

**HEALTH OVERVIEW AND SCRUTINY PANEL
27 APRIL 2017
7.30 - 10.10 PM**



Present:

Councillors Phillips (Chairman), Tullett (Vice-Chairman), G Birch, Finnie, Mrs Mattick, Mrs Temperton and Virgo

Non-Voting Co-opted Member:

Dr David Norman, Co-opted Representative

Executive Member:

Councillor D. Birch

Observer:

Chris Taylor, Healthwatch

In Attendance:

Julian Emms, Berkshire Healthcare NHS Trust
Mark Gittins, Business Intelligence Manager
Lisa McNally, Consultant in Public Health
Patrick Rogan, East Berkshire Primary Care Out of Hours Services
Fiona Slevin-Brown, Federated Director Clinical Commissioning Groups
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group

Apologies for absence were received from:

Councillors Hill and Thompson

97. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 12 January 2017 be approved as a correct record and signed by the Chairman.

98. Declarations of Interest and Party Whip

There were no declarations of interest or any indications that members would be participating while under the party whip.

99. Urgent Items of Business

There were no items of urgent business.

100. Public Participation

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

101. Berkshire Healthcare Trust

Julian Emms, Chief Executive of Berkshire Healthcare NHS Foundation Trust (BHFT) delivered a presentation and made the following points:

- BHFT was the main provider of community and mental health services to the population of Berkshire. BHFT also provided primary care services which in Berkshire included one practice and the Out of Hours GP service in the West of Berkshire.
- The Trust had an annual income of around £240m, employing approx. 4,400 staff and providing services from just over 100 sites.
- In March 2016 they were awarded a Care Quality Commission rating of good.
- The Trust maximised individuals independence and their quality of life. BHFT were the most integrated NHS organisation in the region in the pursuit of person centred co-ordinated care.
- Like trusts around the Country were facing increased demand as a result of population growth, supply was a concern as the Trust struggled with severe workforce shortages in terms of nurses, doctors and physios. In addition, they were facing the 6th year of austerity and a 20% reduction in income during this period.

In response to Members queries, the following points were made:

- The Panel were pleased that patients would be enabled to view their own medical records, this was empowering for patients and contributed to person centred care. Some concern was raised around this leading to self diagnosis but it was reported that pharmacists would play a role in tackling this wherever possible.
- Members expressed concern that triggers relating to safeguarding may be missed if face to face appointments are not undertaken. Julian Emms reported that online or telephone appointments would only be given to low risk patients.
- Julian Emms stated that there was still work to do between BHFT and the Council around what services should be offered where. There was still significant capacity at Brants Bridge that could be utilised.
- In terms of finances and capacity, the Trust would be considering carefully how best to spend the very tight funding as well as how best to remedy the severe staff shortages. In the long term, the Trust would be working with universities to source staff. In the short term, the Trust hoped to work collaboratively with partners to work towards improved role substitution such as pharmacists taking on other roles.

The Chairman thanked Julian Emms for a very useful and informative presentation.

102. **Health And Wellbeing Board**

The Executive Member for Adult Social Care, Health & Housing reported that the Health & Wellbeing Board (HWB) had participated in a peer review. The first session had been facilitated by Andrew Cozens, who had considerable experience in independent social care and health policy improvement.

He stated that the recommendations that had resulted from the peer review, were as follows:

- The role of the HWB should be to generate high level, system wide plans for addressing key priorities.
- It should bring together partners in a way that makes them more than the sum of the parts, with every partner able to contribute something to the overall strategy.

- Each partner should have clarity on what their individual responsibilities were within that strategy and commit to ensuring that these are reflected in their organisation's plans.
- In doing this, it will also seek to address barriers to progress.

The Executive Member reported that the HWB had already made a number of changes including changes to its membership to incorporate providers. The Board was conscious of the need to maintain a lean profile to continue to be successful and to not be seen as a committee of the Council. The HWB had therefore taken the decision to take Board meetings on the road and have meetings at partner venues across the borough.

The last meeting of the HWB was held at The Priory, Ascot and had been successful. The HWB had also adopted a new format whereby once formal business was completed the Board would have a workshop discussion which focussed on a particular topic. The last meeting had focussed on the emotional health and wellbeing of the borough. This had been a successful session facilitated by Andy Bell from the Centre of Mental Health, with lots of ideas generated.

In response to members' queries, the following points were made:

- Members expressed concern that the HWB hadn't been fulfilling its role to date. The Executive Member reported that the HWB were conscious that they were not operating to their optimum level and as a result had requested this peer review. The recommendations that arose from the peer review were anticipated and allowed the Board to refocus its effort.
- The Consultant in Public Health reported that the HWB was made up of high performing agencies, however they weren't quite managing to become a sum of all parts and this was what the HWB would be focussing on as it moved forward.
- The HWB would also be moving away from outputs and outcomes and moving towards more genuine outcomes. For example, how did a person feel as a result of a particular healthcare intervention, therefore a move towards qualitative data and considering people's life stories and the changes in people's lives as a result of any healthcare interventions.
- Members found the Brighter Berkshire event to be very informative and important in raising the profile of mental health.
- The Consultant in Public Health reported that social isolation was being tackled in a range of ways. The Community map was a useful tool for residents to find local groups and activities. There was also work taking place to inspire or enable residents to start up new groups. Social prescribing was also a resource used by GPs.

The Chairman thanked officers for the presentation and stated that she was pleased that the HWB would be taking a more holistic role.

The Panel noted the report.

103. **GP Out of Hours Service**

Patrick Rogan, Chief Executive of East Berkshire Primary Care Out of Hours Services attended and made the following points:

- He reported that five Care Quality Commission inspectors had carried out an inspection at Brants Bridge over the course of four days. They had reported a finding of 'requires improvement'.

- One of the main issues raised in the inspection was the control of drugs. As an organisation the Out of Hours Service was not registered to hold controlled drugs. He reported that he was currently in the process of registering the organisation. There were also some issues relating to equipment. A Nurse Medicine Manager had now been appointed to ensure all requirements in this area in future were met.
- Concerns were also raised around signage which had now been addressed. There were also concerns raised around the need for chaperones to ensure safeguarding procedures were followed. This had also been addressed and a number of staff had been required to undertake a training course relating to safeguarding.

In response to Members queries, Patrick Rogan stated that the Out of Hours had access to patient records as well as patient care plans.

The Chairman thanked Patrick Rogan for an informative presentation.

104. **The Patients' Experience**

Chris Taylor, Healthwatch attended the meeting and provided a summary of key points to arise from their work around patient's experience. He reported that there were five main areas highlighted by patients as follows:

- Staff Attitudes – 180 individual pieces of feedback had been collected by Healthwatch over the last year relating to staff attitudes. 160 of these comments were positive, the remainder negative. The majority of comments related to receptionist staff and the extent to which they were friendly, helpful or approachable.
- GP Appointments – 300 comments had been collected. Positive comments included that there were never issues getting appointments for children, the extended hours service was brilliant, urgent appointments were always available; booking appointments online was useful as well as telephone consultations. Negative comments included; difficulty getting appointments, phone lines always busy and numerous comments stating that more appointments needed to be available.
- Referral Pathways – Comments received suggested the need for clearer pathways. Comments related to the distance that needed to be travelled to services and ending up back at their GP when they should have been able to continue along the referral pathway.
- Dignity and Respect – Over 100 positive comments were received relating to this area and the general words being repeated were: Great, Helpful and Lovely. Positives outweighed the negatives but some of the negatives included, being overheard whilst speaking to receptionist staff and receptionist staff answering phone calls although people waiting to speak to them.
- Discharge – A report would be published in the next two weeks by Healthwatch on discharge, however some of the issues raised had including waiting for care packages to be put in place or being discharged without any support at home for them.

The Chairman thanked Chris Taylor for his informative presentation and commented that positive comments seemed to have dominated the patient feedback and that this perhaps reflected a cultural shift. Chris Taylor agreed that this could reflect a cultural shift and that social media certainly reported a great deal of positive comments for the NHS more generally.

105. **Quality Accounts 2016/17**

The Chairman reported that Richard Beaumont was undertaking work around Quality Accounts and that Members comments on the quality accounts for Berkshire Healthcare Trust, Royal Berkshire Healthcare Trust and Frimley Park Healthcare Trust had now all been submitted to each respective trust. Comments on the Ambulance Service Quality Accounts were due at the end of May 2017. Richard Beaumont would compile a report for the next Panel summarising all comments made and any responses received from the trusts.

106. **Departmental Performance**

The Consultant in Public Health reported on the performance of the Department over quarter 3, October to December 2016. She made the following points:

- Overall satisfaction with services was declining across the Country as was to be expected as local authorities and health agencies tackled austerity.
- Some of the highlights in departmental performance included the increasing number of people with learning disability in employment; this was life changing for these individuals. Work around personal health budgets was developing well and was key to giving people ownership of their healthcare package.
- Delayed transfers of care were being explored to see where the delays were occurring.
- Sustainability and Transformation Plans remained a key area of focus for the department and would provide a good barometer of how well the system was working together.
- The Community Map was relevant to all indicators; it was run by the Public Health team but was a resource for all of social care.

The Chairman asked officers to provide a breakdown of numbers for 'People live active and healthy lifestyles' on page 54 of the agenda papers.

It was reported that the departmental dashboard could provide this breakdown of numbers as well as a great deal of other holistic information. At present only the Adult Social Care, Health and Housing department was using the dashboard, but it had the potential to provide a Council wide solution that provided metrics and a more linked up story of information.

The dashboard itself was menu driven and provided a simple way of viewing all indicators and performance and cross referencing information.

107. **Executive Key and Non-Key Decisions**

The Panel received and noted the schedule of Executive key and non-key decisions relating to health.

108. **Member Feedback**

- Councillor G. Birch (specialist interests: cancer, rare diseases and Brexit) reported that new guidance/strategy had been published by NICE/NHS England around new drugs being released into the market for rare diseases and cancer. These drugs were expected to be released after the election and could have a huge impact.
- Brexit – the drug industry were keen to see plans revealed, there was some nervousness around the level of funding available for research.

- Councillor Mrs Mattick reported that she had attended a Council of governors Dementia group at Frimley Park Hospital which had been very interesting. She had also attended the Brighter Berkshire event and a six week pilot of chair yoga, which had been excellent.

CHAIRMAN