

NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 7 October 2010, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillor Leake (Chairman), Councillor Virgo (Vice-Chairman), Councillors Mrs Angell, Baily, Brossard, Burrows, Harrison, Mrs Shillcock and Thompson

cc: Substitute Members of the Panel

Councillors Beadsley, Mrs Beadsley, Edger, Mrs Fleming, Kensall, Osborne and Ms Wilson

Co-opted Representatives

Vacancy

ALISON SANDERS
Director of Corporate Services

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If you require further information, please contact: Priya Patel
Telephone: (01344) 352233
Email: priya.patel@bracknell-forest.gov.uk
Published: 18 October 2010



Health Overview and Scrutiny Panel
Thursday 7 October 2010, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

AGENDA

	Page No
1. Apologies for Absence/Substitute Members To receive apologies for absence and to note the attendance of any substitute members.	
2. Minutes and Matters Arising To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 17 June 2010.	1 - 4
3. Declarations of Interest Members are asked to declare any personal or prejudicial interest and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.	
4. Urgent Items of Business Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.	
5. Co-option on to Health Overview and Scrutiny Panel To consider the co-option of Mr Terry Pearce of the Local Involvement Network on to the Panel.	5 - 6
6. 'Equality And Excellence: Liberating the NHS' To receive a presentation from the Chief Executive of NHS Berkshire East on the implications on the health economy of the Government's White Paper 'Equality And Excellence: Liberating the NHS'.	
7. Royal Berkshire NHS Foundation Trust To meet the Chief Executive of Royal Berkshire NHS Trust, Mr Edward Donald, with particular reference to the Royal Berkshire Hospital's services to residents of Bracknell Forest and the cancer and renal services facility under construction at Brants Bridge.	7 - 26
8. Consultation on Mental Health Inpatient Facilities To note the correspondence with the Berkshire Healthcare NHS Foundation Trust concerning the public consultation on mental health in-patient facilities serving the east of Berkshire and to consider the Panel's response to the consultation.	27 - 56

9. **Health Overview and Scrutiny Protocol**
To note the updated Health Overview and Scrutiny Protocol, recently agreed with the Chief Executives of all the principal NHS organisations serving Bracknell Forest. 57 - 64
10. **Joint East Berkshire Health Overview & Scrutiny Committee Minutes**
To note the draft minutes of the meeting of the Joint East Berkshire Health Overview & Scrutiny Committee held on 16 June 2010. 65 - 72
11. **Overview and Scrutiny Bi-Annual Progress Report**
To note the bi-annual progress report of the Assistant Chief Executive. 73 - 84
12. **Work Programme 2001/12**
To consider the Panel's Work Programme for 2011/12. 85 - 88
13. **Date of Next Meeting**
The next scheduled meeting of the Panel will be held at 7.30pm on 10 February 2011

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**HEALTH OVERVIEW AND SCRUTINY PANEL
17 JUNE 2010
7.30 - 9.30 PM**

Present:

Councillors Leake (Chairman), Virgo (Vice-Chairman), Mrs Angell, Baily, Brossard, Mrs Shillcock and Thompson

Also Present:

Nancy Barber, Director of Berkshire East Community Health Services
Richard Beaumont, Head of Overview & Scrutiny
Glyn Jones, Director of Adult Social Care & Health
Phillipa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust

Apologies for absence were received from:

Mary Purnell and David Williams

1. Election of Chairman

On the proposition of Councillor Virgo, seconded by Councillor Thompson it was

RESOLVED that Councillor Ian Leake be elected as Chairman of the Panel for the municipal year 2010/2011.

2. Appointment of Vice-Chairman

On the proposition of Councillor Leake, seconded by Councillor Baily it was

RESOLVED that Councillor Virgo be appointed as Vice-Chairman of the Panel for the municipal year 2010/11.

3. Minutes and Matters Arising

RESOLVED that the minutes of the meeting held on 4 March 2010 be approved as a correct record, and signed by the Chairman.

Matters Arising

Under item 49 of the minutes, the Chief Executive, Berkshire Healthcare NHS Foundation Trust, reported that the Trust Board had considered options for the Trust, and a final decision on public consultation for the transformation of services was awaited. A draft document would be available for viewing by the end of June, and the Trust welcomed informal views by the end of June. It was proposed to consult for four months.

The Head of Overview and Scrutiny suggested that Panel members might want to meet to look at draft proposals from Ms Slinger before the end of July, and it was agreed to meet on Wednesday 21 July at 10.30 am to discuss the consultation.

The Head of Overview and Scrutiny reported that the transport survey had been circulated to members of this Panel, and indicated that all actions outlined in the minutes had been completed.

A report from the Chief Executive of Heatherwood and Wexham Park Hospitals regarding site moves had been circulated to members of the Panel.

The Transforming Community Health Services update was on this meeting's agenda, as was an item on Preparedness for Public Health Emergencies.

On the Bracknell Healthspace Working Group, the Chairman and Vice Chairman had attended an introductory meeting with the new Chief Executive of the Royal Berkshire Hospital.

The private member's bill mentioned in item 53 of the minutes had not progressed through Parliament, so there was no extension at present to the powers of Overview and Scrutiny.

The Joint East Berkshire Health Overview and Scrutiny Panel had met on 16 June, and Bracknell Forest Council had assumed the support of this Panel for the rest of the municipal year.

4. Declarations of Interest

There were no declarations of interest.

5. Urgent Items of Business

There were no urgent items of business.

6. Co-option onto the Health Overview and Scrutiny Panel

The Chairman advised the meeting that the proposed co-optee to the Panel was not present, so this item was deferred to the next meeting.

7. Transfer of Community Health Services

Nancy Barber, Berkshire East Primary Care Trust, and Philippa Slinger, Berkshire Healthcare Trust jointly presented the report in the absence of David Williams, Director of Locality Commissioning, Berkshire East PCT.

The Chairman indicated that Ms Barber, representing the PCT, was receptor of commissioned services as well as a provider of the service. Ms Slinger was similarly involved in commissioning the Berkshire Healthcare Trust to take on the community health service function.

The Panel heard that Berkshire East Community Health Services was in the process of being externalised. PCT commissioners could no longer be providers of care, and within very short timescales were required to transfer the provision work to another provider. This had required a Board decision by 22 March 2010, followed by sign off to the new provider (Berkshire Healthcare Trust) by mid-July, followed by a monitoring process from 1 December 2010 to 28 February 2011, with staff transfer by 1 April 2011. This would provide a clear distinction between commissioner and provider. All services would be transferred, and currently this meant District Nurses, Health Visitors, School Nurses and therapists. About 1,000 employees from Berkshire East PCT were involved, and about 1,100 from Berkshire West PCT.

The Chairman thanked Ms Barber and Ms Slinger, and asked the Director, Adult Social Care and Health to comment. Glyn Jones told the Panel that in the light of a new operating plan from the Coalition Government due to be published that day, there was currently no information about whether this would now change, nor was there any mention of stakeholders in the PCT's presentation. He asked what would be the role of the Local Authority in this process, and was informed that for local authority staff working in joint teams, so far there was no information about how it would work. Ms Barber pointed out that they had not yet seen the new operating plan, but expected that the PCT would continue with the transfer. Engagement was needed with local authorities and GPs. The timescale of the changes had been very restrictive.

Ms Slinger advised that there were no current plans to change working arrangements, and this was a key opportunity to ensure local authority involvement. A three-year service strategy would be produced, and this would require hugely detailed planning. The Chairman asked Mr Jones to provide a written account of his views, and also asked the PCT and Berkshire Healthcare representatives to provide a comprehensive list for clarity on which services would be transferred, together with an indication of how much this would cost, and whether all funds would be transferred *in toto* to the new providers, both for services from NHS Berkshire East and NHS Berkshire West. Ms Slinger said this would be addressed in the planned due diligence work.

Other members of the Panel expressed concerns about how separate the commissioning arm and provider arm would be in the future, and whether or not people currently employed would retain their roles. They were told that there were currently no plans to change the way in which care was delivered, but were looking to improve the care. Management costs would be reduced, and the Care Quality Commission were involved in the transfer process. The Chairman expressed a hope that the goodwill of staff would be carried into the new arrangements, and Ms Barber assured the Panel that informally staff had been very clear that they wanted to stay within the National Health Service, and were happy to transfer to the Berkshire Healthcare Trust.

As the report and presentation were given in David Williams' absence, the Chairman told the Panel he would write to him about all the issues raised, and would need a considered, full and prompt response.

The Head of Overview and Scrutiny suggested that Panel members might want to meet to look at draft proposals from Ms Slinger before the end of July, and it was agreed to meet on Wednesday 21 July at 11 am to discuss the consultation.

8. Preparedness for Public Health Emergencies Working Group

Councillor Thompson presented the report. He told the meeting that the Panel had met on 7 June, and three to one of the members had agreed that recommendations 5.6 should be deleted and 5.7 should be amended by removing the words "such as staff and specialist decontamination vehicles". It was agreed that these be removed from the report, and the Lead Member be advised of this. The report would go to Overview and Scrutiny Commission, and the Lead Member would be able to discuss these issues at that meeting. One member of the Panel questioned whether paramedics and technicians were under strength, and were told that the South Central Ambulance Service had made this recommendation.

It was agreed that, with the deletions identified at paragraphs 5.6 and 5.7 of the report, the report be allowed to go forward with the remaining recommendations. The Environment, Culture and Communities Overview and Scrutiny Panel would be notified of what had been agreed.

9. **Joint East Berkshire Health Overview & Scrutiny Committee Minutes**

The Head of Overview and Scrutiny introduced the minutes of the 30 March meeting telling the Panel that there were many recurring items brought to the meeting. There had been concern expressed about the Next Generation Care programme. An update on the PCT budget would be brought to the October meeting of that Committee.

He also gave a verbal update on the meeting held the previous evening, 16 June. There had been a presentation on health inequalities. The Chief Executive of Heatherwood and Wexham Park Hospitals Trust had given an update on the Turnaround Plan, including planned redundancies. The Trust were running under a conditional operating licence from the CQC.

10. **Report containing exempt information: Bracknell Healthspace**

The Head of Overview and Scrutiny introduced the exempt report concerning Bracknell Healthspace. He reminded the Panel that previously a Working Group had been formed to review this project. They had produced a report which was finalised and agreed by the Panel between meetings and by the Overview and Scrutiny Commission in January 2010. Members decided to delay publication of the report, and this was now being reviewed.

Planning permission had not yet been sought for the Bracknell Healthspace, so Cllr Leake had sent a letter to the PCT asking for the Chief Executive's views on the latest position on publication, but no response had been received to date. The Panel agreed that the Chairman should continue to ascertain the current position. Glyn Jones reminded the meeting that Dr Llewellyn would be attending the Commission meeting in July.

RESOLVED that the Chairman seek a meeting as necessary with the Chief Executive of Berkshire East PCT, the Executive member and the Chief Planning Officer to establish the current position of the Bracknell Healthspace project.

11. **Date of Next Meeting**

There will be an extra meeting of the Panel on Wednesday 21 July at 10.30 am to discuss the mental health in-patient facilities consultation draft.

The next meeting of the Health Overview and Scrutiny Panel will take place on Thursday 7 October 2010.

CHAIRMAN

HEALTH OVERVIEW AND SCRUTINY PANEL 7 OCTOBER 2010

CO-OPTION ONTO THE HEALTH OVERVIEW AND SCRUTINY PANEL Head of Overview and Scrutiny

1 INTRODUCTION

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to co-opt onto the Panel Mr Terry Pearce from the Bracknell Forest Local Involvement Network.

2 SUGGESTED ACTION

That the Health Overview and Scrutiny Panel:

- 2.1 **Co-opts Mr Terry Pearce as a non-voting member;**
2.2 **Conveys its thanks to Mrs Isabel Mattick for her long service to Overview and Scrutiny at Bracknell Forest.**

3 SUPPORTING INFORMATION

- 3.1 The Council's Constitution stipulates that the Overview and Scrutiny Commission appoints members of Overview and Scrutiny Panels, and that the Commission and the Panels are entitled to appoint non-voting co-optees to O&S Panels.
- 3.2 In recent years, the O&S Commission has determined to have a co-optee to the Health O&S Panel from the Patient and Public Involvement Forum, latterly the Local Involvement Network (LINK), and has appointed Mrs Isabel Mattick as a co-optee. On 24 March 2010, the Chair of the Bracknell Forest LINK advised officers that the LINK Steering Group had nominated Mr Terry Pearce, replacing Mrs Isabel Mattick. Consequently, at the annual meeting of Council and the O&S Commission on 12 May 2010, the co-optee position on the Health O&S Panel was shown as being vacant.
- 3.3 This report was put forward to the Health Overview and Scrutiny Panel at its meeting on 17 June 2010, and deferred by the Panel as Mr Pearce was unable to attend that meeting.

Background Papers

Minutes of the meetings of the Overview and Scrutiny Commission and the Health Overview and Scrutiny Panel.

Contact for further information

Richard Beaumont – 01344 352283
richard.beaumont@bracknell-forest.gov.uk

Doc Ref

5 Co-Optees to the Health O&S Panel

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Bracknell Forest Health Overview & Scrutiny Panel

Dr Lise Llewellyn
Chief Executive Officer

7th October, 2010

Equity and excellence: Liberating the NHS

Vision

- Is genuinely centered on patients and carers;
- Achieves quality and outcomes that are among the best in the world
- Refuses to tolerate unsafe and substandard care
- Eliminates discrimination and reduces inequalities in care
- Puts clinicians in the driving seat and sets hospitals and providers free to innovate, with stronger incentives to adopt best practice
- Is more transparent, with clearer accountabilities for quality and results



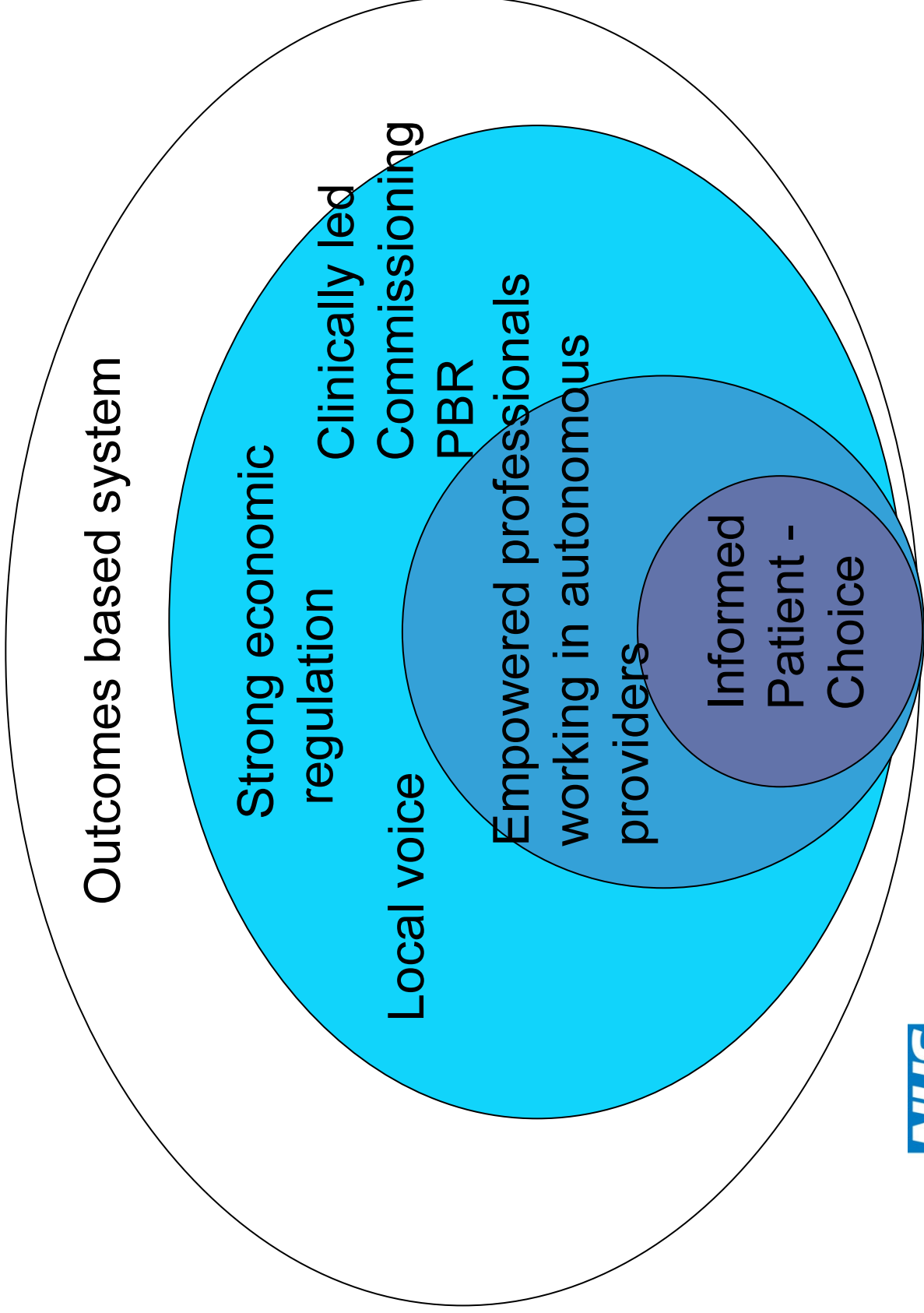
Berkshire East

Vision – Cont.....

- Gives citizens a greater say in how the NHS is run
- Is less insular and fragmented, and works much better across boundaries, including with local authorities and between hospitals and practices
- Is more efficient and dynamic, with a radically smaller national, regional and local bureaucracy
- Is put on a more stable and sustainable footing, free from frequent and arbitrary political meddling

Improving public health

- White paper
 - new public health service
- Joint DPH LA and public health service
- Health improvement budgets
- Population health outcomes
- Health and well being boards



Putting patients first

- “*No decision about me without me*”
- Radical change in information availability
 - safety / effectiveness / experience
- *Choice and control*
- - team , type care , GP, mental health urgent care, personal budgets e.g. continuing care
- *Patient and public voice*
- Health watch

Improving Healthcare Outcomes

- Performance regime - outcomes frameworks
- NHS outcomes framework



Outcomes frameworks for GP consortia

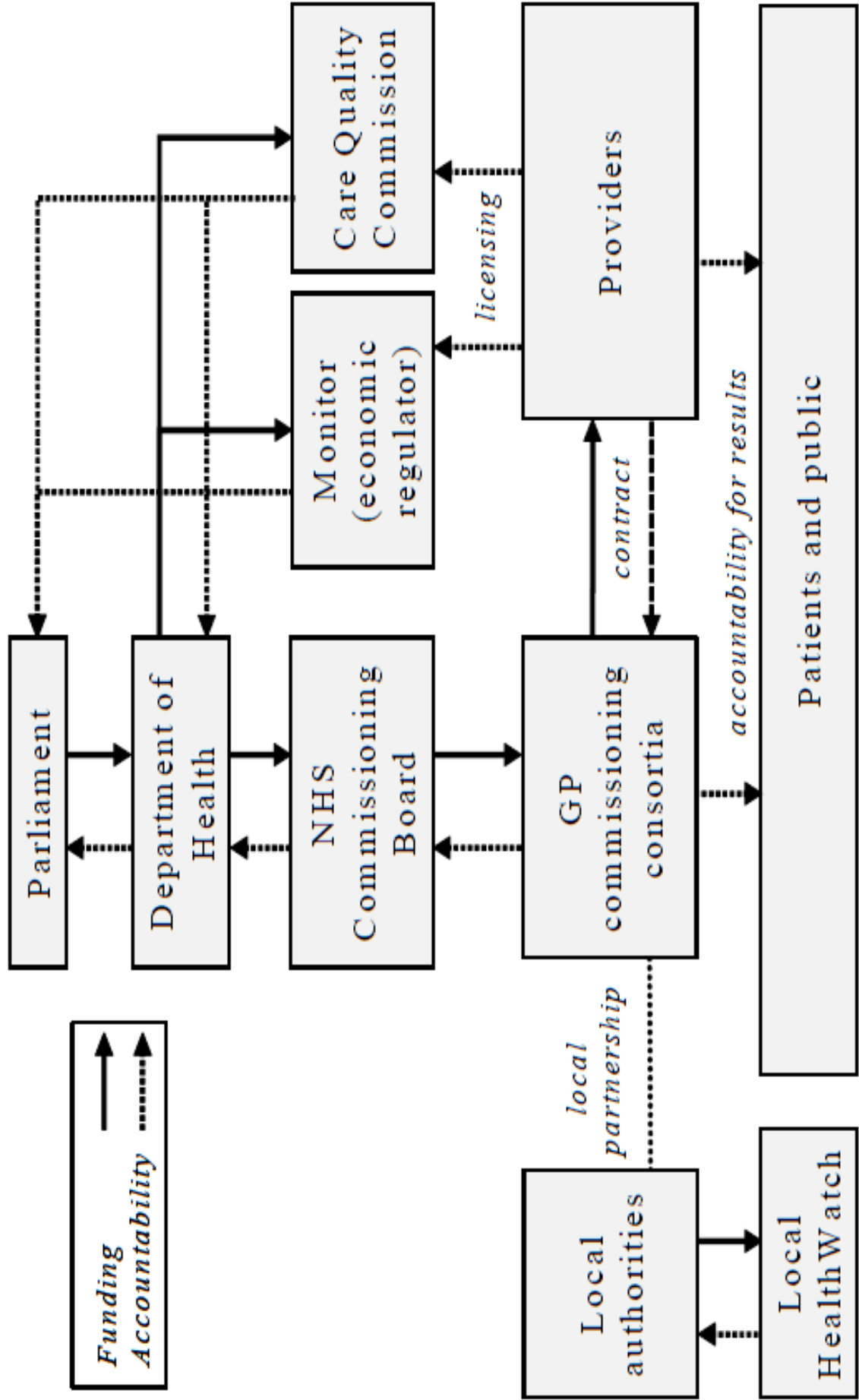
- Local authorities - population outcomes
- NICE standards for care - 150 over 5 years
- Reward for quality - CQUIN



Berkshire East

Autonomy, accountability and democratic legitimacy

The New NHS Structure



The role of GP Consortia

- Consortia of practices working in partnership with local authorities and communities responsible for commissioning majority services
- Statutory -
 - not optional, practice agreements
- GP contract change
- accountable officer

Size, geography

- Duties – equality, outcomes, public patient involvement
- GP Consortia will decide what support services
- They will receive a management allowance



Berkshire East

NHS Commissioning Board

- Provide leadership for quality improving improvement
 - Setting guidelines for improving standards
 - Design model contracts
 - Design structure of tariff
- Promoting and extending patient choice and involvement
- Development of GP consortia
 - Support and develop system of GP consortia
 - Hold consortia to account
- Commissioning certain services
 - GP, dentistry, community pharmacy, primary ophthalmic, maternity services, specialised
- Allocating and accounting for NHS resources
 - Allocating NHS revenue resources to GP consortia
 - Managing the commissioner revenue limit

Democratic Accountability

- Reduced powers of sec of state
 - New role of local government
 - joining up commissioning NHS services, social care and health improvement
- Promote integration and partnership working
- Joint strategic needs assessment
- Partnership for local service change and priorities



Berkshire East

Provider freedoms

- Foundation trusts – biggest social enterprise economy
- Increasing freedoms private caps, mergers, governance
- Community services

Regulation

- CQC
 - Quality inspectorate
 - licensing
- Monitor
 - competition
 - Price regulation
 - Continuity services

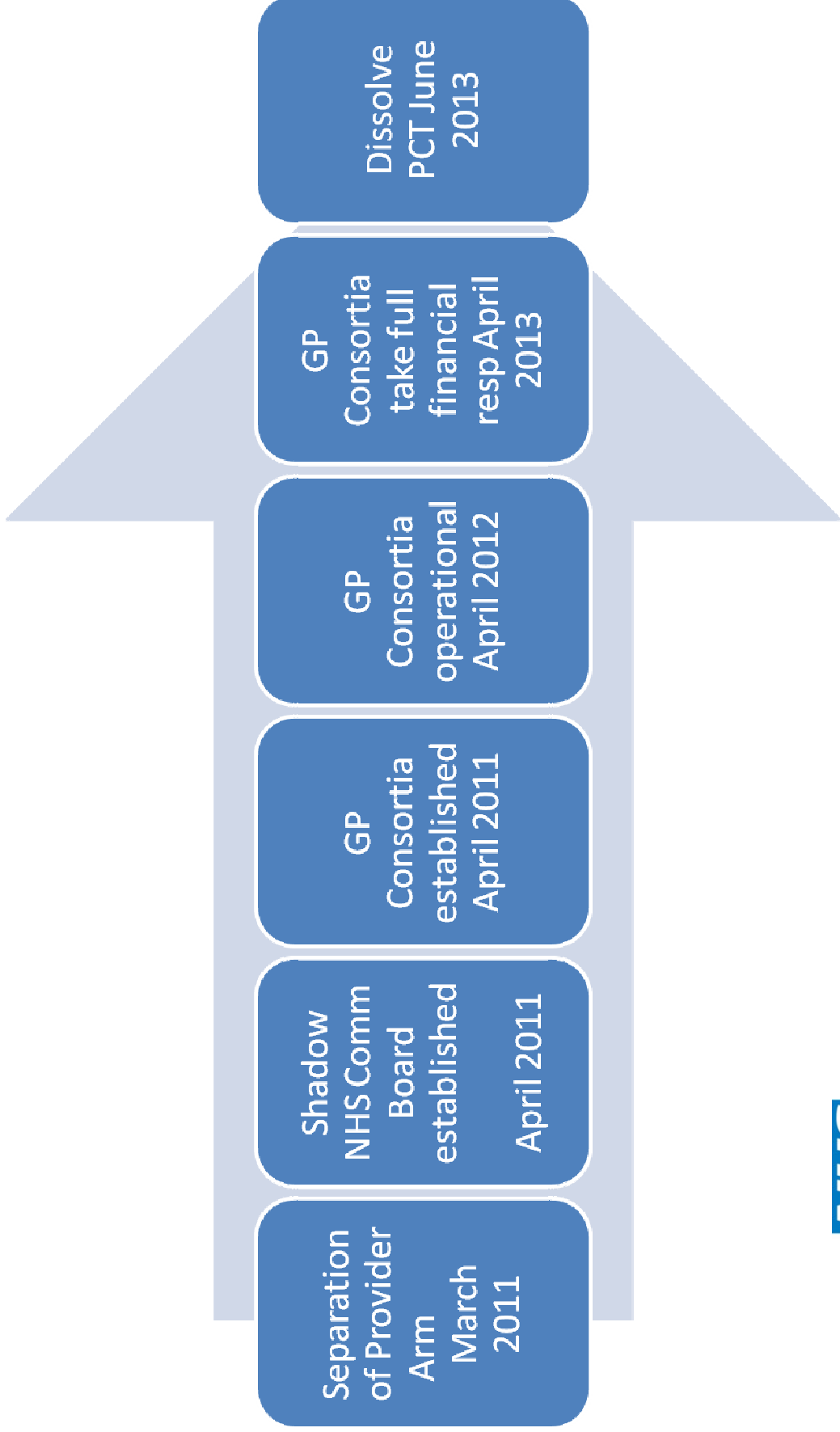


Berkshire East

Finances

- Commissioning board - accountable to parliament
- Consortia - accountable to board
- Any willing provider - licensed
- Risk pool - essential services

Timelines



The need to maintain focus

- In times of change we must remember to put the patients first
- We have major projects on that will improve the quality of our services and we must continue to complete these this year

Outcomes we want to deliver

- 2573 people will quit smoking
- 92% of people with high blood pressure will have it controlled
- 65% of people with diabetes will have their blood sugar managed to the right level
- Less than 18% of yr 6 children will be obese
- 75% of people having a stroke will spend 90% of their time on a stroke unit
- 75% of people will say they have good access to primary care.
Less people will be admitted to hospital as a result of alcohol (5424)

Quality; Pt Experience, Clinical Effectiveness and Safety

- 2100 people less with Long Term Conditions (ACS) will be admitted to hospital
- People will spend 637 less days in hospital than this year
- 100% of people who have a positive test for bowel cancer get seen by a specialist in 14 days
- People going to an NHS dentist increases from 46% to 60%
- 90% of people being admitted and 95% of people not being admitted are seen within 18 weeks of referral
- 98% of people are seen and discharged from A&E in 4 hrs

HEALTH OVERVIEW AND SCRUTINY PANEL 7 OCTOBER 2010

CONSULTATION ON MENTAL HEALTH INPATIENT FACILITIES Head of Overview and Scrutiny

1 INTRODUCTION

- 1.1 The Berkshire Healthcare NHS Foundation Trust has issued a consultation on mental health inpatient facilities serving east Berkshire. The Health Overview and Scrutiny Panel offered views on the approach to the consultation, it is to receive a presentation on it, and the Panel has the opportunity to respond to the consultation.

2 SUGGESTED ACTION

That the Health Overview and Scrutiny Panel:

- 2.1 **Notes the correspondence with the Berkshire Healthcare NHS Foundation Trust concerning the public consultation, at Appendices 1 and 2.**
2.2 **Considers the Panel's response to the consultation.**

3 SUPPORTING INFORMATION

- 3.1 The Panel was invited to comment on the approach planned by the Berkshire Healthcare Trust to the consultation. This was considered at an informal meeting of the Panel on 21 July, and the Panel Chairman subsequently wrote to the Trust on 23 July (Appendix 1). The Trust responded on 30 July (Appendix 2).
- 3.2 The Panel is to receive a presentation by the Berkshire Healthcare NHS Foundation Trust, concerning the consultation on mental health inpatient facilities. The consultation document is attached.
- 3.3 The specific questions posed by the Trust are reproduced in Appendix 3 to this report.

Background Papers

None

Contact for further information

Richard Beaumont – 01344 352283
richard.beaumont@bracknell-forest.gov.uk

Doc Ref

08 Berks Healthcare Consultn cover report

Appendix 1



Philippa Slinger
Chief Executive
Berkshire Healthcare NHS Trust
Fitzwilliam House
(2nd/3rd Floors)
Skimped Hill Lane
Bracknell
RG12 1LD

23rd July 2010

Dear Philippa,

PUBLIC CONSULTATION ON MENTAL HEALTH INPATIENT FACILITIES

At the meeting of our Health Overview and Scrutiny Panel on 17 June, you said you would welcome our comments on the draft consultation document for mental health inpatient services. Our Health Overview and Scrutiny Panel Members met this week to consider it.

We have a number of queries and suggested changes to the draft consultation document, as follows.

Page 1

Paragraph 3 of the context section refers to the current number of people living in East Berkshire, and the current resources deployed. It would be helpful if this could be expanded to include the future projections which the proposals in your paper are designed to address. This is particularly relevant for the anticipated growth in the over-85 population, also a distinct growth in dementia sufferers in their 50's.

On the final paragraph, could you please confirm that Dr Foster Intelligence has the necessary experience and expertise for this consultation?

Page 2

The second paragraph in the 'Why we are seeking views' sections could usefully be updated to reflect the key changes in the recent White Paper.

The fourth paragraph (and elsewhere) refers to services being provided over the next three years, and it would be helpful to make clear the long term position.

The final paragraph refers to an overall reduction in bed numbers. We think the reasons for that need to be more clearly set out either here or in the public meetings; also we would question whether this is consistent with the expected growth in demand caused by the forecast substantial growth in the over-85 age group.

Page 3

On the first paragraph:

- Is the investment referred to going to be completed within 12 months?
- On what basis has the figure of 64 beds been derived?

Page 4

We regard options 2 and 4 to be a dilution of service.

We note that the Trust have decided to delete option 3, and suggest that the document should briefly explain why an option involving Heatherwood Hospital has not been included.

We have the following queries and concerns about the third paragraph, concerning transport assistance, which we think is an important issue for service users and their visitors:

- How has the sum of £100,000 been calculated?
- We would like to see some demographic and travel data included in this section of the document.
- Is the sum an annual, ring-fenced amount?
- Will this sum be sufficient to guarantee that the extra travelling costs of patients and visitors are reimbursed?
- Will this sum be available in perpetuity?
- Has the Trust approached the transport companies to enquire whether they could provide assisted travel?

Page 5

The presentation of financial information at the top of page 5 is confusing:

- The fall-off in expected income does not seem consistent with the government's statement in the recent White Paper that they will increase health spending in real terms over the next five years. Consequently the savings requirement of £12 million may be overstated.
- In the second table, it is not clear whether this covers a two year period (implied from the title '2010-2012') and whether the savings requirement and cost reductions are annual or cumulative sums.
- We would welcome some details of exactly how the Trust will reduce the cost of management and administration, and make service efficiencies.

The paragraph in the middle of the page says 'the other three options are more expensive' – it would be helpful to have some quantification of the amounts.

In the section headed 'What we know so far':

- We think it is important to canvas the views of visitors as well as service users.
- Could you please advise how many people were approached to take part in the survey, and over what period the survey took place?

Page 6

In the first paragraph, could you please advise how many people were approached to take part in this survey?

In the second paragraph, could you please advise what was the median (as opposed to average) travel time. Also was the average of 23 minutes from peoples' home or the start point of their journeys?

Members were interested to see the results of the research, and endorse the view that the quality of service is more important than its location.

Page 7

In the final paragraph, we suggest that respondents are also given the opportunity to make any other observations they may have.

Page 8

Whilst Option 1 is clearly most likely to be adopted, we are concerned that the case for it should be put forward in a balanced way. For example: there will be costs of relocating staff from their existing locations to Prospect park; and operating from a single site brings a higher risk of business continuity than with multiple sites.

Page 12

We strongly suggest – if only for cost reasons - that it would be unjustified to put a leaflet through every door in East Berkshire. Given the traditionally low response to earlier NHS consultations, the limited interest in mental health issues, and the pressures on NHS resources, we think it would suffice to make the leaflets available at public buildings and on demand, sending it to everyone known to the Trust, and having a web presence, along with the programme of public meetings. Bracknell Forest Council can also publish the consultation on our website if you wish.

Finally, on some general points:

- Whilst the proposals are concerned with inpatient services, we would like to make the point that the Trust must not cut back on local services; for example the Coopers Hill facility in Bracknell is a lifeline for young people here.
- Can you confirm the proposals will not increase the reliance on local authority adult social care services?
- Could the consultation paper explain why the outcome of the 2008 consultation – the decision to build an in-patient unit at Upton Hospital – was not implemented?
- We suggest the document should have fuller references to Day Care, and Carers.

We will be putting the consultation on the agenda for our Health O&S Panel meeting on 28th October, and would be obliged if you could be present. Meanwhile, if there is anything in this letter you would like to discuss, do please contact Richard Beaumont on 01344 352283.

I would ask for a response to this letter by the end of July, and can you please copy the response to Richard Beaumont here?

Yours

Councillor Ian W. Leake
Chairman, Health Overview and Scrutiny Panel

Copy:
Dr Philip Lee MP
Adam Afriyie MP
Councillor Dale Birch
Glyn Jones
Health Scrutiny Panel Members



Berkshire Healthcare **NHS**
NHS Foundation Trust

Providing first class services, to enable people to make the most of their lives

Councillor Ian W Leake
Bracknell Forest Council
Easthampstead House
Town Square
Bracknell
RG12 1AQ

30th July 2010

Dear Ian,

Thank you for taking the time to respond so fully to Philippa, it is a very helpful reply and many of your suggestions will be included in the document and I will not therefore refer further to them in this letter. Philippa is on holiday at the moment and given your request that we reply before the end of July, I trust that you will accept a response from me.

I will respond to your points in turn:

- With regard to Dr Foster Intelligence, we conducted a procurement exercise for the independent support to the consultation process, receiving bids from a number of organisations that we had pre qualified as being capable of performing this type of work. We are confident from our own experience and those of others that Dr Foster are an excellent choice.
- The issues that you raise with regard to bed capacity were considered during the “Right Care Right Place” consultation in 2008 that generated the plan to concentrate East Berkshire inpatient beds on the Upton site. The actual bed numbers were informed by a specific health planning analysis which was undertaken by a specialist organisation. The factors that were relevant at the time in terms of demographic effects are relatively unchanged. The fact that our plans towards the Upton site had not progressed beyond a point when a further consideration was still possible is of course helpful in view of the changed economic circumstances. Since the conclusion of the previous consultation, the Trust’s work on the Upton scheme had concentrated on the activities to develop a business case and in particular to identify favourable funding arrangements for the scheme. The business case had not been completed before the Trust commenced the work to review its services.
- We note the statement that you regard options 2 and 4 (now 3) to be a dilution of service. It would be useful to have an explanation of this perception.

- It is our intention to make the investment in services next year, ahead of the full implementation of whichever option is chosen.
- The decision to delete the Heatherwood option follows receipt of a letter from the Chief Executive of the Heatherwood & Wexham Park NHS Foundation Trust, which informed us that our tenure beyond the short term cannot be guaranteed given their plans for the ward space that we occupy. The level of investment that we would need to make in that site requires us to have long term access to their facilities.
- The £100,000 is a provisional sum applied to Options 1 and 2 and has been scoped based on running a transport service between agreed points during visiting hours (rather than reimbursing travel claims). We intend to use the consultation process to develop these ideas further, given the ability to interact directly with potential users of the service. We anticipate that the service will be adapted to meet the need identified and that it will exist all of the time that demand for it justifies the cost. It is not intended to cover all of the travelling requirements of all possible visitors and it will be focused on the groups identified as being most in need given that many residents in East Berkshire will not have any material change in travel costs as a result of the potential options for service.
- We will make the financial information clearer in the document although it is proving a challenge to achieve clarity, simplicity and transparency simultaneously. Our income is almost entirely derived from the two PCT health commissioners in the County and the figures we have used are regarded as the best case outcome that we can achieve. The rationale for this is that a marginal increase in real terms as defined by CPI falls a long way short of the real inflation rate in the NHS given ever increasing medical capability, expensive but valuable drug therapies and the demographic effect and population growth element that you refer to. This typically means that any increase less than 10% annually requires cost improvements by the NHS and even during the last 5 years, when settlements have been circa 7%, we have had to deliver significant and recurrent efficiencies to enable our services to be able to continue and be improved and our income growth as a Trust has been significantly less than the headline figure.
- The annual financial shortfall is in the order of £4m and consequently over a three year period we need to find £12m of recurrent benefits that deliver value every year thereafter and we have no guarantee that that will be the end of the matter. Put another way we need to deliver £4m in the first year, £8m in the second and £12m in the third or £24m over the three years in total.
- With regard to your questions regarding the transport survey, we have contacted the organisation that conducted the work to clarify these points. At the time of writing we are awaiting a response and (mindful of your request to respond by 30th July) we will forward this information once it is available.
- Financial evaluation was performed on a “differential cost” basis and therefore costs that would be the same or very similar have been ignored. The cost of additional staff travel has been scoped and included, although accuracy will only be possible when we know exactly who will be affected.
- The consultation covers our plans to change Inpatient Services and we are looking at all other areas of cost given that although a very important element of our plans, £2m is still only one sixth of what we need to achieve over three years. I cannot therefore give assurances that other areas of service will not be affected. Our broader plans are however to make other savings through efficiencies rather than service reductions and as things stand at the moment, we believe that we can deliver £12m without reducing

services to any significant extent. If commissioners require even higher levels of savings then it is very likely that we will be unable to sustain this position as we are stretching every sinew to deliver the £12m as it is. We are not relying on any “cost transfer” to social services in our plans and have engaged senior officers within local authority organisations at every stage.

- We note the comment questioning the plan to send leaflets to all households in East Berkshire. However, you will appreciate that it is essential that we make every effort to seek to engage local people in the consultation process and this is a relatively inexpensive means to achieving a wide coverage.

I am most grateful for your comments on our proposals and I will ensure that a copy of the final document is sent to you on the 11th August, when we intend to publish the final version.

Yours sincerely



Julian Emms
Deputy Chief Executive

Copies to
Dr Philip Lee MP
Adam Afriyie MP
Councillor Dale Birch
Glyn Jones
Health Scrutiny Panel Members
Philippa Slinger

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST – CONSULTATION ON INPATIENT FACILITIES

Question 1

To what extent do you agree or disagree with the aim of providing all mental health inpatient services at one site in Berkshire (Prospect Park Hospital in Reading)?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 2

To what extent do you agree or disagree with the aim of retaining mental health inpatient facilities within the East of the County?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 3a

To what extent do you agree or disagree with the Trust investing NHS funds to maintain and improve community services for people with mental health needs?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 3b

To what extent do you agree or disagree with the Trust investing NHS funds to improve inpatient facilities?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 4

To what extent do you agree or disagree with the aim of having good transport links (including public transport services) to sites providing mental health inpatient services?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 5

To what extent do you agree or disagree with ensuring that people across Berkshire who need mental health inpatient care are admitted to facilities of a comparable standard (in particular that they have their own bedroom and that their ward will have direct access to an outside garden area)?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 6

Of the criteria declared within the consultation document which the Trust will be using to make its decision on the future of mental health inpatient services, which would you consider to be the most important? Please identify and rank your top three considerations in order of your priority (1 to 3, with 1 indicating the most important).

Criteria	Rank (1 to 3)
Does the option have a clinical / quality evidence base?	<input type="text"/>
Does the option maximise the benefits that we can offer to the majority of service users?	<input type="text"/>
Will the option ensure we can provide care that meets our Quality and Financial regulator's requirements?	<input type="text"/>
Does the option offer clear Value for Money for the taxpayer?	<input type="text"/>
Does the option have the support of GPs?	<input type="text"/>

Overall, to what extent do you agree or disagree with the criteria declared within the consultation document?

Please select ONE of the following.

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below any particular reasons for your choice.

Question 7

How do you rate the options in order of preference? Please rank them from 1 to 3 (with 1 being your most preferred) and add any comments you may have.

Option 1 All inpatient services to move to Prospect Park, Reading. All current wards in the east of the County to be vacated, in line with the Trust decision following the public consultation in 2008.

Your ranking for Option 1:

If you have any specific comments on this option, please provide this in the box below.

Option 2 All inpatient services to move to Prospect Park Hospital except for those for older people, which would be located in Charles Ward, St Mark's Hospital, Maidenhead. The ward at St Mark's Hospital would be redecorated and new furnishings provided (the building itself cannot be altered to provide single room accommodation).

Your ranking for Option 2:

If you have any specific comments on this option, please provide this in the box below.

Option 3

The creation of a new mental health inpatient unit at Upton Hospital to provide all general adult and older people beds for people from East Berkshire. All current hospital beds in East Berkshire would be vacated, in line with the Trust decision following the public consultation in 2008.

Your ranking for Option 3:

If you have any specific comments on this option, please provide this in the box below.

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Public Consultation on mental health inpatient facilities serving the East of Berkshire



16 August 2010 - 30 November 2010

Berkshire Healthcare NHS Foundation Trust (BHFT) is the main NHS provider of mental health services in Berkshire. These are the services to which your GP would refer you if you had a serious mental health problem such as severe depression or schizophrenia for example. The vast majority of these services are provided by specialists such as psychiatrists, psychologists and nurses and are mostly provided in the home or at a base close to home.

BHFT provides these services for approximately 20,280 people across the whole of Berkshire, which is about 2.5% of the population. On occasion it may be necessary for a person to go to hospital for more intensive treatment and care. If that is needed, BHFT currently provide hospital care from 3 hospital sites in the east of Berkshire as shown in the map below.

Location of inpatient services in East Berkshire



What is this document about?

This document describes why we want to consider changing our plans for those inpatient beds serving East Berkshire and presents three options for you to think about and asks for your views. We will use your views to help us make a final decision about where our hospital beds should be located. This consultation does not concern services provided to Berkshire West residents.

The public consultation will be launched on 16th August 2010 and run until 30 November 2010. In order to consider your views, we need to receive them by 30 November 2010. Since we hope to get a lot of people giving us their views and to allow views to be anonymous, we have decided to use an independent organisation (Dr Foster Intelligence) to collate and analyse the responses and comments received.

The findings will be included in a report which will be presented to our Board. The Board will consider all the information it has and make a final decision as to which option represents the best improvement in quality of the service as well as value for money. This decision will be made public in February 2011.

Notification of this will be posted in the local media and on the Berkshire Healthcare Foundation Trust website:

**[www.berkshirehealthcare.nhs.uk/
publicconsultation](http://www.berkshirehealthcare.nhs.uk/publicconsultation)**

Why do we need to change?

The Trust is committed to achieving high quality care with the same standard of accommodation provided for inpatients regardless of where they live in the county. At present this is not the case and the ward facilities we offer to people living in the west of the county are far better than those for people in the east. We tried to address this in 2008, when we conducted a public consultation and concluded that a new hospital unit of 64 beds serving East Berkshire should be built at Upton Hospital in Slough town centre.

However, since then, the global and national economic situation has changed dramatically and in the future we will need to provide all the care we currently provide but with less money. Whilst it seems probable that Health Services will be treated more generously than other public services in the government review of spending, it is very unlikely that this will go far enough to offset the impacts of population growth, ageing and the cost of new drugs and technologies.

These are the main reasons why expenditure on health needs to grow faster than inflation each year. This will mean that all NHS organisations will need to make savings in their existing budgets and to do this we have to review where we spend the funds we do get, to ensure we can carry on providing good care. Given this financial situation, one important question is whether it makes sense to spend money on a brand new building.

What is proposed?

The most significant change proposed in the options is to the actual physical location of the inpatient beds, but each option also has improvements to the quality of care that can be provided. These are highlighted in the section detailing each option.

All the options concern services for people over the age of 18 who live in the east of Berkshire and who require inpatient care for a mental health problem. Under all options, inpatient services to people living in the west of Berkshire will continue to be provided at Prospect Park Hospital in Reading and any changes will not impact on these services.

We have not considered upgrading current wards in Heatherwood and Wexham Park Hospitals as we know that we can not stay there for more than about 3 years. We rent the space we currently occupy from those hospitals and we know they have longer term plans for the space we use.

The options we are considering are:

Option 1

All hospital beds to be provided at Prospect Park Hospital in Reading resulting in us vacating all existing beds from the current 3 sites in the east.

Option 2

All hospital beds to be provided at Prospect Park Hospital except for those for older people (aged 75 years and over) in Charles Ward at St. Mark's Hospital, Maidenhead. Charles Ward would be redecorated and new furnishings provided, but not upgraded (the building itself cannot be altered to provide single bedrooms).

Option 3

Build a new, dedicated mental health unit at Upton Hospital, Slough which would replace all the current hospital beds in the east of Berkshire. Prospect Park Hospital would continue to serve the west of Berkshire.

How many people will be affected by any change?

Approximately 375,000 people live in East Berkshire and currently up to 88 people over the age of 18 with a mental health problem may be treated in hospital at any one time. When in hospital, most people stay for about 30 days and will have trial periods of home leave during that time.

The proposal enables some bed reductions and so the total number of people affected on any one day would be 64 of the 375,000 residents of the east of Berkshire and their visitors.

The Trust acknowledges that if either Option 1 or 2 was chosen, some people would be faced with transport difficulties. Consequently, in calculating the cost of the different options, we have allowed up to £100,000 a year to fund a transport assistance scheme. The details of that scheme will need to be developed with users of the service and carers to ensure it is flexible and targeted at those who most need financial support. It is expected that Option 1 and 2 would require that targeted transport support in the long term.



Garden at Heatherwood Hospital



Therapy Room at Wexham Park Hospital

What is the current situation?

At present, anyone living in Berkshire who requires a hospital bed for a mental health problem would be admitted to one of the following units:

Prospect Park Hospital, Reading

8 wards providing 144 beds (the hospital provides some beds for the whole county, Intensive Care and Intensive Rehabilitation, plus it has a further 20 beds that are due to be replaced by a Nursing Home in 2012).

Heatherwood Hospital, Ascot

2 wards - one providing general adult care and one for older people. A total of 45 beds.

St Mark's Hospital, Maidenhead

1 ward providing 23 beds for older people

Wexham Park Hospital, Slough

1 ward providing 20 beds for general adult care

Those inpatient wards in the east of the county are currently not up to the standard we would want and people who use them tell us that they would want better accommodation, such as single rooms and access to outside space. We also want to provide separate ward areas for people with very different needs - specifically older people with dementia and older people with conditions such as depression, who are currently in the same accommodation.

We rent the ward space at these hospitals and have done our best to make them fit for purpose. The wards meet the requirements for single sex accommodation, but people still have to sleep in dormitories, which is unhelpful in ensuring that their privacy and dignity is safeguarded. In addition, the ward at Wexham Park Hospital has no direct access to outside space. Also, the isolation of these wards can lead to increased safety concerns.

For some time, we have wanted to improve the quality of care and our hospital facilities in the east of Berkshire. We will be investing around £0.4m to enable us to provide 24 hour/7 day a week assessment and treatment at home for older people in the community. This service will support carers as well as patients and will meet people's wish to stay at home if at all possible. Since more people will be treated at home, the investment will enable us to reduce the number of beds we need for older patients. We will make that investment and have that service in place before we reduce the number of beds. All three options presented provide 64 beds for the east of the county and include this investment in community services to older people.

Prospect Park Hospital in Reading is purpose-built and opened in 2003. The hospital provides beds for people in the west of Berkshire (Reading, Wokingham and West Berkshire). The standard of the accommodation offered is noticeably superior to the facilities for East Berkshire. Single rooms are provided, with many offering en-suite washing and WC facilities. Each ward area has direct access to a garden. There will be surplus beds in Prospect Park Hospital by 2012 because there are some people currently there who will be moving into a nursing home.



Single Room at Prospect Park Hospital



Dormitory at St. Mark's Hospital

Money Matters

How we get our funds?

We currently receive our funds from the local Primary Care Trusts (PCTs). The PCTs have the responsibility of “buying” NHS services for the population of Berkshire through contracts with NHS service providers like us. The PCTs receive their funding directly from the Department of Health who fund it with money they get from the Treasury (which in turn draws funds from tax payers and other sources).

Why will money be tighter in the future?

For several years the NHS had been given money to grow and expand services as well as cover the cost of pay and price increases. In these leaner times the level of growth money into the NHS will be much less. This comes at a time when there is increased demand for NHS services, an ageing population and new treatments available. We will have to find the money to pay for all those pressures and meet cost inflation. To maintain our services we have estimated that we will need to find or save on average an extra £4 million each year for the next three years - a total of £12m to find or save by 2013.

Our financial forecast for the next 3 years is set out below:

	2010/11	2011/12	2012/13
Expected Costs with Inflation	£117m	£120m	£123m
Expected Income	£114m	£113m	£111m
Savings required	£3m	£7m	£12m

How will we make the savings needed?

We are developing a plan to achieve these savings and have already started to deliver them. Our plan is this:

2010 - 2012	Amount £m
Reduce the cost of management and administration	3.5
Be more efficient in the way we provide services	4.0
TOTAL	7.5

This means we still have to find £4.5m. We expect to find a further £1m per year through finding ways of bringing in additional income, and a further £1m by ensuring that teams of medical and other clinical staff have the mix of qualifications, skills and experience which are appropriate to the service which is provided.

What are the savings that could be made from the options proposed?

Compared with the cost of building and running a new unit at Upton Hospital (Option 3), we are confident that we could save around £2m a year by having all inpatient services at Prospect Park Hospital (Option 1) or split between Prospect Park Hospital and St Marks Hospital (Option 2), relative to the option to construct a facility for the east of the county at Upton Hospital (Option 3). The £2m saving allows for the investment in community services (this will be made regardless of which option is chosen) and for the cost of the transport scheme.

To help understand what £2m per year “buys”, it is the equivalent of, for example:

- Employing 60 nurses either in wards or in the community
- The entire drugs budget for the Trust
- Employing 45 psychologists

If we decide to proceed with the Upton option (Option 3), we will have to find the £2m saving from elsewhere and that may mean we have to think about reductions in services provided by the Trust. At present, we have no clear plans for what those reductions may have to be, but they are likely to be in the services we provide to people in the community, for example, a reduction in the number of our community staff. They may also be in a reduction of the specialist services we provide to people with specific mental health problems. We would need to work with the Primary Care Trust (which buys services from us) to determine what reductions we should make if this proves to be necessary.



Art Therapy Room at Prospect Park Hospital

Early views

Before we started considering our options, we wanted to understand what was important for people who use our hospital wards. We therefore carried out a survey of people who had recently received care in our inpatient wards. We found that people valued single bedrooms and easy access to outside space.

We wanted to understand how people travelled to the hospital, so we had an independent company do a survey of visitors to the wards. It found that the vast majority of the people surveyed travelled by car and visited more than once a week.

Because the changes under consideration will be long lasting, we also consulted the views of representative groups in the community regarding mental health services and inpatient services in particular. We engaged an independent market research company to enrol and monitor eight independent focus groups comprised of local people. People in each group were selected as typical of residents of the area in terms of age, ethnicity, social class and sex. There were 6-8 people in each group with a total of 57 respondents in all. The research found that most respondents (89%) believed that it was right to treat and care for most patients in the community and that the most important consideration for those admitted to hospital was the quality of treatment which it was possible to provide.

Detailed options

Option 1

Under this Option:

All inpatient services to move to Prospect Park Hospital, Reading.

All current wards in the east of the county to be vacated, in line with the Trust's decision following the public consultation in 2008.



What this would offer:

- Excellent accommodation for patients
- Separate wards for older people with dementia and those with depression
- Provision of more therapeutic activities due to more staff and expertise
- The ability to consider whether there would be benefits in different groupings of wards - for example a younger adult ward, or single sex wards
- More efficient use of resources
- Greater safety for patients and staff as more staff are on site
- Good transport links from Reading
- Critical mass that would deliver a centre of excellence which would in turn attract top quality clinicians and staff, which will improve quality of care
- Savings of around £2 million per annum

Considerations:

- Travel issues for some patients and visitors from the east going to Prospect Park Hospital
- There is currently under-usage of the buildings at Prospect Park and this is due to increase
- No inpatient mental health services located within in the east of the county

Financial considerations

- We would require capital of £4.9m to fund the alterations at Prospect Park Hospital to accommodate the wards to serve East Berkshire. The Trust would use its own cash resources to fund this investment.

Option 2

Under this Option:

All inpatient services to move to Prospect Park Hospital except for those for older people, which would be located in Charles Ward, St Mark's Hospital, Maidenhead.

The ward at St Mark's Hospital would be redecorated and new furnishings provided (the building itself cannot be altered to provide single room accommodation)



What this would offer:

- Excellent facilities for those at Prospect Park Hospital
- Improved decoration and furnishings of the ward at St Mark's Hospital
- More opportunities to provide therapeutic activities at Prospect Park Hospital
- Retaining a facility within East Berkshire for older people
- Improved safety for patients and staff at Prospect Park Hospital as more staff are on site
- Services provided from relatively accessible locations
- Savings of around £2m per annum

Considerations:

- Travel issues for some patients and visitors from the east going to Prospect Park Hospital
- Travel issues for some patients accessing St Mark's Hospital
- This option would not offer separate areas for older people with dementia and those with depression
- This option would not address the shortcomings of the ward accommodation at St Mark's Hospital in safeguarding patients' privacy and dignity through providing single bedrooms
- Isolation of ward and staff, raising safety concerns

Financial considerations:

- We would require capital of £3.1m to fund the redecoration of the ward at St Mark's Hospital and the alterations at Prospect Park Hospital to accommodate the general adult wards serving the east of the county. The Trust would use its own cash resources to fund this investment.

Option 3

Under this Option:

The creation of a new mental health inpatient unit at Upton Hospital to provide all general adult and older people beds for people from East Berkshire.

All current hospital beds in East Berkshire would be vacated, in line with the Trust's decision following the public consultation in 2008.



What this would offer:

- Excellent accommodation for patients
- Inpatient facilities within East Berkshire
- Separate ward areas for older people with dementia and those with depression
- Good transport links from many areas of East Berkshire
- Increased safety for staff and patients as there will be a higher number of staff on site

Considerations

- Travel issues for some patients and visitors
- No annual revenue savings
- The Trust would be less able to deal with the under-utilisation of the facilities at Prospect Park Hospital
- Additional Private Finance (PFI) commitment for the Trust
- Impact on capacity to deliver other services

Financial considerations

- We would require capital of £21.1m to fund the new facilities at Upton. The Trust does not have sufficient available cash to fund this investment and we would need to negotiate a Private Finance (PFI) or similar arrangement with a third party.

How you can let us know your views

There will be lots of ways in which you can let us know your views. We will be holding meetings that are open to anyone who wants to come and our website will have all the information you need. We will use the local press and make the information available in public places. We will also put a leaflet through every door in East Berkshire. There is information below on the details:

Meetings

The public consultation schedule is as follows:

Date	Time	Town	Address
6 Sept	2.30pm - 4.30pm	SLOUGH	The Centre Conference Venue, Farnham Rd, Slough, Berkshire, SL1 4UT
6 Sept	2.30pm - 4.30pm	CROWTHORNE	The Morgan Centre, Wellington Road, Crowthorne, Berkshire, RG45 7LD
7 Sept	7.00pm - 9.00pm	SLOUGH	The Centre Conference Venue, Farnham Rd, Slough, Berkshire, SL1 4UT
7 Sept	2.30pm - 4.30pm	BRACKNELL	Easthampstead Baptist Church, South Hill Road, Bracknell, Berkshire, RG12 7NS
9 Sept	2.30pm - 4.30pm	MAIDENHEAD	Marlow Road Community Centre, 4 Marlow Road, Maidenhead, Berkshire, SL6 7YR
15 Sept	7.00pm - 9.00pm	MAIDENHEAD	Windsor Ascot Maidenhead District Sports Association for the Disabled, Braywick Sports Ground, Maidenhead, Berkshire, SL6 1BN
30 Sept	2.30pm - 4.30pm	SANDHURST	Sandhurst Community Hall, Memorial Park, Yorktown Road, Sandhurst, Berkshire, GU47 9BJ
4 Oct	2.30pm - 4.30pm	WINDSOR	Windsor Leisure Centre, Clewer Mead, Stovell Road, Windsor, Berkshire, SL4 5JB
5 Oct	7.00pm - 9.00pm	BRACKNELL	Easthampstead Baptist Church, South Hill Road, Bracknell, Berkshire, RG12 7NS
22 Oct	2.30pm - 4.30pm	ASCOT	Carnation Hall, Winkfield Row, Chavey Down Road, Winkfield, Berkshire, RG42 7PA

Where will meetings be advertised?

- The Trust website
- The local press
- Trust members will be posted or emailed information
- Public places e.g. libraries, GP surgeries and leisure centres

All meetings will have access for disabled people. Meeting times will vary in order to accommodate those who can only attend during the day or in the evening.

Material available at the meetings

- Consultation document
- Questionnaire
- Transport survey on visitors journey times to units in the east
- Inpatient survey
- Focus group findings

How to submit your response

You can submit your comments on these options by completing the attached questionnaire and posting it using the pre-paid envelope. The questionnaire is also available online and can be completed and submitted via the website **www.berkshire.nhs.uk/publicconsultation**

You can also email us with your comments, ask questions or make suggestions via **haveyoursay@berkshireconsultation.co.uk** or by telephoning this Freephone number: **0800 014 7180**.

All comments/questions will be treated in confidence. These responses will also be submitted to the Trust Board for consideration.

What will BHFT do with the results of the public consultation?

An independent assessor, Dr Foster Intelligence, will collate and analyse all responses submitted. The assessor will produce a report which will be posted on the Trust public website and printed in document form and which will list both the questions and the comments made by participants.

These results will be submitted to the Trust Board to help enable them to make an informed decision as to which option offers the best solution - ensuring improved quality of service and delivering appropriate cost efficiencies.

What we need to consider now

We need to know the views of the public on each of the options so that we can make the best decision. In making the decision on which option to accept, the Trust Board will have to balance a number of matters. In addition to being satisfied that the options have been thoroughly consulted upon, the criteria that the Trust Board will use to make the decision between the options will be:

- Does the option maximise the benefits that we can offer to the majority of our service users?
- Does the option have a clinical/quality evidence base?
- Does the option ensure we can provide care that meets our Quality and Financial Regulator's requirements?
- Does the option offer clear value for money for the taxpayer?
- Does the option have support from GPs?

The final decision

The Trust Board hopes to announce its decision by February 2011. Should there be a delay in announcing the decision, this will be posted on the Trust website.

In addition, notices announcing the decision will be placed in the local media and on the Trust website www.berkshirehealthcare.nhs.uk/publicconsultation.

Thank you for taking the time to read and comment on this public consultation document.

This document is also available in Urdu, Polish and Punjabi.

To download any of these translated versions please go to:

www.berkshirehealthcare.nhs.uk/publicconsultation

یہ دستاویز اردو، پولش اور پنجابی میں بھی دستیاب ہے۔ جنہیں آپ یہاں سے حاصل کر سکتے ہیں۔

www.berkshirehealthcare.nhs.uk/publicconsultation

Niniejszy dokument dostępny jest również w języku urdu, polskim i punjabi.

Wersję w każdym z tych języków można uzyskać klikając poniżej

www.berkshirehealthcare.nhs.uk/publicconsultation

ਇਹ ਪਰਚਾ ਪੰਜਾਬੀ, ਉਰਦੂ ਤੇ ਪੋਲਿਸ਼ ਵਿਚ ਵੀ ਮਿਲਦਾ ਹੈ। ਇਨ੍ਹਾਂ ਚੋਂ ਕਿਸੇ ਵੀ ਬੋਲੀ ਚ ਪਰਚਾ ਡਾਊਨਲੋਡ ਕਰਨਾ ਹੋਏ, ਤਾਂ ਇਸ ਵੈੱਬਸਾਈਟ ਤੋਂ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ:

www.berkshirehealthcare.nhs.uk/publicconsultation

HEALTH OVERVIEW AND SCRUTINY PANEL 7 OCTOBER 2010

HEALTH OVERVIEW AND SCRUTINY PROTOCOL Head of Overview and Scrutiny

1 INTRODUCTION

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to note the revised Health Service Scrutiny Code of Practice and Protocol for Bracknell Forest, which has been agreed with the Chief Executives of the six principal NHS organisations serving Bracknell Forest residents, and the Council's Director of Adult Social Care and Health .

2 SUGGESTED ACTION

That the Health Overview and Scrutiny Panel:

- 2.1 **Notes the revised Health Service Scrutiny Code of Practice and Protocol, particularly the obligations on Members.**
- 2.2 **Notes the complimentary feedback from NHS partners.**

3 SUPPORTING INFORMATION

- 3.1 The Department of Health recommends that local authorities have a recorded agreement with NHS organisations setting out the shared principles for Health Overview and Scrutiny (O&S). The Council had agreed a protocol document some years earlier, but this had become significantly out of date and it had been agreed with only three NHS organisations.
- 3.2 The O&S Officer team worked with the Director of Adult Social Care and Health to update and strengthen the protocol, and with the approval of the Chairman of the Health O&S Panel, also the Chairman of the O&S Commission, the Protocol attached to this report was subsequently agreed with minor amendments with the Chief Executives of all six principal NHS organisations serving Bracknell Forest residents.
- 3.3 In their responses to our approach on the Protocol, the Chief Executives made some complimentary remarks:

'I am very happy to sign up to the requirements.....I welcome the opportunity to work closely with the Overview and Scrutiny Panel to ensure we are listening and responding to our local community'
(CEO Royal Berkshire NHS Foundation Trust)

'I am very happy to sign this on behalf of the Trust' (CEO Heatherwood and Wexham Park Hospitals NHS Foundation Trust)

'I confirm our agreement to support the ...Protocol....We would welcome the opportunity to discuss issues of common interest with you. I look forward to developing a healthy relationship' (CEO, Frimley Park Hospital NHS Foundation Trust)

'I have read the document and am quite satisfied and comfortable with its content' (CEO, Berkshire Healthcare NHS Foundation Trust)

'I have now reviewed the code of practice that you sent through. It is the only one I have seen and as you know SCAS covers an area with quite a number of HOSCs. It is an extremely helpful and welcome document and one I would certainly like to see adopted as good practice in other areas.' (CEO South Central Ambulance Service NHS Trust).

Background Papers

None

Contact for further information

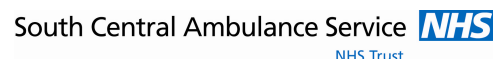
Richard Beaumont – 01344 352283

richard.beaumont@bracknell-forest.gov.uk

Doc Ref

9 Health Scrutiny Protocol

Health Scrutiny Code Of Practice & Protocol for Bracknell Forest



1. Aims of Health Overview and Scrutiny

- 1.1 Since January 2003, local authorities with social services responsibilities have had the power to scrutinise local NHS health services. Local Authority Health Overview and Scrutiny (O&S) Committees (or Panels) bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.
- 1.2 The O&S of health is an important part of the Government's commitment to place patients and the public at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. This can assist in reducing health inequalities and promote and support health improvement. The powers enable overview and scrutiny committees to consider local services by inviting senior staff to provide information and explanations about how local needs are being addressed, to enable open and transparent debate about health and health services.

2. The Legal and Local Framework

- 2.1 Section 7 of The Health and Social Care Act (2001) gives local authorities the power to scrutinise health service matters in their area and make recommendations to local NHS bodies. Local authorities are empowered, to "promote the economic, social and environmental well being" of the residents in their area by virtue of the Local Government Act 2000. In Bracknell Forest, the Health Overview and Scrutiny (O&S) Panel performs the majority of the health scrutiny function, with the O&S Commission maintaining strategic oversight of the work programme.
- 2.2 The Department of Health has set out the duties and responsibilities associated with health scrutiny, as well as providing guidance and advice. The former Community Health Councils' and Patient and Public Involvement Fora powers and roles are now reflected amongst new structures, including O&S committees of local authorities and Local Involvement Networks, set up under the Local Government and Public Involvement in Health Act 2007.

- 2.3 This protocol between Bracknell Forest Council and the NHS organisations serving residents of Bracknell Forest, sets out how O&S of health issues will be done, building on existing partnership working to provide cross-cutting service improvement for the benefit of our residents. This protocol should be read in conjunction with the Council's Constitution and particularly its terms of reference and procedure rules for O&S panels.
- 2.4 The area served by NHS Berkshire East covers the boroughs of Slough, Windsor & Maidenhead and Bracknell Forest. The three councils, in addition to their own Health O&S Panels/Committees have accordingly formed a statutory Joint Health O&S Committee under Section 8 of the Health and Social Care Act 2001 to review health service issues across East Berkshire and to respond to consultations on substantial variations to services.
- 2.5 Bracknell Forest Council has formed a 'Partnership O&S Group' with non-executive board representatives from each of the major partner organisations in the Bracknell Forest (Local Strategic) Partnership. The aim of the group is to engender a partnership-oriented approach to O&S of the Partnership and associated purposes. The membership of this group includes the Chair of NHS Berkshire East.

3. Working Principles

Shared Responsibility

- The health of Bracknell Forest residents depends on the quality of health services, commissioned by NHS Berkshire East and provided by NHS organisations and other services, many of these are provided or commissioned by the local authority, and many in partnership.
- The success of health scrutiny in Bracknell Forest depends on Bracknell Forest Council as a whole, as well as the members of the Health O&S Panel, and the NHS health service partner organisations listed at the end of this document (the 'key agencies').

Co-operation

- The success of health scrutiny in Bracknell Forest is dependent on the key agencies working together within a climate of mutual trust, respect, partnership working, openness and a shared understanding of health scrutiny and its aims.
- The key agencies involved therefore agree to share knowledge, respond to requests for information, invitations and reports as appropriate, carry out any duties expected of them¹ and treat with courtesy everyone involved.
- Health scrutiny shall respect the priorities for officer/manager time from other inspection bodies and will endeavour to work with them to avoid duplication.
- Relationships will be maintained with the Local Involvement Network (LINK) for Bracknell Forest. The LINK has the right to refer health and adult social care matters to the Council's O&S Panels for Health and Adult Social Care.

Accountability

- Health scrutiny will be open and transparent. Should any matters be exceptionally unfit for publication for reasons of commercial or other confidentiality, the Council will respect this and discuss appropriate handling with the NHS organisation concerned.

¹ See also Section 5, on consultation requirements.

- Those involved in health scrutiny shall always declare any personal or prejudicial interest that they may have in any Health O&S Panel issues, in accordance with the guidance on declarations of interest.
- Bracknell Forest's scrutiny function, whilst working within a framework of partnership and co-operation, is independent of the NHS and of the Council's Executive. Its independence must not be compromised by its Members or by any other organisation with whom it works.

Accessibility

- Health scrutiny will work well if it is seen as a process that involves patients, service users and the public, and where the key agencies engaged in the process are working together to ensure that opportunities for patient and public involvement are maximised.
- The needs of hard-to-reach groups require particular attention with regard to accessibility and involvement.

Outcome focused

- Health scrutiny in Bracknell Forest is focused on improving health services and the health of Bracknell Forest's residents, as evidenced in the Joint Strategic Needs Assessment and elsewhere.
- It is not the role of Scrutiny in Bracknell Forest to take up and review individual cases, nor to act as a complaints service for individual patients and members of the public. Complaints should be directed through the individual organisations' complaints procedures.

4. Bracknell Forest Council's Health O&S Panel will:-

Administration

- Arrange for agendas, reports and minutes to be distributed in accordance with statutory timescales and the requirements of the Council's Constitution.
- Invite representatives to meetings, giving advance notice and a clear outline of topics to be addressed.
- Give reasonable notice of information required.
- Recommend, if appropriate, co-opting or commissioning health advisors to take part in health scrutiny reviews.
- Any reports submitted to NHS bodies for a response will include: an explanation of the issue addressed; a summary of the evidence considered; a list of the participants involved; and any recommendations.
- Distribute copies of review reports to key stakeholders and publish review reports on the Council's website.
- Ensure expeditious and appropriate handling of matters which arise outside the usual timetable for scrutiny panel meetings.

Consultation and Communication

- Consult with local NHS bodies and others as appropriate on its programme of work and in particular on the topics for review.
- Publicise its programme of work.
- Inform relevant NHS bodies in advance of any press or media releases.
- Identify a key contact officer for health scrutiny.
- Maintain regular contact with representatives of NHS bodies, LINK and other health interest groups as appropriate.

- Identify details of Members' health scrutiny training needs to enable health trusts to provide the necessary type and level of training.
- Along with the Adult Social Care O&S Panel, promptly review any statutory referrals from the Bracknell Forest LINK of matters relating to health scrutiny.

Scrutiny Panel Meetings and Health Scrutiny Reviews:

- Comply with the requirements of the law and the Council's Constitution
- Consider holding some meetings in NHS health sites, where this would enhance public interest and access.
- Familiarise themselves with the subject under review.
- Treat those invited to appear at meetings with courtesy and respect and conduct business in a positive and fair style to everyone present.
- Invite senior officers or Board Members of health trusts to answer questions on health issues and concerns. Individual GPs, dentists, pharmacists or those providing ophthalmic services cannot be required to attend, but may choose to participate upon request.
- Will not discuss individual staff performance issues at public meetings.
- Undertake pre-arranged visits to NHS establishments and give notice of attendance at specified health trust meetings.
- Promote/foster cross-agency working, where appropriate.
- Consult health partners on review project plans, notify completion deadlines and personnel involved, and keep partners up to date with work carried out.
- Treat confidential or exempt information provided in accordance with the Local Government Act 1972, and the requirements of the Data Protection Act, Freedom of Information Act and the Health and Social Care Act, 2001.
- Arrange as necessary the formation of joint health scrutiny by more than one local authority.

5. NHS Berkshire East (Primary Care Trust), Berkshire Healthcare NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Heatherwood and Wexham Park Hospitals NHS Foundation Trust, The Royal Berkshire NHS Foundation Trust and South Central Ambulance Service NHS Trust will:

Administration

- Provide information relating to the health services that the Health O&S Panel or its Members and officers need (excluding identifiable personal patient or personnel information, or information which is non-discloseable as defined in Schedule I of the Health and Social Care Act).
- Provide the Health O&S panel with copies of the Annual Report of the Director of Public Health and details of any recent forthcoming inspections and reviews planned by health or other agencies. (E.g. Care Quality Commission and Monitor). Provide other information, when requested, usually within 20 working days, or to an agreed timeframe if the information required is more complex.
- Respond to health scrutiny review reports and any other recommendations within 28 days of receipt and copy such responses to health scrutiny reviews to key stakeholders as appropriate.
- Responses shall include: the body's views on the recommendations; proposed action in response to the recommendations; and any reasons for inaction to the recommendations made.

Consultation and Communication

- Consult the Health O&S panel early on strategies and plans for substantial developments² in services or substantial variation in service provision³.
- Inform the Health O&S panel of public consultations being carried out in sufficient time to allow the Committee to participate and comment.
- Assist the Health Scrutiny panel in identifying recently raised health issues (e.g. – matters on which statutory consultation is required: changes to accessibility, wide impact on community, patients affected, methods of service delivery, matters to be subject to non-statutory consultation, matters on which informal consultation is under consideration).
- Take part in consultation on topics for review.
- Identify a key contact person for health scrutiny matters within each organisation.
- Through its Chief Executives and other representatives as appropriate maintain regular contact with the scrutiny panel.
- Assist with all reasonable requests for health training and information previously specified by Bracknell Forest's scrutiny Members to improve their expertise in the field.
- Promote health scrutiny internally within organisations and when consulting with patients and public.

Panel Meetings and Health Scrutiny Reviews

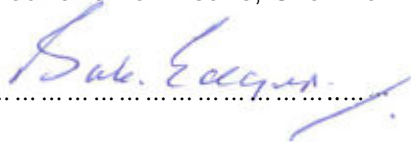
- Identify a lead officer for each health scrutiny review undertaken by the scrutiny panel as appropriate.
- Accompany scrutiny panel Members on pre-arranged site visits, as appropriate.
- Ensure that Chief Executives or nominated replacements attend meetings of the scrutiny panel or any sub groups when invited by mutual agreement, in accordance with the protocols.
- When invited and given appropriate notice, encourage identified NHS employees to attend meetings of the scrutiny panel.
- Ensure that NHS employees attending scrutiny meetings understand the process and purpose of scrutiny to enable them to answer questions with support as appropriate by their line managers/directors.

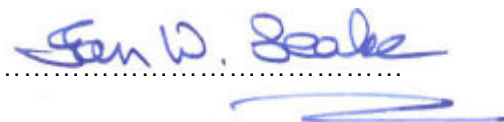
² The regulations under the Health and Social Care Act, 2001, establish a requirement for local health bodies to consult local authorities on substantial variations in the provision of services and substantial development of the health service in the local authority area.

³ 'Substantial Variation' includes any proposals for service changes which could affect 5% or more of the population or be considered to have a significant impact for one or more specific groups of service users. Where there is doubt whether a particular proposal should be notified to the scrutiny panel, this should be discussed with the Chairman of the Health Scrutiny Panel. The guidance indicates that scrutiny panels should be consulted on the following matters:-

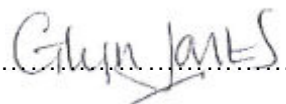
- Changes to accessibility of services – e.g. both reductions and increases on a particular site or changes in opening times for a particular clinic.
- Impact of proposal(s) on the wider community and other services – including economic impact, transport, regeneration
- Patients affected – the whole population, specialist services
- Methods of service delivery – e.g. moving to a community based setting, as opposed to hospital based

Bracknell Forest Council Councillor Bob Edger OBE, Chairman O&S Commission and Councillor Ian Leake, Chairman Health Overview & Scrutiny Panel


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Glyn Jones, Director of Adult Social Care and Health


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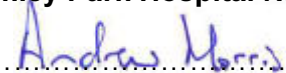
NHS Berkshire East (Primary Care Trust) Dr Lise Llewellyn, Chief Executive


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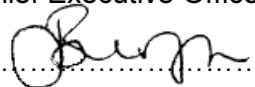
Berkshire Healthcare NHS Foundation Trust Philippa Slinger, Chief Executive


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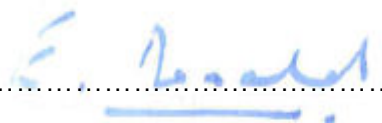
Frimley Park Hospital NHS Foundation Trust Andrew Morris, Chief Executive


.....

Heatherwood and Wexham Park Hospitals NHS Foundation Trust Julie Burgess, Chief Executive Officer


.....

The Royal Berkshire NHS Foundation Trust Edward Donald, Chief Executive Officer


.....

South Central Ambulance Service NHS Trust Will Hancock, Chief Executive


.....

**JOINT EAST BERKSHIRE HEALTH
OVERVIEW & SCRUTINY COMMITTEE
16 JUNE 2010
7.30 PM - 10.00 AM**

Present:

Councillor Ian Leake, Bracknell Forest Council
Councillor Mrs Anne Shillcock, Bracknell Forest Council
Councillor Tony Virgo, Bracknell Forest Council
Councillor Sue Evans, Royal Borough of Windsor & Maidenhead
Councillor Alison Napier, Royal Borough of Windsor & Maidenhead
Councillor Robert Plimmer, Slough Borough Council
Councillor Paul Sohal, Slough Borough Council
Councillor Cynthia Endacott, Royal Borough of Windsor and Maidenhead

Co-opted Members:

Madeline Diver, Bracknell Forest LINK
Jacky Flynn, Slough LINK
Councillor Hugh Meares, Runnymede BCouncil

Also Present:

Councillor Mike Appleyard (South Bucks District Council)
Councillor Chas Baily (Bracknell Forest Council)
Richard Beaumont (Bracknell Forest Council)
Julie Burgess (Heatherwood and Wexham Park Hospital Trust)
Andrew Millard (Slough Borough Council)
Councillor Alan Oxley (South Bucks District Council)
Dr Pat Riordan, NHS Berkshire East
Andrew Scott (Royal Borough of Windsor and Maidenhead)
Greg Scott (Heatherwood and Wexham Park Hospital Trust)
Emma Silverton (Bracknell Forest Council)

Apologies for absence were received from:

Councillor Simon Meadowcroft, Royal Borough of Windsor & Maidenhead
Councillor James Walsh, Slough Borough Council

40. Election of Chairman

RESOLVED that Councillor Leake (Bracknell Forest Council) be elected Chairman of the Joint East Berkshire Health Overview and Scrutiny Committee for the municipal year 2010/11.

COUNCILLOR LEAKE IN THE CHAIR

41. Appointment of Vice-Chairmen

RESOLVED that Councillor Walsh (Slough Borough Council) be appointed Vice-Chairman of the Joint East Berkshire Health Overview and Scrutiny Committee for the municipal year 2010/11.

RESOLVED that Councillor Mrs Endacott (Royal Borough of Windsor and Maidenhead) be appointed Vice-Chairman of the Joint East Berkshire Health Overview and Scrutiny Committee for the municipal year 2010/11.

42. **Apologies for Absence/Substitute Members**

Apologies for absence were received from Councillors Meadowcroft and Walsh.

The Panel noted the attendance of the following Substitute Member:

Councillor Mrs Endacott for Councillor Meadowcroft.

43. **Declarations of Interest**

There were no declarations of interest.

44. **Urgent Items of Business**

There were no urgent items of business.

45. **Co-options to the Joint Committee**

RESOLVED that Madeline Diver (Bracknell Forest LINK), Jacky Flynn (Slough LINK) and Councillor Meares (Runnymede Borough Council) be appointed co-optees of the Joint East Berkshire Health Overview and Scrutiny Committee for the municipal year 2010/11.

The Committee noted that a representative from Royal Borough of Windsor and Maidenhead LINK would be sought and confirmed at the next meeting of the Committee.

46. **Minutes and Matters Arising**

Resolved that the minutes of the last Committee meeting held on 30 March, 2010 be approved as a correct record subject to the addition of an indication that Councillor Leake was in the chair for the meeting.

47. **Director of Public Health**

Dr. Riordon, the Director of Public Health, NHS Berkshire East gave a presentation on key health inequalities and other issues for Berkshire east, and an update on the plans for producing the updated Joint Strategic Needs Assessment.

NHS Berkshire East modelling had shown that over the next 5-10 years there would be a significant increase in older people in the population, particularly in Bracknell Forest, which would result in increased pressure on health and social care services and carers. There would be an increase in long term health conditions, mental health problems and a significant rise in dementia.

A new national measure 'all age all cause mortality' had been introduced to show how PCTs and LAs were tackling inequalities. Evidence had shown that the most effective way to achieve a 1 year increase in life expectancy and to narrow the gap between the worst and best wards was by targeting male cardiovascular disease and female Chronic Obstructive Pulmonary Disease (COPD). Health inequalities indicators such as mortality rate, life expectancy and preventable years of life lost needed to be looked at to narrow the gap between wards.

In comparison to the national average the health profiles for Berkshire east could be summarised as:

- Bracknell Forest – young but most rapidly ageing population within five years, increase in long term conditions such as stroke, COPD, heart failure, cancers, dementia, hip fractures.
- Royal Borough of Windsor and Maidenhead – ageing population, long term conditions, cancers, hip fractures, dementia, violent crime
- Slough – early deaths from heart disease and stroke, children in poverty, violent crime, drug misuse, physically inactive children and adults, tooth decay, new cases of diabetes, tuberculosis

The Committee noted that only 1.5% of residents in Slough were classed as in the best quintile for deprivation. The majority of residents, 55.7%, were in the bottom 2 deprivation quintiles, this did not reflect the average for South Central SHA or England, and would be addressed by NHS Berkshire East. Surprisingly, the average life expectancy for females in Slough's most deprived areas was higher than elsewhere.

Professor Sir Michael Marmott chaired an independent review to propose the most effective evidence based strategies for reducing health inequalities and to address the social determinants of health inequalities. The review concluded that people with a higher socio economic position had greater life chances and opportunities to live a full and flourishing life, they also had better health. The report resulted in 6 policy objectives to reduce health inequalities:

- Give every child the best start in life
- Enable all ages to maximise their capabilities and have control over their lives
- Fair employment and good work for all
- A healthy standard of living for all. Create healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

The focus of the Berkshire East Joint Strategic Needs Assessment for 2010/11 was health inequalities, with methodology developed around the 6 strategic policy objectives of the Marmott report. The JSNA was due to be finalised in October 2010. The JSNA would look at life opportunities across the board and not just focus on health.

Arising from the subsequent Committee discussion and questions the following points were noted:

- The data used to model the health profile for the next 5- 10 years was as accurate as the PCT could possibly gauge it to be.
- The results of the Marmott report were not likely to be of great surprise to the majority of people, with the concept of deprived areas being home to less healthy residents having been raised in the past.
- If health inequalities were the result of socio economic problems then the problem was not for the health service to resolve by itself, but would involve cultural change across the country. NHS Money alone would not solve the problem.
- Violent crime was not confined to the lowest socio-economic groups

- The NHS would not be able to deliver change by itself but would need cross cutting support as it would be a partnership agenda addressing all aspects of life opportunities.
- Resources to address the socio economic problems raised by the report were likely to be difficult to raise by partners due to the current economic climate.
- The involvement of partners with the JSNA would be to provide a central database about the society across East Berkshire which could be used by agencies to decide which actions to tackle.

48. **Heatherwood and Wexham Park Hospitals Trust**

The Chief Executive for Heatherwood and Wexham Park Hospital Trust gave a presentation which updated the Committee on the Turnaround Recovery Plan 2010/11 to 2012/13.

In 2009/10 the Trust delivered savings of over £10 million, as planned. To ensure financial viability reduction costs of £46.3 million per annum were required from 2012/13. During 2010/11 a fundamental review of services would be undertaken and changes made to increase efficiency, with the Trust aiming to be in the top 15% of Trusts' performance. To achieve this 7 workstreams had been launched in the following areas:

- Clinical services
- Clinical workforce management
- Clinical support services
- Back office support services
- Estate management
- Maximising the Trust's income
- Cost improvement plans

The aim was to create benefits for patients with services delivered in line with recognised standards of clinical best practice such as not admitting to hospital when care could be provided as a day case, patients spending less time in hospital and being discharged promptly, expert treatment and care and continued excellent infection control rates. The Trust held daily meetings to discuss any issues of clinical risk or patient safety, which was not compromised.

As services became more efficient fewer staff posts would be required. 470 posts had been identified as at risk. As there were currently 320 vacancies in the at risk posts, 150 staff would require redeployment or redundancy. A redeployment bureau has been established to help staff find alternative employment in the Trust or wider NHS.

90-day staff consultations had been launched in Finance and Divisional Management with consultations being launched in 2 further staffing areas over the coming weeks. Staff briefings would be held on the proposed new structures with an opportunity for them to comment. It was expected that the new structures would be brought into place in October 2010.

Arising from members questions and comments the following points were noted:

- The Trust was following national guidelines to promote best practice across the organisation, where practice had previously been varied.
- Best practice was often the most cost efficient services. Savings made would be invested back into the Trust.

- The loss of staffing posts would not impact on clinical services. Changes in structure would be monitored to ensure services could be sustained.
- The Trust has invested in a new IT system, with further IT investment identified in the Turnaround Plan. Currently administration was electronic with hard copies of notes.
- Services at Heatherwood Hospital were to operate from a smaller land 'footprint', continuing to be consolidated with a view to moving more elective services to the site in 2011/12.
- The Trust's discharge procedures were being tightened as they were previously not as organised as they could have been. The Trust was working with partners to ensure an efficient discharge pathway particularly for older and vulnerable groups.
- The inherited shortcomings in governance and business processes were at the heart of the Trust's difficulties, and were being dealt with.
- Discharge of patients would be closely monitored as the Trust was accessed on 28 day re-admission rates.
- Some areas of bad practice had been uncovered in the Trust's Accident & Emergency Department. A national intensive support team had been working with the Trust to review the service. Care delivery had now been reshaped with the department considered a role model for best practice. A&E were not achieving all its targets each day due to a bed bottle neck, which was now in the process of being resolved and surges of patients that did not show a pattern, however it was hoped active management would resolve this.
- The Trust did not have a problem with consultants not wishing to work out of hours.

49. **Annual Review of Committee's Terms of Reference**

RESOLVED that paragraph 5 of the Committee's terms of reference be amended to reflect that the Committee now met three times a year and not quarterly.

The passage 'the Joint Committee will meet quarterly' would be amended to 'the Joint Committee will meet three times a year' and the passage 'addition to the quarterly meetings' would be amended to 'addition to the meetings held three times a year'.

50. **Updates on Health Scrutiny**

The Joint Committee received verbal updates from the Chairmen and Vice-Chairmen on health scrutiny at each of the three councils, with reference to the most recently published minutes.

Bracknell Forest Council

The Chairman highlighted the following points:

- At its meeting on 4 March 2010 the Panel had received a presentation from the new Director for Operations, Berkshire Healthcare Trust which included details of the challenges faced such as the need for greater efficiency and savings.
- Berkshire Healthcare Trust were requested to return to the Panel if they felt a consultation on Prospect Park and Upton hospital was needed.
- The Panel had received a presentation on the Transforming Community Services agenda and were expecting an update at their next meeting scheduled for 17 June 2010.

Slough Borough Council

The Vice-Chairman highlighted the following points:

- The Panel had meet since the meeting held on 9 February 2010 however the minutes had not been available to the Committee's agenda.
- At its meeting on 22 March 2010 the Panel had received an update on the Financial position of Heatherwood and Wexham Park Hospital Trust and an item on drug use and treatment services in Slough.

Royal Borough of Windsor and Maidenhead

The Vice-Chairman highlighted the following points:

- At its meeting on 8 March 2010 the Panel received an item presented by the Acting Director of Commissioning, Berkshire East Primary Care Trust on progress for plans of a Wraysbury GP Practice.
- The Panel had meet since the meeting held on 8 March 2010 however the minutes had not been available for the Committee's agenda.
- At its meeting held on 14 June 2010 the Panel had received an update from Heatherwood and Wexham Park Hospital Trust.
- Details of provision at St Mark's Hospital would be brought to the Panel's July Adult, Community Services and Health Overview and Scrutiny Panel.

51. Committee Work Programme

The Committee noted the updated work programme for 2010/11.

The Committee's working group report on hospital car park charges which had been scheduled to be on the agenda for the current meeting had been deferred to the October meeting of the Committee as clarity of financial figures received from Berkshire Shared Services was needed. A working group meeting to discuss this had been arranged for 19 July 2010.

The October Committee meeting would be preceded by an afternoon visit to Wexham Park Hospital. Members should contact the Head of Overview and Scrutiny at Bracknell Forest Council if there were any areas of particular interest that they wished to be included in the tour.

The Committee discussed whether to form a working group to review a major topic affecting the health of east Berkshire. The Committee noted that officer resource for the review would be provided from Bracknell Forest.

As member support for the review was required by all authorities it was agreed that the Vice-Chairmen would enquire seek representatives for a review and advise the Chairman on any nominations by 25 June 2010. If there was not sufficient response by the end on June 2010 a working group would not be established.

Suggestions of topics for review could be submitted to the Head of Overview and Scrutiny at Bracknell Forest Council.

The Care Quality Commission now issued operating licenses to all health organisations. Whilst the majority of health organisations were granted a license which was unconditional, Heatherwood and Wexham Park Hospital Trust has been granted their operating license with two conditions imposed on it. Firstly that an up to

date inventory of equipment held by the trust was undertaken and secondly that a new range of governance procedures were put in place. The Trust had received some informal feedback from CQC who had extended the timeframe for the conditions to allow them to become properly embedded within the organisation. It was hoped that the conditions would be fully met and lifted from the license in Autumn 2010.

52. **Date of Next Meeting**

The next meeting of the Joint East Berkshire Overview and Scrutiny Committee would be held on Wednesday 6 October 2010 at the Council Chamber, Maidenhead Town Hall. There would be no pre-meeting.

CHAIRMAN

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HEALTH OVERVIEW AND SCRUTINY PANEL 7 OCTOBER 2010

OVERVIEW AND SCRUTINY PROGRESS REPORT Assistant Chief Executive

1 INTRODUCTION

- 1 This report sets out the Overview and Scrutiny (O&S) activity over the period February to August 2010, also the significant national and local developments in O&S.

2 SUGGESTED ACTION

- 2.1 **That the Health Overview and Scrutiny Panel notes the Overview and Scrutiny activity over the period February to August 2010, set out in section 3 and Appendices 1 and 2.**
- 2.2 **That the Health Overview and Scrutiny Panel notes the developments in Overview & Scrutiny set out in section 4.**

3 SUPPORTING INFORMATION

(i) Overview and Scrutiny Activity

Changes to Overview and Scrutiny

- 3.1 Consequent on the reduction in the O&S officer team, various changes were decided upon by the O&S Commission on 28 January. These have included: a reduction in the frequency of O&S Progress reports to CMT and O&S Members from quarterly to six monthly; reductions in the frequency of public meetings, also reductions in the O&S Work programme. The changes have been implemented, and the O&S Commission has asked for a review of these new arrangements during 2010-11. The reduction in frequency of meetings has aligned the production of quarterly Performance Monitoring Reports with the O&S Commission's meetings, but it is causing some difficulties synchronising the PMR's with the Panel meetings, which are now every four months.

Overview and Scrutiny Working Groups

- 3.2 The table at Appendix 1 sets out the current status of the O&S Working Groups, along with the list of completed reviews.

Partnership Scrutiny

- 3.3 Good progress has been made with implementing the agreed approach to partnership scrutiny. The round of questionnaires and meetings with the Theme Partnerships is almost complete, with the final meeting in October. The Partnership Overview and Scrutiny Group held its third meeting on 14 May 2010.

- 3.4 Representatives of the Audit Commission met the Chairman of the O&S Commission and the Head of O&S on 3 February to enquire about O&S of the Bracknell Forest Partnership, as part of the Comprehensive Area Assessment process.
- 3.5 We put forward an entry for the Centre for Public Scrutiny's 'Good Scrutiny Awards' based on our joint working in the field of partnership scrutiny, and received a commendation. The judges said they shortlisted Bracknell Forest Council, *'because the group has created a powerful, independent and respected resource which is able to feed into the development of strategic planning. It also shows a commitment to partnership working and to the continuous development of scrutiny'*.
- 3.6 Over the next quarter, officers will draw together the results of the partnership scrutiny work in the Commission, the O&S Panels, and the Partnership O&S Group. This will be used to compile an annual report of that group as required in its terms of reference.

Overview and Scrutiny Commission

- 3.7 The O&S Commission now meets on a quarterly cycle. At its last meeting on 15 July, the main items considered were: receiving a progress update on the Bracknell Healthspace from NHS Berkshire East; considering and adopting the O&S Working Groups' reports on Preparedness for Public Health Emergencies, Housing and Council Tax Benefits, the Supporting People programme, and the Council's Response to Severe Weather; and reviewing the Performance Monitoring Reports for the Chief Executive's Office and Corporate Services Department, also the Corporate Performance Overview Report for quarter four (January to March) of the 2009/10 financial year. The O&S Commission's next meeting is on 28 October.

Environment, Culture and Communities O&S Panel

- 3.8 The Panel now meets on a four-monthly cycle. It last met on 22 June, and the main items included: electing a Chairman and appointing a Vice Chairman; considering the Department's Performance Monitoring Report for quarter four; and considering the O&S Working Groups' reports on Preparedness for Public Health Emergencies, Housing and Council Tax Benefits, the Supporting People programme, and the Council's Response to Severe Weather. The Panel's next meeting is on 5 October.
- 3.9 Additional to the work in the Panel and in its Working Groups, the Panel Chairman and a member of the O&S officer team have been involved, in an observer capacity, in an O&S review by Reading BC of the waste recycling contract.
- 3.10 As a number of this Panel's working groups have recently completed their reviews, there is some scope and capacity to undertake further work, and arrangements are in hand to resume the review of Highway Maintenance. Additionally, Members are likely to be involved in a Member reference group currently being established to explore opportunities for commercial sponsorship income from roundabouts and other means.

Health O&S Panel

- 3.11 The Panel now meets on a four-monthly cycle. At its last meeting on 17 June, the Panel elected a Chairman and appointed a Vice Chairman, and other key items included: receiving a presentation on the transfer of Community Health Services from NHS Berkshire East; considering the report of the working group on Preparedness for Public Health Emergencies; reviewing the position on the Bracknell Healthspace, and noting the draft minutes for the Joint East Berkshire Health Overview and Scrutiny

Committee meeting on 30 March 2010. The Health O&S Panel's next meeting is on 7 October.

- 3.12 We have recently secured the agreement of the Chief Executives of the six NHS Trusts serving Bracknell Forest to our updated Health Scrutiny Protocol, summarising the legal and operational framework, and setting out the respective responsibilities of the Trusts and the O&S Panel. In reaching this agreement, we have had some quite complimentary remarks from the Chief Executives, for example:

- *'I am very happy to sign up to the requirements.....I welcome the opportunity to work closely with the Overview and Scrutiny Panel to ensure we are listening and responding to our local community'* (CEO Royal Berkshire Hospital)
- *'I have now reviewed the code of practice that you sent through. It is the only one I have seen and as you know SCAS covers an area with quite a number of HOSCs. It is an extremely helpful and welcome document and one I would certainly like to see adopted as good practice in other areas.'* (CEO South Central Ambulance Service).

Children, Young People and Learning O&S Panel

- 3.13 The Panel now meets on a four-monthly cycle. At its last meeting on 30 June the Panel elected a Chairman and appointed a Vice Chairman. The main items considered by the Panel included: the annual reports of the Independent Reviewing Officer and Children's Social Care Complaints; receiving progress reports on new youth facilities in South Bracknell and the Playbuilder project; and receiving an update on the Working Group reviewing arrangements for safeguarding children. The Panel's next meeting is on 27 October.

Adult Social Care O&S Panel

- 3.14 The Panel now meets on a four-monthly cycle. At its last meeting on 8 June, the Panel elected a Chairman and appointed a Vice Chairman. The main items considered by the Panel included: meeting officials from the Care Quality Commission to discuss the new role for local authorities to comment on service performance; receiving the annual report on adult social care complaints; and receiving update presentations on the Departmental Service Plan, the Carer's Service, and the Personalisation Pilot. The Panel's next meeting is on 12 October.

Joint East Berkshire Health O&S Committee

- 3.15 This Committee now meets on a four-monthly cycle, rotating between the three Councils' venues. Bracknell Forest Council has assumed Chairmanship and officer support for this Committee for the 2010/11 municipal year. The last Committee meeting was on 16 June in Slough, when the Committee: elected a Chairman and appointed two Vice Chairman; appointed co-optees from Runnymede Borough Council and the three Local Involvement Networks; received a presentation from the Director of Public Health; received an update on the Working Group reviewing car parking charges at NHS Establishments; received an update on the budgetary position of Heatherwood and Wexham Park Hospitals Trust; and conducted the annual review of the Committee's terms of reference. The Committee's next meeting is on 6 October 2010 at Wexham Park Hospital.

Other Overview and Scrutiny Issues

- 3.16 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a consistently high score across the various questions posed.
- 3.17 Four-monthly review and agenda-setting meetings between O&S Chairmen, Vice Chairmen, Executive Members and Directors are taking place regularly for the Panels (quarterly for the O&S Commission).
- 3.18 External networking on O&S in the last six months has included Members and an officer attending the South Central Health O&S Committees meeting on 20 July in Winchester, and Members and officers attending the Centre for Public Scrutiny's annual conference.
- 3.19 Efforts were made to recruit to the vacancies of Parent Governor, Children's Social Care representative, Catholic Church representative and teacher representative in June. This resulted in one vacancy being filled. The other vacancies will be re-advertised in six months time.
- 3.20 The O&S Annual Report was adopted by Council on 21 April.

4 (ii) Developments in O&S

- 4.1 The O&S provisions in the Local Democracy, Economic Development and Construction Act commenced in the period. The two new requirements on O&S have been addressed by: the Deputy Chief Executive being appointed as the statutory Scrutiny Officer; and Council adopting a new petitions scheme at its meeting on 21 July, which includes a new role for Overview and Scrutiny to review any petitions where the petitioner is not content with the Council's response.
- 4.2 The monitoring of the O&S function is carried out by the statutory Scrutiny Officer on a quarterly basis, who has commented that good progress has been made on the agreed programme of work by Overview and Scrutiny in the last six months and the quality of the work done continues to be high.
- 4.3 The regulations and guidance for the O&S provisions in the Local Government and Public Involvement in Health Act 2007 are still awaited, despite the Act having commenced on 1 April 2009. CLG is continuing to work with the Centre for Public Scrutiny to develop these.
- 4.4 The Government's consultation entitled 'Strengthening Local Democracy', which the Council responded to, resulted in the previous government supporting a Private Member's Bill to extend the remit of O&S. The Private Member's Bill failed to survive its third reading debate.
- 4.5 The Government has published a major White Paper on the NHS, with a series of consultation documents, one of which proposes a complete change to local authority O&S of NHS services. Arrangements are being made to ensure that O&S Members' views are reflected in the Council's response to the consultation.
- 4.6 A new approach to improving public engagement was agreed by the O&S Commission, in consultation with the Leader and Chief Executive. This is in the course of being implemented, and has included the design and issue of a new publicity 'flyer' explaining the role of O&S and encouraging greater involvement

Background Papers

Minutes and papers of meetings of the Overview and Scrutiny Commission and Panels.

Contact for further information

Victor Nicholls- 01344 355604

Victor.Nicholls@bracknell-forest.gov.uk

Richard Beaumont- 01344 352283

Richard.beaumont@bracknell-forest.gov.uk

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Alluse/Overview and Scrutiny/2010/11 O&S Progress Report

OVERVIEW AND SCRUTINY WORKING GROUPS – 2010/11

Position at 3 August 2010

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Council's response to the severe weather	Finnie, Harrison, Turrell	Vincent Paliczka	None	√	√	√		Sent to the Leader on 20 July

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Adult Social Care Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Safeguarding Vulnerable Adults - Personalisation	Mrs Fleming, Turrell (Lead Member), Leake, Edger and Mrs Shillcock	Zoe Johnstone	Andrea Carr	√				Information gathering nearing an end

Environment, Culture and Communities Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Supporting People - Monitoring	Mrs. Shillcock (Lead) & Mrs. Fleming	Simon Hendey / Clare Dorning	Andrea Carr	√	08/09 √ (Annual monitoring)	08/09 √ (Annual monitoring)		Sent to the Executive Member on 21 July
Review of Highway Maintenance [On hold]	Mclean (Lead) Beadsley, Brossard, Leake and Parish and Town Councillors: Edwards (Binfield) Kensall (Bracknell) Withers (Crowthorne) Mrs Cupper (Sandhurst)	Steve Loudoun	Richard Beaumont	√	The Commission decided on 28 January to suspend this review until other O&S reviews have been completed and resources become available. This is now expected to be in September 2010.			The Group has now met three times. The scoping document has been agreed, also a report to the Panel on the highways maintenance budget reduction.

Health Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Preparedness for Public Health Emergencies	Burrows (Lead), Mrs. Angell, Thompson, Mrs. Mattick	David Steeds	Andrea Carr	√	√	√		Sent to the Executive Members on 22 July
Bracknell Health Space (Reconvened)	Virgo (lead) Mrs Angell, Baily, Leake, Mrs Shillcock	Glyn Jones/ Mary Purnell	Richard Beaumont					First reconvened meeting arranged for 5 August

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Joint East Berkshire Health Overview and Scrutiny Committee

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Hospital Car Park Charges	Plimmer (Slough, Lead member), Virgo, Endacott (RB W&M) Jacky Flynn (LINK)	TBC	Andrew Millard (Slough BC)	√	√			

Children's Services and Learning Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Safeguarding Children	Cllrs Mrs McCracken (Lead) , Mrs Birch, Mrs Angell, and Kensall. Miss V Richardson, Mrs P Ridgway	Penny Reuter	Richard Beaumont	√				Information gathering about 1/3 completed

Completed Reviews

Publication Date	Title
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools

Publication Date	Title
April 2009	Overview and Scrutiny Annual Report 2008/09
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
December 2009	NHS Core Standards
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)

Appendix 2

Results of Feedback Questionnaires on Overview and Scrutiny Reports

Note – Departmental Link officers on each review were asked to score the key aspects of each O&S review on a scale of 0 (Unsatisfactory) to 3 (Excellent)

	Average score for previous 11 Reviews ¹
PLANNING Were you given sufficient notice of the review?	2.8
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	2.9
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	2.7
Was there adequate communication between O&S and the department throughout?	2.7
Did the review get to the heart of the issue?	2.6
REPORTING Did you have an opportunity to comment on the draft report?	2.9
Did the report give a clear and fair presentation of the facts?	2.5
Were the recommendations relevant and practical?	2.5
How useful was this review in terms of improving the Council's performance?	2.6

¹ Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, Review of Housing and Council Tax Benefits Improvement Plan, and 14-19 Education.

HEALTH OVERVIEW AND SCRUTINY PANEL 7 OCTOBER 2010

OVERVIEW AND SCRUTINY WORK PROGRAMME 2011/12 Head of Overview & Scrutiny

1 INTRODUCTION

The purpose of this report is to invite Members of the Health Overview and Scrutiny Panel to consider and suggest review items for the Panel's draft indicative work programme for 2011/12, which is attached at Appendix 1 to this report. The indicative work programme will be included in the 2010/11 Annual Report of Overview and Scrutiny and will be adopted by the Overview and Scrutiny Commission having formally consulted the Corporate Management Team and the Executive thereon, as required by the Council's Constitution.

2 SUGGESTED ACTION

- 2.1 **That the Health Overview and Scrutiny Panel considers the draft indicative work programme for 2011/12.**

Background Papers

Overview and Scrutiny Annual Report, 2009-10

Contact for further information

Richard Beaumont – 01344 352283

richard.beaumont@bracknell-forest.gov.uk

Draft Work Programme for Health Overview and Scrutiny in 2011/12

The work programme for Overview and Scrutiny in 2011/12 is aimed at maintaining a strategic and coordinated work programme based on major areas of Council and partner organisations' activity, of direct and significant interest to residents. The programme incorporates the routine, on-going work of Overview and Scrutiny and the completion of reviews currently underway. It proposes a limited number of new Overview and Scrutiny reviews which are seen to be timely, relevant, significant and likely to add value.

The Workplan for the Joint East Berkshire Health Overview and Scrutiny Committee is determined separately by that Committee.

HEALTH OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the implementation of the major changes from the 2010 NHS White Paper</p> <p>This monitoring will cover in particular (and subject to legislation): the transfer of the Public Health responsibilities from the PCT to the Council; the creation of the GP Consortium, Local HealthWatch and the new Health and Wellbeing Board; and establishing the new arrangements for Health Overview and Scrutiny.</p>
2.	<p>In conjunction with the Joint East Berkshire Health Overview and Scrutiny Committee, monitoring the performance and budget of the Berkshire East PCT and the NHS trusts serving Bracknell Forest</p> <p>This will include: the linkage with the Operating Framework and the national NHS priorities set by the Department of Health; the progress of health service providers on infection-control, particularly in relation to MRSA and C Difficile; the transfer of Community Health Services; and the financial position of Heatherwood and Wexham Park Hospitals Trust.</p>
3.	<p>Responding to NHS Consultations</p> <p>The Health O&S Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough, and usually up to 3-5 consultations occur each year.</p>
Future Reviews	
4.	<p>The New NHS Constitution</p> <p>To review the implementation by NHS organisations of the new NHS Constitution, which brings together a number of rights, pledges and responsibilities for staff and patients.</p>

5.	New Health Facilities in Bracknell As a follow-up to the 2010 O&S report on the Bracknell Healthspace, to review the provision of health services from the new Healthspace also the Brant's Bridge centre for cancer and renal services.
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Note - This programme may need to be amended to meet new requirements arising during the year.

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