

HEALTH SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON TUESDAY, 27 MARCH 2012

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), Councillor Adrian Edwards, Kate Green (Public), Tony Lloyd (Chairman of the West Berkshire Local Involvement Network (LINK)), Sam Otorepec (PCT) and Kate Phipps (Policy Officer)

Apologies for inability to attend the meeting: Councillor Sheila Ellison

Councillor(s) Absent: Councillor Alan Macro

PART I

1. Apologies for Absence

An apology for inability to attend the meeting was received from Councillor Sheila Ellison.

2. Minutes of Previous Meeting

The minutes of the meeting held on 17th January, 2012 were agreed as a true and correct record and signed by the Chairman.

3. Declarations of Interest

Councillor Gwen Mason declared an interest in Agenda Items 5 and 6, but reported that, as her interest was personal and not prejudicial she determined to remain to take part in the debate and vote on the matter..

4. Actions from Previous Minutes

5. Update on Progress of NHS Continuing Health Care Programme

(Councillor Gwen mason declared a personal interest in Agenda item 5 by virtue of the fact that she was a member of the West Berkshire Disability Alliance. As her interest was personal and not prejudicial she determined to take part in the debate and vote on the matter).

Jan Evans (Head of Adult Social Care) presented an update report on NHS Continuing Health Care (CHC) which was attached as Appendix A to the agenda

Ms Evans stated that following the previous Health Scrutiny Panel meeting where the Chief Executive and Deputy Chief Executives of NHS Berkshire had attended and answered questions, West Berkshire Council was continuing to review the processes being undertaken and where necessary identify where changes needed to take place.

This work was being led by Janet Golder, the CHC specialist worker who had undertaken a number of training and awareness raising sessions with staff and managers; identified and supported individual reviews and successfully challenged a number of cases to change payment from the local authority to the NHS. Janet had produced a review of where the NHS CHC process and operations were not adhering to CHC Direction and

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Guidance and this review had been discussed with South Central Health Authority (SCHA).

The Council and SCHA had agreed that the SCHA should commission an independent review of CHC by two senior managers with significant experience in this area. The other five Berkshire Local Authorities had also expressed concerns at the approach of the NHS and had agreed for WBC to take the lead in the review process. The review was aimed at looking at the application of CHC policies across the six local authority areas by NHS Berkshire; the implementation of Direction, National Framework and Practical Guidance and the compliance of the same; the application of eligibility criteria and the work of the CHC Panels. The review was expected to start in April 2012 and the report should be available within two months of the review being completed.

The Chairman said that the Health Scrutiny Panel would await the outcome of the review and its recommendations.

Councillor Linden asked if the other local authorities had agreed to contribute to the costs of the CHC specialist worker and how long they would be employed for. Ms Evans stated that no contribution had been sought but that the post was classed in the 'invest to save' process and that savings had already been achieved. Ms Evans also confirmed that the employment contract was short term and was expected to end by end of financial year 2013-2014.

Ms Evans also reiterated that although GPs would hold future budgets they would still need to deliver the same CHC functions but there would be National Commissioning Boards in place to oversee specific areas of budgets and to performance manage the GPs. It was hoped that they would resolve disputes in operational policy in a timely fashion.

Councillor Boeck asked what the cost of the process review had been and what commitment had been given to continuing this service. Ms Evans said that this had been funded from the spend to save budget and it was imperative that West Berkshire Council had its own knowledge base to raise awareness and offer mentor support and training in CHC.

Sam Otorepec (NHS Berkshire PCT) said that the PCT was aware the adoption of the CHC framework differed across local authorities but that the PCT hoped for consistency across all areas. Councillor Bairstow said he was aware that other local authorities were in a comparable position. Ms Evans said that Margaret Goldie, Corporate Director-Communities was aware of these similarities across the SCHA and that Oxfordshire County Council and Hampshire County Council had also commissioned independent reviews of CHC.

Councillor Bairstow asked if the outcome for clients was better if the Council or the PCT made the decision and what the process for decisions was. Ms Evans said that it was not who provided the CHC but who paid for the service that was the issue. The decision to fund CHC was made through a set framework of actions; through Doctor and other NHS clinician reports, the Continuing Health Care Team and then a recommendation to the CHC panel.

The Chairman said that as previous minutes had shown the primary issue was whether the PCT considered the CHC should be funded through them.

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The Chairman proposed that the panel should agree to await the results of the Independent CHC Review and take forward any recommendations made. This was agreed by Members.

6. Interim Report on Dignity and Nutrition at the Royal Berkshire Hospital

(Councillor Gwen Mason declared a personal interest in Agenda item 5 by virtue of the fact that she was a member of the West Berkshire Disability Alliance. As her interest was personal and not prejudicial she determined to take part in the debate and vote on the matter).

Tony Lloyd (Chair of West Berkshire Local Involvement Networks (LINKs)) presented a review of an interim report on Dignity and Nutrition at the Royal Berkshire Hospital (RBH). Mr Lloyd said that the review had been undertaken as concern had been expressed by the Health Scrutiny Panel in July 2011 that there was a lack of information about the levels of dignity and nutrition at the RBH. In addition, the Care Quality Commission (CQC) had undertaken a series of visits to 100 hospitals across England looking at these topics and the RBH was not included in these.

West Berkshire LINKs undertook to investigate these topics and provide an interim report in January 2012. The report had been brought forward from the previous HSP meeting as there had not been enough time to adequately review its findings.

Mr Lloyd stated that there had been an attempt to set up focus groups but as these had been poorly attended a questionnaire was designed in conjunction with the Princess Royal Trust and Crossroads and 250 copies were despatched. 51 completed questionnaires were returned. The majority of responses related to RBH (32), with the remainder related to Basingstoke (7), Swindon (4) and Oxford (2) and a variety of other hospitals. Mr Lloyd summarised the review findings saying that relatively few responses were highly critical of RBH and four out of five respondents thought care there was good. He also reported that between 5 and ten percent were not pleased with the quality of care. When respondents were asked if they would recommend RBH to others 85% stated they were likely or definitely prepared to do this. This matched with a RBH internal poll which was taken in January 2012 which showed a 95% satisfaction rate.

Mr Lloyd stated that the two main areas of concern at RBH were nutrition and information given to patients, this was repeated across the other hospitals but the RBH scoring was slightly better.

The Chairman asked if RBH had been asked for input for the questionnaire. Mr Lloyd said that the questionnaire had been put together by LINKs and the Princess Royal Trust and Nigel Owen of West Berkshire Council. He said that he had been in touch with RBH on six occasions to ask if they would be prepared to circulate anonymous questionnaires to patients on discharge but he had not had a reply. The Chairman suggested that the request should go to the decision makers at the hospital.

Mr Lloyd asked that Members should treat the results with caution as it represented a small sample of views and that the respondents were those discharged prior to December 2010, so any issues might have changed. The Chairman asked if there were plans to extend the survey and how this could be done.

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Mr Lloyd said that to gain a higher level of assurance future surveys could be targeted at those patients over 65 years discharged from RBH only. He added that the report had already been sent to the CQC. The Chairman said that the Panel would support any extension of the survey. Councillor Boeck said that further investigation would be useful. Councillor Mason noted that the report showed that respondents who had been to Swindon hospital had made adverse comments about not being asked if they were carers and if there was a care package plan in place.

Ms Evans said that hospitals discharge process asked about carers but not the admission process. Mr Lloyd added that only half the respondents had been asked if they were carers and about appropriate care.

Councillor Boeck commented that this was good work but it was difficult to be subjective about the issues, RBH own surveys might be more objective.

Councillor Linden asked where the survey was completed by those over 65 years of age if the results could be correlated with any previous CQC findings. Mr Lloyd said that the ages were not specified but the respondents were predominantly elderly and male. There had been a CQC review done previously but because of changes in leadership, recognition of cognitive problems and establishment of a mental health team for elderly patients the two reports were not comparable.

Councillor Jackson-Doerge asked whether the administration section of the questionnaires covered issues such as care packages and impact of discharge on care, also whether patients were affected by illnesses such as Parkinson's. The Chairman said that the brief for the panel was Dignity and Nutrition and that it was important not to look too widely at other issues that were not subjects for scrutiny.

Councillor Mason said that it would be useful if RBH agreed to hand out questionnaires on discharge. Mr Lloyd agreed that if RBH would cooperate then a future survey could be completed on selected discharged patients aged over 60/65 years over a six month period.

The Chairman suggested that an invitation be made for RBH representative to attend the next HSP and that a copy of the report accompany the invitation. This was agreed

The Chairman thanked Mr Lloyd for his work in producing and presenting the report.

7. Health Scrutiny Panel Work Programme

The Chairman drew the meetings attention to the updated work programme with item reference OSMC/11/102 still awaiting an update.

(The meeting commenced at 6.30 pm and closed at 7.29 pm)

CHAIRMAN

Date of Signature