries for the CCGs and ensuring risk assessments were undertaken. Approval was sought from the Local Authority in relation to the proposed boundaries.

Mrs Fitzgerald described the strong endorsement from each of the member GP Practices and approval from the PCT for the current model. She described how the Practices of Pangbourne, Theale and Mortimer wished to remain within the North and West Reading CCG as opposed to aligning with the West Berkshire Council Local Authority boundary.

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Dr Iain Rock (Mortimer Surgery) described the strong working relationships which had been established in recent years and the good background of fund holding and commissioning of services which had developed with the other GP Surgeries in the Reading area. He described how the Mortimer, Theale and Pangbourne Practices tended to sit more naturally with the North and West Reading CCG.

Mrs Searle (Director of Partnerships and Joint Commissioning, Berkshire PCT) added that CCG leads were working alongside the Directors of the outgoing Primary Care Trusts in these federation discussions. She described how there were no patient concerns and the doctors were fully engaged with the Health and Wellbeing Working Group.

Mrs Fitzgerald continued by explaining how the DoH authorisation process was due to begin and this would validate the Organisational Development Plans for the CCGs. A more detailed consultation document on the proposed CCGs would be circulated in the next five weeks.

The Chairman asked about the impact on patients of practices joining different CCGs. Dr Rock (Mortimer Surgery) replied by explaining that there would not be any noticeable difference to the patient in their direct experience of accessing and receiving GP services.

Councillor Jackson-Doerge asked about how the system would impact on the wider health and social care economy. It was described how the commissioning decisions would still be required to reflect the local need and that the overarching responsibility for meeting the strategic health needs would be overseen by the Health and Wellbeing Boards.

RESOLVED that

- (i) The Panel supported the proposed configurations for Clinical Commissioning Groups and the inclusion of the Theale, Mortimer and Pangbourne Surgeries within the North and West Reading Clinical Commissioning Group.
- (ii) The slides of the presentation were to be circulated to all Members of the Health Scrutiny Panel.

14. Care Quality Commission "Dignity, Respect and Nutrition" Reviews

The Panel considered a verbal report (Agenda Item 7) from Jan Evans (Head of Adult Social Care) and Tony Lloyd (Chairman of the West Berkshire Local Involvement Network (LINK)) regarding the scrutiny review of dignity, respect and nutrition in local hospitals.

Tony Lloyd (LINK Chairman) described the discussions with the Princess Royal Trust for Carers (PRT) and the progress made establishing local focus groups to gather opinions on local standards of care. It was hoped the Royal Berkshire NHS Foundation Hospital's (RBH) services would be covered within this review as the Care Quality Commission had not inspected the RBH as part of its national review programme.

The Health Scrutiny Panel Chairman had wished to see some Council officer time dedicated to reviewing this subject however Jan Evans explained that by using the LINK this enabled an independent review of the subject to take place and brought in additional resources.

Tony Lloyd (LINK Chairman) reported that he had also approached numerous other care groups and a major questionnaire was also being compiled to be circulated as widely as possible.

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It was suggested that the scrutiny review might take several months to complete with an anticipated finish date of July 2012 but Tony Lloyd indicated that he expect to be able to provide an interim report by January 2012. He also informed the Panel that the Wokingham Health Scrutiny Committee was interested in the same subject matter and this opened up the possibility for joint scrutiny activity involving a wider area and the participation of two Local Involvement Networks (LINKs).

Members were pleased to see the work underway but wanted to retain the important qualitative data obtained from focus group activity.

RESOLVED to note the update.

15. **Update on the "Six Lives" Review: The provision of public services to those with Learning Disabilities**

The Panel considered a report (Agenda Item 8) which reviewed the Council's Learning Disability Services following the publication of the "Six Lives" report.

Mrs Alison Love (Service Manager for Long Term Care) described how the "Six Lives" national review investigated the deaths of six people with learning disabilities, between 2003 and 2005, which were under NHS or local authority care. Significant failures were identified particularly organisations lacking understanding of the law in relation to disability discrimination and human rights. In addition poor appreciation of clients' needs and an inability to communicate adequately with those with learning disabilities were identified. Organisations had also been criticised for the way complaints were handled and some degree of institutional failure had been identified in all six deaths.

Mrs Love described the Council's action plan in response to the "Six Lives" report and stated that most actions had been completed. She described the work done particularly through the Care Quality Board which involved both internal and external providers of care services which had found no local concerns regarding care standards.

Mrs Love, described how contracts were in place to monitor the quality of care as well as a strong integrated Health and Social Care Team that was very effective at addressing the needs of those with learning disabilities.

She also described the role of the Learning Disabilities Partnership Board (LDPB) in contributing towards the Berkshire West Health Self-Assessment in March 2010 and in the production of the Annual Plan.

Work that remained to be done was to contact all providers of all learning disability services to ensure they were fully compliant with the Disability Discrimination Act.

The Chairman asked about the service providers where complaints had been received and how thoroughly investigated these had been. Mrs Love described the routine work of the Care Quality Officers in ensuring the safeguarding standards were met. She also described the revised Joint Complaints Protocol which had recently been circulated to all health partners as a improved way of investigating complaints.

The Chairman enquired whether adequate resources were in place to investigate specific cases. Mrs Love described the work of the two Care Quality Monitoring Officers who's role it was to review local providers. In addition visits had been made by the Portfolio Holder for Adult Social Care to thirty learning disability service centres to review individual care plans and ensure high standards of care were being upheld.

Councillor Mason enquired about the training of staff caring for those with learning disabilities. Mrs Love described how staff did have access to the necessary training but there was also a need to work with General Practitioners on this issue.

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Councillor Boeck enquired about the action points that had not yet been completed. Mrs Love described how there was a continual process of improvement with standards being raised all the time. The assurance process needed to be revised to reflect this. She also described some improvements such as the Drop-In Sessions which were specific to West Berkshire which helped ensure and identify local needs.

RESOLVED that the Council's response to the recommendations of the "Six Lives" review was noted.

16. Health and Wellbeing Board Update

Members gave consideration to the Health and Wellbeing Board Update report (Agenda Item 9) contained on the agenda. Mrs Jan Evans (Head of Adult Social Care) drew Members attention to the report and described how pilot arrangements for the Board were being established. It was described how the Board would be operating in shadow form by April 2012 and would assume full functionality by April 2013. At the moment just a task group was formed and had met in August to consolidate the Terms of Reference for the future Board. She described the WebEx learning set and the engagement of the Local Involvement Network (LINK) in the new arrangements.

Members noted the progress so far and wished to see a further update in nine to twelve months time.

RESOLVED that the update report be noted and that a further update is received in nine to twelve months time.

17. Health Scrutiny Panel Work Programme

Members considered the current Work Programme (Agenda Item 10) of the work of the Panel. Minor changes to the accuracy of the programme were recorded.

Councillor Alan Macro expressed new ideas for the work programme including how the health service reorganisation would influence the financing of local health service provision and Private Finance Initiatives (PFI). It was agreed this would need to be put before the Overview and Scrutiny Management Commission prior to being added to the Work Programme.

RESOLVED that the Work Programme be noted and additional work requests be reported to the Overview and Scrutiny Management Commission for consideration.

(The meeting commenced at 6.30 pm and closed at 8.40 pm)

CHAIRMAN

Date of Signature