

**HEALTH OVERVIEW AND SCRUTINY PANEL
14 JUNE 2012
7.30 - 9.40 PM**



Present:

Councillors Virgo (Chairman), Baily, Finch, Kensall, Mrs Temperton, Thompson and Allen (Substitute)

Co-opted Representative: Terry Pearce, Bracknell Forest LINK

Also Present:

Councillor Leake

In Attendance:

Richard Beaumont, Head of Overview & Scrutiny
Glyn Jones, Director of Adult Social Care, Health & Housing
Zoe Johnstone, Chief Officer Adults and Joint Commissioning
Gerry Crawford, Locality Director, Berkshire Healthcare Trust
Mr & Mrs Gould, Local residents
Dr Brian Clarke, Consultant Physician Stroke & Elderly Care (Frimley Park)
Dr Tim Ho, Consultant Chest Physician and Clinical Director (Frimley Park)
Mrs Helen Coe, Associate Director, Urgent Care Services (Frimley Park)
Dr Paul Loughlin, Berkshire Healthcare Trust
David Williams, NHS Berkshire Primary Care Trust

Apologies for absence were received from:

Councillors Mrs Angell, Mrs McCracken and Ms Wilson

1. Election of Chairman

Upon the PROPOSAL of Councillor Kensall, SECONDED by Councillor Baily it was

RESOLVED that Councillor Virgo be elected as Chairman for the municipal year 2012/13.

2. Appointment of Vice Chairman

Upon the PROPOSAL of Councillor Baily, SECONDED by Councillor Thompson it was

RESOLVED that Councillor Mrs Angell be appointed as Vice-Chairman for the municipal year 2012/13.

3. Minutes and Matters Arising

RESOLVED that the minutes of the Panel held on 26 April 2012 be approved as a correct record and signed by the Chairman.

Matters Arising:

The Head of Overview and Scrutiny reported that details of actions taken since the last meeting were attached to the agenda papers at page 9. The draft vision document for the Health & Wellbeing Strategy had now been drawn up by the Working Group.

4. Declarations of Interest and Party Whip

There were no declarations of interest.

5. Urgent Items of Business

In accordance with Section 100B(4)(b) of the Local Government Act 1972, the Chairman decided to take the following item as an urgent item, being a significant announcement by the Primary Care Trust after the agenda had been published:

Shaping the Future: Pre-consultation

The Head of Overview and Scrutiny advised that since the issue of the agenda, NHS Berkshire had issued a press release around a Shaping The Future Pre-consultation exercise and had publicised a number of events that would be taking place across the region related to this.

The Commissioning Director for Berkshire East, David Williams reported that the pre-consultation exercise had been publicised this week and focussed primarily on proposed plans for Heatherwood. He apologised to Panel Members that it had not been possible to include an item on the agenda papers but that he was keen to discuss the issues with Panel Members and the Council more widely. The Chief Executive of the Heatherwood and Wexham Foundation Trust, Philippa Slinger was also keen to discuss plans with the Panel.

The Chairman expressed disappointment that more information had not been provided to the Panel on the pre-consultation exercise, at an earlier stage. Panel members also asked to be informed of what services Heatherwood currently provided as well as any future plans.

It was reported that documentation relating to proposals would be provided on the Berkshire East website from Monday 18 June, this would include services that were currently provided at Heatherwood.

6. Public Participation

The Head of Overview & Scrutiny reported that a question had been submitted by a local resident, but that it was not deemed to be relevant to the work of the Panel. The resident had subsequently submitted a Freedom of Information request to which a response had been sent.

7. Treatment for Strokes

The Chairman welcomed Mrs Penelope Gould and her husband to the meeting and thanked them for agreeing to speak to the Panel about their experience of local health services following Mrs Gould's stroke in February 2012. The Chairman also welcomed the team of consultants and Associate Director from Frimley Park Hospital Trust.

The Panel viewed a TV advertisement titled F.A.S.T, which demonstrated what action should be taken if a stroke was suspected.

Dr Brian Clarke, Consultant Physician Stroke and Elderly Care and Dr Tim Ho, Consultant Chest Physician and Clinical Director gave a presentation to the Panel and made the following points:

- The best outcomes for stroke patients were achieved when patients could be treated within three hours of having a stroke, or ideally within an hour. This wasn't always possible as not all patients were brought immediately to hospital.
- In the past, strokes were often seen as a medical disaster for a patient however current stroke treatment had revolutionised care. Stroke care was no longer a neglected specialty, but active and interesting. Services were now seen to be at the cutting edge of medicine and strokes were considered to be a medical emergency.
- At Frimley, services were designed to be very proactive. This included:
 - a newly refurbished unit
 - first quartile of performance in SINAP
 - 7 day consultant ward rounds
 - 24/7 stroke consultant cover
 - 7 day TIA service available
 - Thrombolysis service 24/7
- Telestroke had been used for the past six months and this aimed to provide a consultant level decision via a TV screen and had been very successful in ensuring treatment was administered as quickly as possible.
- It was now recognised nationally that effective stroke treatment could prevent the need for intensive resources to care long term for a stroke patient with a disability.
- Consultants were pleased with the outcomes being achieved and the recovery of patients.

The Chairman thanked the team from Frimley Park for their presentation and invited Mrs Gould to speak to the Panel about her experience.

Mrs Gould made the following points:

- Mrs Gould described her symptoms when she had a stroke in February 2012, her husband had seen the TV advertisement and so knew that he needed to act quickly. An ambulance was called, and Mrs Gould was taken into Frimley Park Hospital where she was immediately given clot busting drugs following a CT scan. The hospital acted very quickly.
- Mrs Gould was then taken to the Stroke Unit and kept under close observation, after two days she was able to get out of bed and walk. After 3-4 days she went to the Rehabilitation Stroke area where she had physiotherapy. After a week or so, she was able to go home. Her husband had stayed with her throughout her treatment and had been kept informed at every stage.
- Mrs Gould had gradually got better, she still experienced minor problems such as slight memory loss and problems with fine motor skills, such as pressing buttons.
- Mr Gould added that his wife had been admitted to hospital within an hour and within 20 minutes of arriving at the hospital a consultant was in attendance and explaining the options available to them. Later on the same day, his wife was admitted to the Stroke Unit. He thanked Frimley Park for

all their work and support. Mr and Mrs Gould both felt that the service offered at Frimley Park was efficient, rapid and overall to be excellent.

The Chairman thanked Mr and Mrs Gould for their informative account of their experience of local stroke services.

The Associate Director – Urgent Care Services from Frimley Park, Mrs Helen Coe reported that the focus on hyper-acute strategy and stroke care had been ‘front door and early discharge’. 40% of patients were able to attend the hospital on this basis. Much occupational therapy and speech therapy was now offered at home instead of at hospital.

Councillor Baily reported that having recently experienced a stroke, he concurred with Mr and Mrs Gould on their experience of services at Frimley Park and congratulated the hospital on their excellent service and treatment.

Members were informed that there was contact between ambulance crews and hospitals when stroke victims were being taken to hospitals, and these direct observations informed the planned treatment on arrival.

Members were informed that the Health and Wellbeing Strategy could usefully cover stroke risk factors such as hyper-tension, smoking cessation, obesity and lifestyle changes.

Members of the Panel agreed that the consultant led service offered at Frimley, with excellent management processes was outstanding. The Associate Director from Frimley Park reported that Frimley Park were happy to share their good practice and currently did so through national service frameworks and as part of the Stroke Network.

The Director of Adult Social Care, Health & Housing reported that good relationships existed between the Council’s Intermediate Care team and Frimley Park to ensure that care was coordinated appropriately and effectively. The developments in stroke treatment had helped hugely to avoid institutional care, and assist people to return to normal life at home.

The Chairman thanked the team from Frimley Park for their attendance, informative presentations and engagement with the Panel.

8. Dementia

The Chief Officer, Zoe Johnstone reported that the Bracknell Forest Joint Commissioning Strategy which had been agreed in 2009, had clearly identified that local people wanted to be cared for in their own homes.

The Home Treatment Team provided a specialist multidisciplinary team that provided intensive support to individuals within their own homes Monday to Friday 9-7pm and weekends 9-3pm, outside of this care, urgent care services would be utilised. Other home support was provided by voluntary sector bodies and others.

Dr Loughlin reported that there were several diseases and conditions that resulted in dementia, these included Alzheimer’s, Vascular, Dementia with Lewy bodies and Fronto-temporal dementia. Often dementia could be a combination of between three or four pathologies. The most common form of dementia was a combination of Vascular and Alzheimer’s, however there were over 100 types of dementia, some yet to be identified. Dementia was defined as a gradual decline in the ability of the brain

to function on a daily basis and could affect the young or old. No cure was likely to be found for Dementia, but much could be done to alleviate its symptoms.

Younger patients with Alzheimer's were likely to have the condition as a result of genetics and family history. With patients over 65, lifestyle factors were much more important.

It was reported that the first access that a potential dementia patient would have with health services would be with a GP. A referral to the Memory Clinic may be made by a GP if appropriate. Early diagnosis was important. The Dementia Advisor worked with newly diagnosed patients who may not yet need the support of Social Care. Funding for the role of the Dementia Advisor had been extended.

It was reported that early diagnosis allowed individuals to plan ahead and make choices about their care, before they lost the capacity to make those choices. Generally, more early treatment was given now than previously, minimising the need for crisis treatment. There was an emphasis around encouraging patients to make decisions around their care, this included personalised budgets.

The Prime Minister's Dementia Challenge included developing dementia friendly services, the Council would be bidding for funding.

It was reported that in terms of priorities, it was important not to lose focus on dementia, the projected numbers for dementia were very real. It was crucial to consider how an integrated system of care for dementia could work well. The integration of health and social services was also crucial, the Alzheimer's Association had highlighted the need for respite care and the current gap in services that existed. Particularly as an individual's income dwindled, respite care would allow an individual to stay in their home for longer.

In response to members' questions, officers advised that:

- There was no research to prove the benefits of listening to music. However, efforts to improve cognitive issues are helpful, as were reminiscence groups.
- Obesity, smoking, and hyper-tension are contributory factors to having Dementia, and age is the main factor.
- The Healthcare Trust, having delivered its Transformation Programme, had the resources required. However, the position was tight, and there was a continuing need to improve integrated care and plan further efficiencies.
- Some people have a tendency to minimise symptoms of dementia, and early diagnosis and treatment is important.
- Integrated work between Adult Social Care, the Healthcare Trust and respite care is important.

It was noted that the findings of the Dilnott Enquiry was anticipated and it was hoped that adequate funding for adult care services would be proposed.

The Chairman thanked the team from the Healthcare Trust and officers for their attendance, informative presentations and engagement with the Panel.

9. **Quality Accounts**

The Head of Overview & Scrutiny reported that each NHS Trust was required to produce a set of Quality Accounts and invite comments from Overview and Scrutiny. Any comments made by Overview and Scrutiny Panels would then need to be incorporated by Trusts in their Quality Accounts.

The Panel noted the correspondence with the Trusts on their 2011-12 Quality Accounts and agreed to add consideration of Quality Accounts to their work programme for the following year.

10. **Working Group Updates**

The Head of Overview and Scrutiny reported that there were currently two active working groups, both of which had met recently:

Health Reforms Working Group: the primary focus of this working group was the transfer of public health responsibilities and creating Local HealthWatch. This group was likely to conclude its work in the autumn.

Health and Wellbeing Strategy: this group was contributing to the development of the Joint Health and Wellbeing Strategy and would monitor the work of the Health and Wellbeing Board as it moved from its shadow form into becoming a statutory body.

The Director of Adult Social Care, Health & Housing reported that the Health & Wellbeing Board was currently in shadow form and was actively considering how to move from its current arrangement to having meetings in public. It was anticipated that the Board would hold its meetings in public by the autumn. The shadow Board was currently looking into how it would engage with the local Health & Social Care network as well as a wider range of stakeholders. The Board had established effective working relationships with local partners.

The Director of Social Care, Health & Housing added that it was hoped that a draft Health & Wellbeing Strategy would be in place by the end of the summer recess. The end of the year would then be used to consult on the draft strategy.

It was noted that representations could be made to the Board through the LINKs representative and eventually through Local HealthWatch as it emerged. The Panel noted that the membership of the Board was set out in the Health & Social Care Act.

It was noted that a vision for the Health & Wellbeing Board had been drafted on behalf of the Panel and would be circulated to all members of the Panel.

It was agreed that a working group be set up to consider the Shaping The Future: Pre-consultation work. It was noted that the pre-consultation would be complete by the end of July and the full consultation exercise would take place in the autumn. The working group would therefore need to meet before the end of July. Once the Health Reforms Working Group had concluded its work, this working group could begin its main work.

Councillors Virgo, Finch, Kensall and Mrs Temperton stated that they would be interested in participating in the working group around Shaping The Future.

11. **Date of Next Meeting**

Thursday 27 September 2012

CHAIRMAN