

**HEALTH OVERVIEW AND SCRUTINY PANEL
3 OCTOBER 2013
7.30 - 9.00 PM**



Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Kensall, Mrs Temperton, Thompson and Ms Wilson

Also Present:

Richard Beaumont, Head of Overview & Scrutiny (O&S)
Glyn Jones, Director of Adult Social Care, Health & Housing
Lisa McNally, Public Health Consultant
Chris Taylor, Local Healthwatch Co-ordinator
Clare Turner, Local Healthwatch

Apologies for absence were received from:

Councillors Baily and Finch

20. Minutes and Matters Arising

The minutes of the Panel held on 19 August 2013 were approved as a correct record and signed by the Chairman.

Matters Arising:

Minute 18: Heatherwood and Wexham Park Hospitals

The Panel queried whether the Care Quality Commission (CQC) should be invited to the Panel meeting on 7 January 2014 alongside the Heatherwood and Wexham Park NHS Trust to discuss progress with their action plan. It was noted that the CQC were planning an unannounced inspection at Wexham Park Hospital over the next 12 months. The Chairman agreed to give this further consideration and make a decision on whether to invite CQC to the next Panel meeting.

21. Declarations of Interest and Party Whip

There were no declarations of interest.

22. Urgent Items of Business

There were no items of urgent business.

23. Public Participation

There were no submissions from members of the public.

24. Local Healthwatch

The Chairman welcomed representatives from Healthwatch Bracknell Forest to the meeting, Chris Taylor and Clare Turner, who would be presenting to the Panel

around their progress in fulfilling their role, with specific reference to engaging with NHS patients and working arrangements with the Health O&S Panel. Particularly on referrals and information on patients' complaints.

Chris Taylor, Co-ordinator at Healthwatch Bracknell Forest made the following points:

- He stated that The Ark had been commissioned to provide the Healthwatch service. The Ark was part of a consortium of organisations. Healthwatch had been operational since 1 October 2013. They had produced a leaflet detailing their role and contact details. They saw their role as improving health and social care for local people and to hold care providers to account on behalf of the public. The leaflet also set out the Health O&S Panel's role and how Healthwatch would work with the Panel.
- In terms of engaging with patients, their leaflet detailed all the ways in which Healthwatch could be contacted. Over the next three months they would be carrying out a large scale publicity exercise. They aimed to attend at least one public engagement each week to make sure that their presence was felt in all wards and neighbourhoods.
- They had met with the Chairman and the Head of Overview & Scrutiny and drafted a statement which set out how they would interact and work with the Health O&S Panel. They hoped to develop a close working relationship with the Panel.

Clare Turner stated that she worked for one of the consortium of organisations under The Ark, a charity called Kidz which provided play and leisure equipment for young children including disabled children. She had also worked in numerous positions within the community over her career. She had worked as a nursery nurse in Great Hollands as well as working in a number of children's centres and running her own local pre-school. She felt that over the years she had gained a wealth of knowledge about local communities and particularly families and what concerned them and what was important to them.

The Chairman stated that he welcomed this wealth of experience and looked forward to building a working relationship with Healthwatch.

The Director of Adult Social Care, Health & Housing made the following points:

- Healthwatch would cover social care and not just health. He suggested that Healthwatch may want to make representations to three of the Council's Overview and Scrutiny Panels but to use the Health O&S Panel as their conduit for doing this.
- He hoped to see a meaningful, open and trusting relationship develop with Healthwatch and for Healthwatch to become the organisation that represented the patient voice and the users of local health and social care services. He felt that one of the key strengths of The Ark were that they could call on numerous representative groups, as The Ark represented a consortium of organisations.
- He stated that referrals should work both ways, there may be a piece of work where the Panel feel it would be good to get Healthwatch's input. Healthwatch would be another resource to draw on and the Panel should take this into account.
- It was also key to remember that Healthwatch were a statutory board member of the Health & Wellbeing Board and so would influence an input to the work of the Board also. A workshop had been arranged for the Board

and Healthwatch later in October, to which the Panel Chairman and Deputy Chairman had also been invited.

The Panel asked how the Ark had been selected for this role. The Director explained that there had been a competitive procurement process and the contract award had been a competitive procurement process and the contract award had been a decision by the Executive Member for Adult Services, Health and Housing.

The Panel asked how many people were employed by Healthwatch. The Healthwatch Co-ordinator reported that he was the only full time employee and reported to the Board of members. They also had access to a consortium of representative groups which would be invaluable.

The Panel asked how Healthwatch would reach those people who weren't represented on these groups.

The Healthwatch Co-ordinator reported that they would be attending a range of events in the community on a weekly basis in an attempt to reach a wide range of people. They had already attended an event at Great Hollands and they would be attending the Bracknell Forest Careers Event in the following week and also hoped to use volunteers to stand outside supermarkets and other locations to gather views from the community. Their publications were also available in a number of community locations, including surgeries and libraries. Some views had already been gathered around the difficulties of driving to Frimley Park hospital. Residents felt that signage was bad and there were too many roundabouts. The Healthwatch's Board would also be recruiting, through an open election, members of the public to sit on the Board. This opportunity would be advertised on Healthwatch's website and would be open to anyone who wanted to put their name forward. An election would then take place to make an appointment to the Board.

The Panel asked if Healthwatch had established its list of priorities. It was reported that this hadn't yet been established.

The Panel asked if Healthwatch would essentially be a mailbox. It was reported that Healthwatch would have the power to escalate things and move issues on. They could also be commissioned to carry out work by the Panel.

The Panel asked how Healthwatch would be opening up channels to ensure they had access to all complaints information from all the major hospitals in the area. It was reported that Healthwatch had made arrangements to access all quality accounts. The Healthwatch Co-ordinator was keen to be clear that whilst Healthwatch could signpost they were not a complaints service. It was noted that the Panel would be receiving some complaints information from all major local hospitals.

The Panel asked if there would be a fee if Healthwatch called on the services of the organisations in their consortium.

It was confirmed that there would be no additional charge, for example one of the consortium organisations was 'Support, Empower, advocate, Promote (SEAP) and they were contracted to provide an NHS complaints advocacy service.

The Panel recognised Healthwatch's role as an advocate for residents and as a conduit to ensure residents got the help and support they needed from relevant organisations. The Panel asked what action Healthwatch would be taking directly themselves to support residents.

The Healthwatch Co-ordinator stated that it would depend on the severity of the issue; if it was a serious issue they would contact Healthwatch England and/or the Care Quality Commission.

The Public Health Consultant reported that she was happy to offer her help and support to Healthwatch particularly through the information and public views that would be collected for the Joint Strategic Needs Assessment.

The Head of Overview and Scrutiny reported that it was a legal requirement to adopt a statement to capture what the Panel would be aiming to achieve through its interaction with Healthwatch. With the assistance of officers and the Borough Solicitor, a statement had been drafted for members to consider. The draft statement had also be sent to the chairmen of the Adult Social Care & Housing O&S Panel and the chairman of the Children, Young People & Learning O&S Panel.

It was **AGREED** that the Panel:

- i) **considered the progress achieved to date by Healthwatch Bracknell Forest,**
- ii) **endorsed the following draft protocol regarding O&S joint working with Healthwatch Bracknell Forest:**

Healthwatch Bracknell Forest (HWBF) and Bracknell Forest Council's Overview and Scrutiny (O&S) are committed to the establishment of a mutually supportive and beneficial relationship through partnership working. The Council's Health O&S Panel (HO&SP) will take the lead on this relationship, referring matters to other O&S Panels as appropriate.

HWBF will provide evidence based feedback, attend HO&SP meetings as an observer, relevant workshops and working groups.

O&S may refer issues to HWBF for investigation or may commission HWBF to research evidence.

HWBF may refer matters to O&S for the purposes of securing information and expertise.

In accordance with The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (SI 2021:3094), HWBF will escalate issues as necessary to the HO&SP. The respective O&S Panel has an obligation to acknowledge HWBF referrals within 20 working days of receipt.

25. **Departmental Performance**

The Panel were asked to consider the parts of the Quarter 1 2013/14 (April to June) quarterly service report (QSR) of the Adult Social Care, Housing and Health department relating to health. The Director of Adult Social Care, Health & Housing felt it was important that the Panel considered these performance reports in order to monitor the department's performance in terms of health.

The Director of Adult Social Care, Health & Housing reported that it had been an important quarter; much of the department's preparatory work around Public Health was now coming to fruition. He was genuinely pleased with the way this work was progressing; additional funding had been put into the budget for public health to pump

prime opportunities beyond those projects handed over by the former Primary Care Trust. A good set of projects had been funded from across Council directorates.

He reported that there had been a drive by the Minister for Health to encourage integration work. £9.6bn nationally had been dedicated to promoting integration, it was noted that some of this comprised existing funding. Pioneer status was being offered to authorities that participated in this work. It had been agreed locally that pioneer status would not bring any additional benefits locally and so was not being pursued.

He also reported that some work had been undertaken by the department to identify frequent users of social care and NHS services and then the department had worked with health partners to ensure these individuals were getting the best and most efficient use of overall resources. This had provided a strong basis and platform for beginning the journey of working together with these service users.

The Director expressed that he was grateful to health partners for their comments on in reach services. In addition, the team that delivered in reach services had been nominated for the South West team of the year award. He and the team were delighted about this and he would be drafting some publicity on this. The Chairman congratulated the Director and his staff for their excellent work in this area on behalf of the Panel.

The Chairman observed that asthma was very prevalent in the area and asked what preventative work was being undertaken to tackle this.

The Director reported that priorities would shape preventative work, for example, it was already clear that smoking was responsible for the premature death of significant numbers of local people. The Public Health Consultant added that they would be attempting to achieve a seamless delivery of preventative work. This would involve working jointly with NHS partners and colleagues in social care to ensure priorities for preventative work was in all their work streams.

The Chairman asked if members should consult the Joint Strategic Needs Assessment (JSNA) for information about health in their wards.

The Public Health Consultant reported that the Public Health Survey would provide a first hand source of live data and would provide ward level data. The JSNA would take an interactive web based format and contributions would be provided from across a range of partners. There would be a drive to ensure that the data was as complete as it possibly could be. The Panel welcomed this.

The Director agreed to provide the Panel with an interim report on the Public Health survey at their January 2014 meeting if the agenda permitted.

The Panel queried the timing of the QSR's as the report before them was April to June and members would have liked more current information.

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The Head of Overview and Scrutiny reported that this issue had been previously addressed by a Working Group of the O&S Commission. The QSR's needed to be reported to numerous places before publication and each one was put on the agenda for the next available Panel meeting. It was noted that members could ask questions when QSR's were published rather than wait for O&S meetings. The Director agreed to provide the Panel with a brief summary of activity/performance for the period between the QSR and the O&S meeting to ensure information was as current as possible.

The Chairman noted that rates of stroke and asthma remained high and cardiac problems were also high locally.

The Chairman thanked the Director and his team for their hard work and diligence.

26. The Patients' Experience

The report before members invited them to consider the current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary NHS services to residents.

The Head of Overview and Scrutiny invited the Panel's views on whether they would like to receive this information regularly at future meetings. This would provide a means of getting closer to the patient experience as encouraged by the Francis report. The NHS Choices website was regularly updated and provided a good high level summary of information.

The Panel agreed that some caution needed to be exercised around the information and careful attention given to the numbers of respondents for each indicator. The Panel also asked for further information around patient safety alerts; staff survey response rates, and Friends and Family test scores. The Panel also agreed it was important to understand the timeframe in which the information was gathered.

The Chairman agreed that caution needed to be exercised and that the Panel needed to become adept at considering this kind of data and forming a view.

27. Working Group Updates

The Lead member for the Francis Report O&S Working Group reported that the work of this group was progressing well. The outcomes from the working group would be crucial in shaping the way O&S around health scrutiny was taken forward. The working group had undertaken some valuable work and this would be shared with the Panel. At their next meeting in the upcoming week, the group would be meeting with the Chief Executive of the Heatherwood & Wexham Park NHS Trust, Philippa Slinger.

28. Executive Key and Non-Key Decisions

Panel members commented that the 'Healthy Voices' project had been hugely successful and had now been running for three years and it was hoped that funding could be secured for the project to continue. A bid had been submitted and partnership funding had already been secured from Lifelong learning, Adult Social Care and Public Health. If the bid was successful, funding would be secured which would be 3-4 times the amount put forward by partners.

29. Date of Next Meeting

7 January 2014.

CHAIRMAN