

HEALTH, SOCIAL CARE AND HOUSING SCRUTINY PANEL
18 MAY 2005
(7:30 pm to 9:45 pm)

Present: Councillors Leake, Baily, Mrs Birch, Piasecki and Mrs Shillcock

Also Present: Mr D Maynard and Councillor Birch

Apologies for absence were received from:
Councillors Browne, Edger and Kendall

Also in attendance:

Daphne Obang, Director of Adult Services and Housing
Vincent Badu, Assistant Director of Adult Services and Housing (Strategy
Commissioning and Resources)
Janet Le Patourel, Manager, Strategy, Commissioning & Resources
Linda Wells, Assistant Director of Adult Services and Housing
(Sustainable Communities)
David Maxwell, Bracknell Forest Patient Participation & Involvement
Forum
Mary Purnell, Tracy Marriott and Vicky Wood Bracknell Forest PCT
Adrian Hughes, Commission for Social Care Inspection

3. Minutes and Matters Arising (Item 2)

RESOLVED that the minutes of the meeting of the Health, Social Care and Housing Scrutiny Panel held on 16 March 2005 and 11 May be approved as a correct record, and signed by the Chairman.

4. Independent Sector Treatment Centres – Vicky Wood, Director of Commissioning Bracknell Forest PCT

Vicky Wood attended the meeting to give an update on the use of independent treatment centres (ISTCs) within East Berkshire, the overall aim of which was to offer patients a more informed choice as to where and when they receive treatment. To date ISTCs are being used for cataracts, orthopaedics, general surgery, and for patients waiting over six months for treatment.

The treatment process involved offering choice through consultation with GP's and patients, and taking account of the patients medical history and clinical risk. This year much ISTC work had been focused at the Capia Hospital, Reading. In the future it was hoped that there would be further expansion of the scheme to include diagnostics. The work would also look at decreasing waiting times along the patient pathway.

It was noted that additional treatment capacity could be found both within the system and also between areas. It was noted that ISTC contracts were negotiated nationally with providers receiving a sum of money for each person they treated. These amounts were given out before the PCTs received their funding and are therefore independent of

the funding allocated for other services. It was confirmed that the funding allocation for ISTCs was not top sliced from the PCT budget. The PCT budget allocation was therefore unaffected. Patient choice exists over the current ISTCs, if more choice was required the PCT would look at other provision or expanding the current services.

5. **Bracknell Forest PCT I.T. Strategy**

Tracey Marriott, East Berkshire Primary and Community Care, National Project For Information Technology Project Manager attended the meeting with her colleague, Mary Purnell, Modernisation Development Associate Director and Choose & Book Lead to give a presentation on the project.

The purpose of the project was to pull together all the different I.T. strands within the NHS and so avoid the current duplication of patient information, the difficulty of transferring information and the problem of the large amount of paper based information.

It was noted that the National Programme is implementing projects vital to the NHS modernisation programme, which will make a significant difference to patients and healthcare professionals. The National Programme's original scope focused on four key developments: the NHS Care Records Service, "Choose and Book" project, the Electronic Transmission of Prescriptions and N3, the National Network. Its original scope had been widened to include: Picture Archiving and Communications Systems (PACS), IT for General Medical Services Payments, including Quality Management and Analysis Framework (QMAS) and Contact – an email and directory service for the NHS. The project was considered to be the largest I.T. project in the world at the current time.

In response to questions, it was noted that much work was required on the interface between the various systems, and Councillor Leake requested that further information be provided to the Panel at a later date regarding what processes were in place to ensure compatibility with Social Services I.T. systems. The issues of funding and training for the project were raised and it was noted that nursing staff were involved at all stages of the project. With regards to confidentiality and information relating to children at risk, there would be systems in place to ensure that only appropriate information transfer would occur.

Mary Purnell introduced the Choose and Book scheme. It was noted that patients wanted to be more involved in taking decisions and making choices about their healthcare and want services shaped to fit with their lives. The NHS was changing to give patients a greater say in how they are treated including giving access to a wider range of primary care services and increasing choice of where, when and how to get medicines, treatment and care. Choose and Book was one of the first initiatives that will bring about this change and put the patient first.

Choose and Book is a national service that would, combine electronic booking and a choice of time, date and place for first outpatient appointments. By the end of 2005 it would be available to all patients in England requiring elective care (over 15 million appointments each year). The PCTs would support patient choice by commissioning a range of services so that patients have four or five hospitals or other appropriate services they can choose from. At the same time the NHS would provide information for patients so that they can make an informed choice of hospital.

Choose and Book would show GPs and patients which hospitals (or other service providers) provide the service or treatment that the patient requires, together with a list of available appointment slots, hence allowing patients to choose and arrange an outpatient appointment while at the GP practice.. GPs will be able to select one or more services and then, if they wish, hand over the completion of the booking to a colleague in the practice. Alternatively, the patient can book their appointment at a later stage from a shortlist of providers agreed with the GP, either via a telephone booking service (called the Booking Management Service) or over the Internet. It was hoped that the service would improve the currently large number of cancelled hospital appointments.

The nature of the Choose and Book service would mean that practitioners and staff responsible for the booking of outpatient appointments will be able to see exactly where patients are in the system, quickly and easily. It will also mean that there is a complete audit trail, reducing stress and uncertainty.

It was noted that the Department of Health has produced guidance to NHS organisations, in their transition to offering electronic booking and choice of hospital and appointment. The *Choose and Book Patients' Choice of Hospital and Booked Appointment Policy Framework and Delivery Framework* are available on the Choose and Book website via www.npfit.nhs.uk

6. **Commission for Social Care Inspection**

Adrian Hughes, Business Relationship Manager, gave a presentation on the work of the Commission for Social Care Inspection (CSCI). CSCI was created by the Health and Social Care Act 2003 and began work on 1 April 2004 out of the previous organisation known as the Social Services Inspectorate (SSI). It worked as an arms length single inspectorate responsible for regulating and inspecting all social care providers whether public sector or privately owned. It had the aim of improving services and outcomes for users.

Inspection focussed on 18 standards, rated one to four. Inspections aimed to focus on the experience of the people using a service, inspecting what users see as important, producing reports that were more accessible, readable and relevant, and aimed to take a targeted and proportionate approach. Where issues were found, there would be follow up. Follow up reports would show all work between investigations which would include monitoring work. The CSCI's improvement agenda also focussed on investigation on complaints and whistle-blowing.

The CSCI improvement agenda would also seek improvements to services via formal requirements linked to the legislation if required. This would be informed by the standards and based on outcomes for users. Section 43 notices, giving detail of the follow-up action to be taken would be issued to a provider if an issue raised in an inspection report was not dealt with. Further to the section 43 notice, prosecution was the further course of action.

It was noted that reports were published on the CSCI website within 10 weeks of inspection, and a list of all reports published in the preceding month issued to councils.

7. Reprovision of Services Formerly Provided by Johnstone Court: A Response to the March 2005 Update from the Lead Member of the Working Group of the Health, Social Care & Housing Scrutiny Panel (Tabled Item)

In response to a concern raised at the March meeting of the Panel, a tabled report was received on the reprovision of the services formerly provided by Johnstone Court. The report gave details of the overall reprovisioning of adult services within the Borough which was a widening of the services, to cater for the needs of the wide variety of older people, taking into account the preference for how their needs should be met. Key to the development of services had been an increased emphasis on services which promoted independence and integration into the wider community.

It was noted that the entire refurbishment programme at Downside was nearly complete, and that Downside would provide many activities for adults. Councillor Dale Birch reiterated that the staff at Downside were highly valued and that the site provided an important part of the wide range of services now on offer. Services would be further reviewed in the future, and as requirements varied, so would services do so to reflect need.

8. Performance Management (Item 5)

The Director of Adult Services and Housing introduced the Quarterly Operations Report for Social Services and Housing Department (as was) for the final quarter of the year 2004/2005, noting some of the areas where the department had done well, could improve or areas of change.

In relation to older people, it was noted that a new team offering overnight sitting services had been established: The Home Support Dementia Team, had been running since 1st March and had been well received by users, carers, and other stakeholders, and had been submitted for an award. With regards to sustainable communities, the Housing Stock Options Project was well underway, with an established project board and team and the Head of Performance and Improvement seconded to act as Project Manager. The Commissioning Strategy had been taken forward, reaching out to Tenants and Leaseholders. Repairs were on target and there were no works to carry forward into the new municipal year.

Staffing vacancy rates had fallen by over 0.36% over the last three months. Some internal staff had been successfully recruited to a number of posts available in the Children and Families department.

It was noted that the final Supporting People report was due on 27 June.

9. Stock Options Appraisal Process (Item 6)

Councillor Mrs Shillcock declared a non-pecuniary interest in this item, as she is a Member of the Better Homes Commission.

The Panel received the report on the Stock Options Appraisal Process and endorsed its actions and the processes undertaken throughout the appraisal process. The Panel commended the report to the Executive and congratulated all those involved for the work which they considered had been carried out particularly well. Councillor Leake thanked

the Chairman, Reverend Osborn for his conduct of the meetings, for his independence and impartiality of the process and for the comments and results achieved. Reverend David Osborn thanked the Officers involved in the process for the significant amount of work undertaken by them on a difficult process.

The meeting commenced at 7.30pm
And concluded at 9.45pm

CHAIRMAN