

HEALTH OVERVIEW AND SCRUTINY PANEL
02 MARCH 2006
(7.30 - 10.05 pm)

Present: Councillors Leake (Chairman), Browne (Vice-Chairman), Baily,
Mrs Hayes, Thompson and Piasecki

Apologies for absence were received from:
Councillors Mrs Shillcock

In attendance: Daphne Obang (Director of Social Services and Housing), Glyn Jones
(Assistant Director of Social Services & Housing (Community Care)) and
Lynne Lidster (Senior Policy & Commissioning Officer)

6. Apologies for Absence/Substitute Members

The Panel noted the attendance of the following substitute Member:

Councillor Piasecki as a substitute for Councillor Mrs Shillcock.

7. Minutes and Matters Arising

The Chairman expressed his thanks to Councillor Browne for chairing the last meeting of the Panel at short notice and the following matters arose from consideration of the minutes of that meeting:

i. Invite to meeting

Members of the Panel were invited to attend a Slough Borough Council Scrutiny Panel meeting on Thursday 16 March.

ii. Co-options

The Panel was advised that the invitation for a local GP to be a co-optee was to be put to the PCT Professional Executive Committee that evening and it was hoped that a name would be suggested for invitation to be a co-optee in the near future.

iii. Financial Recovery Plan

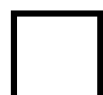
The Panel asked whether the report back had been provided on the issues highlighted in the Ascot News article with regard to the £26 million budget deficit. The Panel was advised that the article in question was considered by the PCT to be very misleading and a written response would be provided for the Panel by their Chief Executive.

iv. Berkshire Healthcare NHS Trust – Mental Health Update

The Panel requested an update around the new developments in Mental Health Services and was advised that this would be pursued for the next meeting.

v. Joint Committee of the Thames Valley Overview and Scrutiny Group

The Panel requested an update on the work of the Joint Committee and whether any formal response had been made with regard to the reconfiguration of the



Thames Valley Strategic Health Authority. The Chairman reported that the Joint Committee had met recently and that its Chairman had been asked to provide a response with regard to the issue of the reconfiguration of the TVSHA. The Panel was advised that a copy of any written response made by the Joint Committee would be distributed to members.

vi. Reconfiguration of the PCTs

The Panel asked whether the Chairman and Director of Adult Social Services & Housing had requested feedback on the consultation about the reconfiguration of the PCTs. The Panel was advised the Director of Adult Social Services and Housing had written back to the Secretary of State and had informed her that as an area which had carried out a “Your Health, Your Care, Your Say” Consultation that the Council would be pleased to receive feedback from her on progress and onward activities.

RESOLVED that the minutes of the meeting of the Health Overview and Scrutiny Panel held on 8 December 2005 be approved as a correct record, and signed by the Chairman.

8. Declarations of Interest and Party Whip

There were no declarations of interest or indications that Members would be participating whilst under the party whip.

9. Annual Health Check

Suzie Loader, Director of Nursing at Heatherwood and Wexham Park Hospital Trust attended the meeting to give an update on the process and standards involved as part of the Annual Health Check. The Panel was advised that the Healthcare Commission, responsible for the assessing and reporting of performance standards within NHS Trusts, had devised a new Annual Health Check process based upon the completion of annual self-assessment forms by NHS Trusts, to assess performance against core standards. The Panel was advised of the 24 core standards identified by the Government, against which NHS Trusts would be measured. These covered seven key areas:

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care Environment and Amenities
- Public Health

The Panel was advised that a draft self-assessment form (known as a Declaration) had been completed and submitted in October 2005, together with evidence of the Trust having met the 24 standards. As part of the new process, the Healthcare Commission had then cross-checked the evidence provided and carried out spot checks and inspections on the work of the Trust.

The Panel was advised that since submitting the draft Declaration in October 2005, more evidence had been collected towards demonstrating achievement of the core



standards and the Trust was aiming for a fully compliant Declaration. Based upon the outcomes of the draft Declaration, an action plan had been drawn up and successfully implemented to target and improve:

- mandatory training
- patient information regarding cancer
- public health initiatives

A final version of the Declaration would be submitted in April 2006 and the Healthcare Commission would then follow a similar process of cross-checking of evidence and inspections and decide whether or not the Trust was compliant against the 24 standards. The final Declaration included an element of peer review, which was where the Panel's views would be welcomed. The Trust had to invite comments from Overview and Scrutiny Committees, Patient and Public Involvement Forums and other appropriate organisations.

The Healthcare Commission had provided guidance for Overview and Scrutiny Committees which stated that there was not an expectation of an in-depth expert knowledge about all of the services being offered by the Trust. The involvement of Overview and Scrutiny was to provide a 'reality check' on the assessment and to demonstrate a link between the services and the experience of local people.

Items of specific guidance were also provided:

- Comments could be limited to where the Overview and Scrutiny function had renewed or monitored specific services or discussed them with the Trust.
- Areas of good practice could be highlighted, as well as areas for improvement.
- There were some specified standards which did not need to be commented upon.
- Comments could be made with regard to specific parts of the standards or about the quality of provision of services.
- Comments should be limited to 250 words and would be included in the declaration verbatim.
- Comments were requested by 28 March 2006, where possible.

The Panel noted that it felt the restriction to 250 words would unduly limit the scope of its comments. It also queried how complaints were dealt with within the Trust and whether the pressure to collect evidence for the Declaration detracted from patient care. The Panel was assured that whilst there was a lot of work involved in gathering evidence, the core standards provided by this process were good for ensuring minimum standards of service and for focussing efforts on improving standards. The Panel requested fuller details of the 24 core standards and of the evidence gathered and **AGREED** that a small working group of the Chairman, vice-Chairman and Councillor Edger would meet to formulate a response which would be circulated to Panel Members for comments prior to its submission to the Trust.

10. **Reconfiguration of the Primary Care Trusts**

Diane Hedges, Chief Executive of Bracknell PCT provided the Panel with an update on the progress of the consultation to date:

- The consultation was still in progress and would run until 22 March, so no decisions would be made and nothing would change until after this date.
- Based upon attendance at events held by the PCT about the reconfiguration, it seemed that there was very little public interest in this issue.



- Concerns had been raised by other local authorities within Berkshire, which stressed the value of the co-terminosity of existing PCT arrangements.
- There had been a good level of feedback from organisations, including the voluntary sector which emphasised the importance of maintaining PCT structures at a local level to maintain a meaningful debate around local issues.

The following questions arose from consideration of the update:

1. Where the 15% cost savings anticipated as a result of the reconfiguration, would come from?

The Panel was reassured that these savings were expected to be made from management spending as a result of the rationalisation of 3 management structures into one, and should not therefore be at the expense of clinical services.

2. It seemed that the Department of Health had allowed PCTs in the London area to continue with structures based upon co-terminosity. Would this be a possibility for other unitary authorities which requested it?

The Panel was advised that the decisions made in London had been made before the current consultation had been entered into and for this reason, were not directly relevant. Any response to the consultation which proposed that maintaining existing structures would be the best option, would be more seriously considered if they included proposals for achieving the 15% management cost savings and also improvements in commissioning in the area, as would be required by the Secretary of State under the restructuring process.

3. There was a general concern that if the three existing PCTs merged to become one covering East Berkshire, there was no clear indication of how structures at local levels would be maintained.

The Panel was advised that it was anticipated that the new larger PCT would have three Locality Directors, one for each of the existing areas. Each would function at a more local level and participate within existing structures to include local partnership and board meetings such as the Health and Social Care Partnership Board and the Local Safeguarding Children's Boards. It was important to ensure senior designated representation at a local level within the proposed reconfiguration structure. Also important was the ability to continue with existing local practice based commissioning under the new model and locality structure.

The Panel **AGREED** that a working group of the Chair, vice-Chair and Councillor Edger would meet to formulate a response to the consultation which would be circulated to Panel members for comments prior to its submission to the Department of Health.

11. White Paper - "Our health, our care, our say"

Daphne Obang, Director of Social Services and Housing attended the meeting to provide an outline of the White Paper which detailed the improvements to be implemented by the Government to Health and Social Care Services. The Panel was advised that the White Paper originated from two Department of Health policy documents and consultations carried out in 2005. These consultations found that individual services did not always work together for patients with a range of needs and that gaps in provision existed between the various care providers. Based upon



these and other findings of the earlier consultations, the White Paper identified five clear areas for change:

- Provision of more personalised services
- Shifting the focus of care to make it more local and community based and less reliant upon acute hospital treatment
- Better co-ordination and information sharing between local authorities and the NHS
- Increased choice and regular consultation for patients
- Targeting measures for the prevention of illness to include, for instance, a new NHS “Life Check” service and a ‘Fitter Britain’ Scheme.

Measures proposed to achieve these changes were also outlined, which included focus on areas such as:

- Integration between local authorities, Health and Social Care Services, for example, alignment of assessment and inspection regimes and budget and planning cycles
- Leadership, including a statutory duty for social inclusion for the Director of Social Services and Housing and joint responsibility with the local Director for Public Health for commissioning plus the strengthening of social care leadership within the Department of Health
- Prevention including a national reference group for health and wellbeing and a new quality and outcomes framework
- Integrated services, for example, co-terminosity integrated networks or teams and community hospitals
- Improved provision including the development of social care markets, extra support for carers and reduction of the barriers to social inclusion

The Panel was advised that the White Paper contained many positive and exciting developments for the future of health and social care. There were, however, some issues which had yet to be resolved, such as the need to make the necessary transitions on a cost neutral basis, the need for clearer definitions of the levels of care involved (for example, what is continuing care/what is prevention?) and the substantial culture shift needed by PCTs, local authorities, hospitals and the public. Additionally, the major paradigm shift in health and social care outlined, would require a reconsideration of existing scrutiny arrangements.

The Panel discussed how the White Paper would impact on the aspirations for a local hospital for Bracknell Forest. It also considered how best to progress its work in the context set by the White Paper. The Panel agreed that a baseline of information about existing provision across the community was important for the future planning and commissioning of services. It was **AGREED** that the White Paper and its consequences should be included on the Panel work plan and that a report be provided for the next Panel meeting, which detailed the current level and extent of integrated joint working, as well as a summary of the critical points posed by the White Paper.

The Panel also observed that the existing provision for the health and social care of children was split between government departments and the lack of integration here was problematic and contrary to the core messages set out within the White Paper.

12. **Health Overview & Scrutiny Panel Issues**



(i) Feedback from the visit to Royal Berkshire Ambulance Trust

All who had attended had been very impressed by their visit, particularly the out of hours telephone service operated from the Trust premises, which included the facility to talk callers through ways of dealing with their emergency situations.

(ii) Future Work Programme

The Panel was asked for suggestions to be included on the future work plan and identified the following issues for possible future consideration:

- Children's health and obesity
- Integrated care and "wellbeing"
- PCT reorganisation

The "Our Health, Our Care, Our Say" White Paper

CHAIRMAN

