

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



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