

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 JUNE 2012

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

Also Present: June Graves (Head of Care Commissioning, Housing & Safeguarding), Kate Green (Public), Jenny Legge, Tony Lloyd (Chairman of the West Berkshire Local Involvement Network (LINK)) and Mark Robson (Director of Operations for Networked Care)

Apologies for inability to attend the meeting: Councillor Dominic Boeck, Edward Donald and Councillor Alan Macro

Councillor(s) Absent:

PART I

3. Apologies for Absence

Apologies were received from Dominic Boeck, Alan Macro and Councillor Hunneman. Mark Robson substituted for Edward Donald.

4. Minutes of Previous Meeting

The Minutes of the meeting held on 27 March 2012 were approved as a true and correct record and signed by the Chairman, subject to the inclusion of the following amendments:

Page 1, point 5 and page 3, point 6: It was noted by Councillor Tony Linden that 'mason' should have a capital letter and read 'Mason'.

Page 1, point 5 and page 3, point 6: Councillor Gwen Mason commented that 'a member of the West Berkshire Disability Alliance' should read 'an associate member of the West Berkshire Disability Alliance'.

Page 2, 2nd paragraph: Councillor Mason noted that 'Apri2' should read 'April'.

The Minutes of the meeting held on 10 May 2012 were approved as a true and correct record and signed by the Chairman.

5. Declarations of Interest

There were no declarations of interest received.

6. Actions from Previous Minutes

The results of the NHS Continuing Health Care Programme were still awaited.

No further actions were brought forward.

7. Urgent Items

No urgent items were reported.

8. Dignity and Nutrition - Hospitals

Councillor Quentin Webb expressed concern over Royal Berkshire Hospital's (RBH) reluctance to take part in the patient survey operated by LINKs and that the panel would like to understand the reasoning behind RBH's position.

Tony Lloyd drew the groups attention to his discussions with Dr. Lindsey Barker (Group Director, Networked Care) and Sharon Herring (Operations Manager) at RBH and informed the panel that there was now an agreement to run a survey for 500 people across the hospital. The questionnaire was being formatted to make it RBH specific and would cover patients aged 65 and over as they were discharged from any ward. It was not, therefore, West Berkshire specific. However, he assured the meeting that independent surveys generally gather more honest answers. The aim was to begin the survey at the hospital in July 2012. He noted that this was the first time there had been a partnership between LINKs and Royal Berkshire Hospital

The Chairman applauded and thanked Royal Berkshire Hospital for its participation in this endeavour.

In response to Councillor Webb's query regarding RBH's earlier position, Mark Robson commented that he had no personal knowledge of any previous decisions, but as the trust had been undergoing a major restructuring, it was possible the survey had been overlooked in the transferring of responsibilities necessitated by this process. However, following discussions with Tony Lloyd and the agreement on wording; he confirmed that the trust was content to take part in LINKs consultation and felt it would dovetail into their own continuous survey.

Councillor Webb enquired as to Mark Robson's role within the newly restructured Royal Berkshire Hospital. Mark Robson informed the meeting that his role was Director of Operation for Networked Care and was line-managed by Dr. Lindsey Barker. He advised the meeting that the trust was clinically led with managerial support and was organised into 3 Care groups:

1. Urgent Care
2. Planned Care
3. Networked Care

His group dealt with long term specialities and his role was to provide support in order to ensure targets were achieved and for quality assurance. Each Care group had a board which was chaired by a clinical director.

The Chairman asked Mark Robson if the areas of dignity and nutrition would fall under his control. Mark Robson confirmed that this concerned all the Care Groups and he would be taking the lead in public / patient involvement. He explained that, in addition to the continuous survey, the hospital consults with patients via the Meridian online system which matches the statutory National Picker Institute survey. RBH endeavoured to ensure a consistent approach in its consultations and his experience had shown that useful variants of opinion emerged from different surveys.

Councillor Webb enquired if LINKs had seen copies of the current questionnaires. Tony Lloyd responded that they had been offered sight of Meridian results, but had not yet received them.

Councillor Webb expressed his relief that RBH's position had changed and asked how the consultation would be progressed. Mark Robson advised that a covering letter from RBH should be attached so as to authenticate the questionnaire and garner a better response rate from patients

HEALTH SCRUTINY PANEL - 19 JUNE 2012 - MINUTES

The Chairman asked whether the survey would be completed at discharge or follow-up. Mark Robson noted that the national consultation was postal, and suggested it would be more effective if the questionnaire was explained to the patient by a member of staff at the point of discharge.

Councillor Webb conjectured that as the survey was anonymous, patients would not be pressurised into completing the form and a follow up for patients who had not completed the questionnaire could not take place. Mark Robson confirmed the results were anonymous, but that a second mailing could still take place. This would increase the response rate.

Councillor Webb enquired if this would be a stand alone consultation or if there would be a follow up survey after, for example, three or six months. Tony Lloyd confirmed that it had been envisaged as a stand alone event, unless there was some discrepancy with the results. Mark Robson ventured that should the consultation reveal patients were generally unhappy with a certain aspect of the care they received, RBH would look into changing their practices and follow up on this change. Tony Lloyd concluded that Edward Donald had commented that should there be any further problems encountered by the panel with RBH, he would be happy to intervene on their behalf.

Kate Greene enquired if the survey would be delivered directly to a disabled patient or with the help of their carer. Mark Robson suggested that ideally it would be directly to the patient, unless a carer was required. Kate Green commented that some patients may not understand what is being asked of them and this may skew the results. Tony Lloyd explained to the panel that the aim was to have 20 responses from each ward and therefore it would be more effective to distribute the surveys whilst the patient was on the ward where their special needs were understood, rather than in the discharge lounge. Mark Robson agreed that the details of the delivery of the survey would need careful thought.

Councillor Tony Linden raised a general question following an article in the GP magazine regarding the restriction of access to care such as knee and hip operations. He expressed his concern that care rationing would occur in West Berkshire. Mark Robson confirmed that RBH was governed by the NHS constitution and he had no personal knowledge of any restrictions; people were treated in turn, on their clinical need.

June Graves remarked that, as patients were already asked to complete two surveys, an additional consultation might lead to survey fatigue. She queried whether the information LINKs required could be gathered by expanding an existing questionnaire. Mark Robson informed the meeting that this would be problematic as the national survey was very prescriptive in its approach and the results were not returned directly to the hospital. The Meridian survey was completed by pressing coloured buttons on a key pad and was by its nature more quantitative than qualitative.

Councillor Carol Jackson-Doerge expressed her concern regarding how the consultation would be delivered to those patients with a learning disability. She suggested this might be solved by having a nominated person on each ward who was trained in special needs. Mark Robson observed that as the consultation would take place on the ward prior to discharge; the ward staff would be aware of the needs of the patient and carer. Councillor Jackson-Doerge asked if specific training would be given regarding the delivery of the survey. Mark Robson confirmed that guidelines would be explained to the staff as to the number of patients etc, to ensure a consistent approach across the trust.

Councillor Gwen Mason requested clarification as to the timeframe of the consultation. Tony Lloyd confirmed that he intended to commence the distribution of questionnaires in July and the results should therefore be available in late September. Mark Robson

HEALTH SCRUTINY PANEL - 19 JUNE 2012 - MINUTES

asserted that the survey would need to take place either in July or September as the National Picker Institute survey was carried out in August.

Kate Greene drew the panels attention to the case of one of her clients, who had been distressed during their time in care due to a number of transfers and the confusion this caused them. Mark Robson apologised for the distress caused to this patient and explained that the intention of the trust was to return the patient to their base ward whenever possible to avoid the confusion caused by transfers. The Disability Coordinator would be aware of any patient who may need additional help. The trust was endeavouring to improve its service to those with a disability and to educate staff more fully in how to care for patients with learning disabilities and dementia.

In response to questioning from Councillor Howard Bairstow, Mark Robson explained that 96 -100 patients were discharged a day and they were all asked to complete the more generic questions of the Meridian online survey. They were also asked to complete specific questionnaires to inform RBH on how to improve individual services.

Councillor Bairstow speculated that if a patient had special needs it should be prominently displayed in their notes, in order to inform those caring for them that they might become distressed and confused. Mark Robson assured the meeting that this information was included in the clinical notes and the Learning Disability Coordinator liaises with staff when a special needs patient is on the ward.

Councillor Mason enquired if the Community Hospital in Newbury was being included in the survey as it was part of RBH. Mark Robson clarified the situation stating that the Community Hospital was not part of the bed-stock and therefore not relevant in this case. Councillor Mason concluded that she was content the communication problem with RBH had been an isolated occurrence and thanked Mark Robson for his contribution.

Tony Lloyd asked if the RBH doctors were going on strike. Mark Robson commented that only routine operations could be cancelled; it was not legal to postpone urgent or cancer operations. It was expected that there would be minimal disturbance, however doctors had been canvassed so an estimation of numbers could be made. Any disruption will be recorded, as will the impact on patient care.

9. Anti-Child Poverty Strategy

Julia Waldman introduced her report to show how the local issues related to the national picture. She explained that this was a high level strategy that aimed to be achieved in 2020. Her experience had shown that this was a challenging target. West Berkshire was in a good position in relative performance to other councils. However, the results of actions taken now would not be seen for many years. In the short term the council would endeavour to alleviate and change child / family poverty with the intention that as an adult they would not live in poverty. National guidance is being reviewed. The Coalition Government wanted to re-frame, by autumn, the building blocks put in place by the previous party to reflect their own objectives, which would make it more difficult to compare data over time. Changes at national level would in-turn impact on local level work-streams.

Councillor Mason asked if national indicators were still being collected. Julia Walkman replied that some were still being collected and that the Government was looking to change the definition of NI 116, which would present a challenge in terms of comparative data. She commented that it was positive that this group had taken on responsibility for this concern. Child poverty was connected to health issues and was part of the NHS outcomes. Since she had written the report Child Poverty had been embedded in the Strategy Framework in Berkshire wide health services.

HEALTH SCRUTINY PANEL - 19 JUNE 2012 - MINUTES

In response to questioning by Councillor Mason, Julia Waldman made the following points

- Benchmarking with other unitary authorities: the framework was Berkshire wide, and therefore there was a synergy around early health.
- Page 16, point 1.7 – annual reporting: The affect of any actions would not be seen for approximately three years. She hoped that when Public Health entered the authority they would take on the responsibility for data capture as there was little resource within the Council.
- Page 16, point 1.8: as Council resources are stretched and areas overlap with Public Health and Child Poverty, the inclusion of Public Health with in West Berkshire Council was a positive step .
- Statutory duties will be carried out. However, minimal central support remained in the service and there was a demand to maintain early help provision

Tony Lloyd asked if there was a correlation between child poverty and subsequent criminality in later life; thereby a reduction in poverty was a reduction in crime. Julia Waldman advised that there was a whole suite of risk factors, with child poverty being only one of them. There was also a correlation between out-of work parents and a higher level of accidents to children in their care. She concluded that she was grateful for the support of this group and the Child Poverty Action Group had produced an interesting report which showed a range of ideas of what had worked in the past and what hadn't (see attached).

Councillor Jackson-Doerge suggested that the JSNA for children had helped to ensure this subject stayed a high priority.

Councillor Webb commended the quality of the report and recognised that many events had been planned for the near future. He asked that the outcome of this work be reported back to the meeting. Julia Waldman concurred with this request and suggested that it might be useful to coordinate the dates of this meeting with the CYP task group. She concluded that with the current economic climate, poverty would continue to rise in, however it should then improve.

10. **Health and Wellbeing Board Update**

June Graves introduced her report which showed the history behind the creation of the Health and Wellbeing Board (HWB) and an update on its progress.

Councillor Webb enquired if the HWB was replicating what had gone before. June Graves stated that it was a new development and was something very positive. There had been good attendance by clinical commissioning groups and she believed it had established its authority. However there were similarities with the Primary Care Trust (PCT) and it would be interesting to see how it developed further. The Government had acknowledged that there would be a transitional period until the CCG (Care Commissioning Group) formed a view of itself.

The Chairman asked if the board would be reactive or proactive. June Graves answered that it would mainly be proactive but would also be reactive. It was currently establishing itself, but had gained good attendance and commitment, with a completed draft strategy. In the course of a year it had gone from nothing to having a draft strategy prepared. West Berkshire was comparable to other Councils and had made good progress. As the CCGs took their commissioning plans, there might be a challenging period for the board. Health services coming into the local authority might find the democratic aspect challenging.

HEALTH SCRUTINY PANEL - 19 JUNE 2012 - MINUTES

Tony Lloyd concurred that HWB meetings would be held in public and therefore doctors might have to justify their decisions.

June Graves further discussed the work needed for transition at chief executive level. The model was being developed for Public Health delivering on a Berkshire wide level. Nick Carter and Andy Day were working hard to encourage everyone to sign up; however it was necessary to address staffing issues through a consultation exercise in order to comply with statutory time-frames and enable staff to consider their future.

Councillor Jackson-Doerge inquired whether the consultation document would be led by the Council or PCT. She felt it should be a joint piece of work owned by the Local Authority; however Public Health might have resources that could be utilised.

June commented that there was speculation regarding secondary legislation falling under section 102, which she would support.

11. Health Scrutiny Panel Work Programme

The following amendments to the work plan were proposed and accepted (see revised programme attached):

- OSMC/11/125 - Day Centres

The Chairman suggested this item be deleted. Councillor Mason agreed as no feedback regarding gaps in service had been received and there were no Officers available to take responsibility for this subject. She expressed her concern regarding the impact of a reduced service on those in rural areas.

- OSMC/11/105 - Dignity and Nutrition – Hospitals

June Graves informed the meeting that Nigel Owen was no longer an Officer at West Berkshire Council. The Chairman proposed that LINKs should report back to the panel on the results of the consultation taking place this summer.

OSMC/11/106 - Update on the Health and Wellbeing Board

June Graves noted that Teresa Bell was no longer at West Berkshire Council

- OSMC/11/119 - Continuing Healthcare (CHC)

Councillor Webb commented that the panel was still awaiting the results of this review.

- OSMC/12/122 – Home Care

June Graves advised that this item was being addressed by the ASC Efficiency Programme and agreed to arrange a meeting with Councillor Webb to discuss what elements would be of interest to Scrutiny.

- OSMC/12/124 - The effect of health service reorganisation

Tony Lloyd noted that West Berkshire Community hospital was the only 'local provision'. The Chairman agreed to readdress this item.

(The meeting commenced at 6.30 pm and closed at 7.55 pm)

CHAIRMAN

Date of Signature