



NOTICE OF MEETING

Joint East Berkshire Health Overview & Scrutiny Committee

Wednesday 16 June 2010, 7.30 pm

Council Chamber, Slough Borough Council, Town Hall, Bath Road, Slough

TO: The Joint East Berkshire Health Overview & Scrutiny Committee

(Members of the Committee are invited to a pre-meeting at 6.45pm in the above Offices)

Members of the Joint East Berkshire Health Overview & Scrutiny Committee

Councillors Leake, Mrs Shillcock and Virgo (Bracknell Forest Council)

Councillors Mrs Evans, Meadowcroft and Mrs Napier (Royal Borough of Windsor and Maidenhead)

Councillors Plimmer, Sohal and Walsh (Slough Borough Council)

Substitute Members of the Committee

Councillors Baily, Beadsley and Thompson (Bracknell Forest Council)

Councillors Mrs Endacott, Majeed and Mrs Yong (Royal Borough of Windsor and Maidenhead)

Councillors Ms Dodds and Grewal (Slough Borough Council)

Co-Optees:

Madeline Diver (Bracknell Forest LINK)

Jacky Flynn (Slough LINK)

Sheila Holmes (Royal Borough of Windsor and Maidenhead LINK)

Councillor Hugh Meares (Runnymede Borough Council)

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**Joint East Berkshire Health Overview & Scrutiny Committee
Wednesday 16 June 2010, 7.30 pm
Council Chamber, Slough Borough Council.**

AGENDA

Page No

1. ELECTION OF CHAIRMAN

The Committee's Terms of Reference stipulate that the Chairmanship of the Joint Committee will be rotated annually between the three East Berkshire authorities. The Chairmanship lies with Bracknell Forest Council for the 2010-2011 municipal year.

2. APPOINTMENT OF VICE-CHAIRMEN

The Committee's Terms of Reference stipulate that the Joint Committee will appoint two vice-chairmen from each of the other participating authorities, these being The Royal Borough of Windsor and Maidenhead and Slough Borough Council for the 2010-2011 municipal year.

3. APOLOGIES FOR ABSENCE/SUBSTITUTE MEMBERS

To receive apologies for absence and to note the attendance of any substitute Members.

4. 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.

5. 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.

6. CO-OPTIONS TO THE JOINT COMMITTEE

The Committee is invited to confirm the following co-options to the Joint East Berkshire Health Overview and Scrutiny Committee:

Councillor Hugh Meares (Runnymede Borough Council)

Madeline Diver (Bracknell Forest LINK)

Sheila Holmes (Royal Borough of Windsor and Maidenhead LINK)

Jacky Flynn (Slough LINK)

7. MINUTES AND MATTERS ARISING

To approve as a correct record the minutes of the meeting of the Joint East Berkshire Health Overview and Scrutiny Committee held on 30 March 2010.

1 - 4

8. **DIRECTOR OF PUBLIC HEALTH**

To receive a presentation by Dr Pat Riordan, Director of Public Health, on the key health inequalities and other issues for Berkshire East, and an update on the plans for producing the updated Joint Strategic Needs Assessment.

9. **HEATHERWOOD AND WEXHAM PARK HOSPITALS TRUST**

To receive an update from the Chief Executive of Heatherwood and Wexham Park Hospitals Trust on the Trust's Turnaround Plan.

10. **ANNUAL REVIEW OF COMMITTEE'S TERMS OF REFERENCE**

5 - 6

Paragraph 15 of the Committee's terms of reference requires that these will be kept under annual review and amended as necessary with the Committee's agreement.

The Committee is recommended to amend the passage in paragraph 5 that "the Joint Committee will meet quarterly" as the Committee has agreed to meet three times each year.

11. **UPDATES ON HEALTH SCRUTINY**

7 - 30

To receive 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.

12. **COMMITTEE WORK PROGRAMME**

31 - 36

To receive an update on the Committee's work programme for 2010-2011, including an interim report on the Committee's review of hospital car park charging.

To determine whether to form a working group on an important topic for health in East Berkshire (perhaps progress in controlling hospital-acquired infections, or access to NHS dentists).

To receive a verbal update on the registration of health services by the Care Quality Commission.

13. **DATE OF NEXT MEETING**

The next meeting of the Joint East Berkshire Overview and Scrutiny Committee will be held on Wednesday 6 October 2010 at the Council Chamber, Maidenhead Town Hall.

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**JOINT EAST BERKSHIRE HEALTH OVERVIEW & SCRUTINY
COMMITTEE
30 MARCH 2010
7.30 - 8.53 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 James Walsh, Slough Borough Council

Co-opted Members:

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

Also Present:

Richard Beaumont (Bracknell Forest Council)
Shabana Kauser (Slough Borough Council)

Apologies for absence were received from:

Councillor Arvind Dhaliwal, Slough Borough Council

31. Declarations of Interest

Councillor Mrs Evans (RBWM) declared a personal interest as she had recently taken up employment at a GP Surgery.

32. Minutes and Matters Arising

Resolved – That the Minutes of the last meeting held on 10th December, 2009 be approved as a correct record.

33. Next Generation Care Programme

The Chief Executive of the Berkshire Healthcare Trust, Phillipa Slinger reminded Members of the Committee that the Next Generation Care Programme had been established by the Trust in September 2009 to transform the quality and cost of

services. A number of scenarios had been developed to set the ambition for the programme and that these scenarios were based on either an optimistic income or a most likely case for income. The Trust considered that a reduction in funding of £12 million was now the most likely scenario.

It was noted that a number of models for future care programme were being investigated and consultation had taken place with all the East Berkshire Local Link Groups. It was brought to Members' attention that the potential to work across organisational boundaries to the advantage of all partners and service users had to be considered and would be considered during the next two months. An example was given of memory clinics replacing Day Hospitals which could be co-located to allow social service staff a more direct interface opportunity. Whilst the Next Generation Care Programme had already identified a number of proposals for 2011/12 and beyond which would both improve the overall quality of services and deliver significant financial benefit, a detailed review of proposals would be performed in 2010 to test the full implications of implementation and to scrutinise the benefits case.

A Member raised concern with regard to the potential logistical difficulties that could be encountered by members of the public relating to the possible re-location of the in-patient mental health services to Reading. Mrs Slinger confirmed that consultation meetings had been carried out with the local LINK Groups and that a visitor survey had been conducted to ascertain how individuals travelled to and from mental health wards in the east of the county. It was agreed that a copy of the survey would be circulated to Committee Members. It was noted that the Committee would be formally consulted on any proposed significant change in services.

Resolved – That the current position be noted and an update be scheduled for the October 2010 meeting.

34. **Options for Out of Hours Primary Coronary Angioplasty**

Paula Head, Director of Commissioning and Re-Design, delivered a comprehensive presentation with regard to the options for Out of Hours Angioplasty Services within Berkshire East. Members were informed that treatment for heart attacks had improved greatly over the last 20 years with new drugs such as thrombolytics (clot busters) and techniques such as angioplasty, making survival from a heart attack much more likely than in the past.

It was explained that patients were occasionally given a treatment called PCI (also known as angioplasty) when they know that there was a risk that a blockage may stop the blood flowing into the heart and cause a heart attack at some point. This technique was used to prevent a heart attack and involves inserting a support (a stent) into the blocked artery to hold the artery open and ensure that the blood remained flowing. This was done by inserting a balloon into the artery and then inflating it to open the artery wide before putting the support in place. It was also clarified that Primary PCI (PPCI) treatment was also used after a heart attack to reopen the artery which had closed and caused the heart attack.

The standard in the South Central Area for this to be achieved was within 120 minutes. It was brought to Members' attention that a number of studies compared PPCI treatment against thrombolysis in the treatment of a heart attack and evidence for the longer term benefits of PPCI was growing. This included PPCI reducing the chances of a patient dying in the short term by 2% and improved their chances of recovering more fully from their heart attack when compared to thrombolysis if both treatments were given in a similar time frame. However, PPCI became less effective

if it took longer than 120 minutes from the patient calling for help to the balloon being inflated in their artery during the PPCI procedure.

Members' were informed that the current situation for heart attack patients was either to go to the Royal Brompton and Harefield, Wexham Park, Frimley Park or Royal Berkshire Hospital from April 2010. However, Heatherwood and Wexham Park Hospitals (HWWP) did not currently perform angioplasty out of hours and this was due to the number of people having a heart attack who would come to these sites was not enough to make running a 24/7 service possible. In addition HWWP sites did not have two catheter labs required to run the service. However, to ensure that the people of Slough be certain that if they do have a heart attack they will be able to receive this treatment at their local centre, the Royal Brompton and Harefield and HWWP were working together to create a service that would be based on the Wexham Park site which would be run by the Royal Brompton and Harefield.

In the ensuing discussion, clarification was sought as to whether the South Central Ambulance Service was aware of the duty upon them to ensure patients receive the correct and appropriate treatment within the timeframe of 120 minutes. It was explained that there was a clear expectation set in the contract with the central ambulance service that they had to deliver and meet this target. A Member expressed reservations over the reliability of ambulance service data.

A Member queried as to whether there was the physical capacity at the Wexham site for the two required catheter labs and as to how long it would take for these to be in place. It was explained that the second lab had not yet been confirmed but it would be contained within the existing site and that room for these labs had been identified. In response to what proportion of patients required cardiac follow-up procedures, it was agreed that this information would be distributed to all Committee Members following the meeting.

Resolved – That the current position be noted.

35. Update on PCT Budget

Consideration of this item was deferred to a future meeting of the Committee.

36. Hospital Car Park Charges - Working Party Interim Report

Committee Members were provided with an interim position with respect to the review into car parking at NHS establishments within East Berkshire. It was noted that in June 2009 Members of the Committee put forward a proposal to set up a working group to investigate the arrangements around car parking in more detail. The view of the Committee was that there were serious concerns about the existing contractual arrangements, how income from the car parking charges was being utilised, insufficient parking availability, lack of information for the public on exemptions and impact if any on the level of crime.

It was noted that site visits were conducted on the 18th and 21st January, 2010 at Heatherwood, King Edward, St Marks, Upton and Wexham Hospitals. The purpose of the visits was primarily to gather first hand experience of using the car park, ascertaining if there was an exemption policy and accessibility of spaces. The study was also publicised in both the local press and on BBC Berkshire website inviting residents and patients to share their experiences.

An outline timetable summarising the tasks undertaken so far and those outlined for the coming weeks was highlighted. In addition an outline of the work to be

undertaken in April and May was outlined. Councillor Plimmer, the Lead Member of the review, confirmed that the final report should be available for the Committee meeting in June 2010.

Resolved: That the report be noted and the proposed Next Steps timeline within the report be endorsed.

37. Frequency of Meetings of the Joint Committee

Councillor Leake informed the Committee that he had written to the Chair and other respective Vice-Chair of the Committee in February 2010 with a view to reducing the frequency of the Joint East Berkshire Health Overview and Scrutiny Committee from four meetings a year to three. It was noted that Bracknell Forest Council was due to assume chairmanship of the Committee for the municipal year 2010/2011 and that a reduction in the number of meetings was due to a decrease in staff supporting scrutiny work.

Resolved – That the Joint East Berkshire Health and Overview Scrutiny Committee meet three times during the municipal year 2010/2011.

38. Committee Work Programme 2010/11

Details of the indicative work programme 2010/2011 were outlined for Members consideration. Whilst welcoming a proposal to hold a meeting of the Committee at an NHS location, it was suggested that this meeting should be held during the afternoon. It was agreed that an update on Heatherwood and Wexham Park Hospital Trust financial position would be scheduled for the October 2010 meeting.

Resolved: That

- a) the Committee work programme 2010/2011 be agreed.
- b) a meeting of the Committee to be held at an NHS location.

39. Dates of future meetings

Dates for future meetings of the Joint Committee in the Municipal Year 2010/11 were agreed as 16th June, 6th October and 2nd February, 2011. It was noted that the meetings would commence at 7.30 pm and the venue for the meetings would rotate between each of the local authorities.

Resolved – That future meetings of the Committee to be held on 16th June 2010, 6th October 2010 and 2nd February 2011.

CHAIRMAN

JOINT EAST BERKSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE Terms of Reference

1. These terms of reference together with the health scrutiny code of practice for East Berkshire provide a framework for carrying out joint health scrutiny work in East Berkshire under powers to scrutinise the NHS contained in the Health and Social Care Act 2001.
2. The East Berkshire Joint Health OSC has been formed by Bracknell Forest Borough Council, Slough Borough Council and the Royal Borough of Windsor and Maidenhead;
 - a) To look at strategic, regional, sub-regional or locality related health issues or look at a specific review as determined by the joint health overview and scrutiny committee (working as a *discretionary* committee).
 - b) To form a *statutory* Joint Health Scrutiny Committee i.e. as required under law where the local authorities whose residents are affected by a particular course of action by a NHS body, consider the proposals to be “substantial” and wish to review the NHS decision/action or where the NHS body requires it.
3. The Committee will comprise of nine Councillors; three members elected annually from each of the individual three local authorities in East Berkshire. The three authorities have agreed to waive the requirement for the committee as a whole to have proportional political representation. However, each local authority may decide whether to maintain political proportionality for its seats on the committee or not.
4. Appointments to the committee will be for a term of office one year from the date of each authority’s annual council meeting. Substitutions may be made by each authority for their own representatives if they so wish. Substitutes may attend meetings of the joint committee as non-voting observers in order to familiarise themselves with the issues under review.
5. Once established the Joint Committee will meet quarterly and rotate the venue for the meeting between the three authorities. Special meetings may be called in addition to the quarterly meetings if the need arises. The joint committee will meet in public and be advertised as such in each authority area in accordance with the local government acts.
6. The Joint Committee may ask individuals to assist it on a review by review basis. Independent professionals or those with specialist knowledge may be requested to give their expert advice to the joint committee during a review, without being co-opted.
7. The quorum for the main joint committee meetings shall be 6, provided that each authority is represented. The quorum for review meetings shall be 3, provided that each authority is represented or that joint agreement is reached for one or two authorities to lead/act for the joint committee.
8. The Chairmanship of the joint committee will be rotated annually between the three East Berkshire authorities. The Joint Committee will appoint two vice-chairmen, one from each of the other participating authorities.

9. Officer support i.e. the administration of agendas and minutes will follow annually with the rotation of the Chairman. Please refer to the joint health scrutiny protocol for details of the administration of specific reviews and the balance of administration between health trusts and local authorities.
10. Health scrutiny reviews undertaken on specific topics over a specific length of time, may be delegated to review groups of the joint committee with membership of between 3 and 6 Councillors, and with at least 1 member from each authority. This may be waived if an authority does not wish to take part, as the review will not affect their area, and if the involvement of the two remaining authorities is agreed.
11. Each separate review must be accompanied by a pro forma, covering the following items; description of the subject, identification of the health bodies involved/leading the issue, review group membership, issues to be addressed, officer support and the evidence gathering process proposed.
12. At the end of each review, a report must be produced and signed off by the Joint committee and considered by each individual participating authority.
13. The joint committee will also receive and consider responses by NHS bodies to its reports and reviews as empowered under the Act.
14. The schedule of Joint Committee meetings may include flexibility if required, for example; to give a break in the timetable to allow individual authorities to evaluate responses to the Joint Committee's report and return with comments.
15. The terms of reference and the working arrangements for the joint health overview and scrutiny committee will be kept under annual review and amended as necessary with the committee's agreement.



**HEALTH OVERVIEW AND SCRUTINY PANEL
04 MARCH 2010
7.30 - 9.40 PM**

Present:

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

Co-opted Members:

Mrs Isabel Mattick, Bracknell Forest Local Involvement Network

Apologies for absence were received from:

Councillor Harrison

Also Present:

Glyn Jones, Director, Adult Social Care and Health

Richard Beaumont, Head of Performance and Scrutiny

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

John Jones, Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Phillipa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust

David Townsend, Berkshire Healthcare NHS Foundation Trust

Mary Purnell, Berkshire East PCT

David Williams, Director of Locality Commissioning, NHS Berkshire East

Liz Sanneh, Democratic Services Officer

46. Minutes and Matters Arising

RESOLVED that the minutes of the meeting held on 3 December 2009 be approved as a correct record, and signed by the Chairman.

Matters Arising

The Director, Adult Social Care and Health, reported that following the presentation from the South Central Ambulance Service (SCAS) at the last meeting, concerns were expressed about care homes calling ambulances to lift patients who had fallen. There were no specific cases indicated, and no response to an email to SCAS requesting more information. The Director, Adult Social Care and Health, had written to all the care homes in Bracknell Forest asking whether they had used SCAS in this way. All replied that they did not use SCAS unless they believed that the patient was injured. Forest Care had no record or recollection of any calls to the service for lifting purposes.

47. Declarations of Interest and Party Whip

There were no declarations of interest.

48. Urgent Items of Business

There were no urgent items of business.

49. Berkshire Healthcare Trust

Phillipa Slinger, introduced their new Director of Operations, David Townsend, who would be taking over from Garry Nixon. Ms Slinger had attended a previous Overview and Scrutiny meeting in October 2009 and spoken about the Next Generation Care programme. The Trust was seeking to improve the quality of its provision, and was currently looking at a range of options including improving quality, increasing volume and decreasing cost. Three main challenges had emerged; these were:

Staff attitudes – a need to improve the culture had been identified, and the Trust was working on ways of giving time for staff to interact with patients; a “mystery shopper” sent onto the wards to experience staff responses and to be used for staff training; patient experience trackers had been introduced giving patients an opportunity for live feedback.

Difficult Access – services were fragmented and inconsistent across geographical areas.

Multiple referrals – these could be challenging for both patients and carers, and for clinicians.

In addition to these challenges, another major challenge was the financial restrictions, and the Trust was planning on how to make essential savings. They were taking early steps towards transformation, but seeking to avoid hasty service transformations. Financial savings would come from the workforce and buildings budgets. The Trust was committed to retaining six local bases, and assessment and care would continue to be primarily home-based. There was a continuing commitment to providing the service in partnership with local authorities. The Trust was working towards finding ways of having a single point of access to its services, and seeking ways of reducing multiple assessments. There was also an increased use of technology to support clients, including digital media. In-patient services would be improved by exploring ways of confining this to one site. Ms Slinger added that a coherent programme would be achievable within the funding likely to be available.

The Chairman thanked Ms Slinger, and invited questions. The Chairman asked Ms Slinger whether health care providers would be able to do more with less resources. Ms Slinger said this should be achievable, though it relied upon the wholesale roll-out of the new technologies and techniques, which had not yet been fully tested.

In response to an enquiry about the security issues involved in the objective to move away from hard data to electronic, Ms Slinger replied that the new national system would be extremely safe with a number of individual passwords for use by those who had access rights to the system, and these people’s applications for access would all have to be signed off by her. The system being used had already been implemented in a number of hospitals.

Members noted the projected 8 to 9 per cent increase in people aged over 65, also those over 85, with an anticipated commensurate increase in dementia cases.

A question was raised about the consolidation of wards at Prospect Park Hospital; Ms Slinger told the meeting that there were nine currently open. Under-occupancy in two

wards was inefficient and had been resolved by consolidation, and all the wards there were mixed, but with single en-suite rooms. The Trust was currently looking at options for Upton Park Hospital. If they believed wards should be consolidated onto one site, there would be a public consultation.

Ms Slinger explained that no cut was foreseen in the Trust's funding, though a reduction was expected in real terms, as there was unlikely to be provision for growth or inflation.

On the question of the client group served by the Trust, Ms Slinger explained that the Trust provided secondary care mental health services to all ages, for example in relation to personality disorders, with referral through the GP service. One of the members drew the attention of the meeting to the fact that mental health was the most poorly funded of all national health services. Another member asked about consultations within the NHS, suggesting that in times of financial hardship these appeared to be a waste of money. Ms Slinger responded by telling the meeting that consultation was compulsory, and she knew that if it was not done effectively, the Trust would be called to account. There was a need for a very wide-ranging consultation, but the Trust would seek to be innovative in the way it would be conducted.

The Chairman told Ms Slinger that the Panel appreciated the need for consultation and documentation, but asked that this be done as economically as possible – it should be done in a more effective and simplified way, without glossy brochures. If the Trust felt the need to consult on Prospect Park and Upton Hospitals, it was essential they came back to the Panel.

50. Update on Financial and Operation position of the Heatherwood and Wexham Park Hospitals Trust

The Chairman welcomed Julie Burgess who gave a presentation on the current financial and operational position of the Trust. She told the meeting that two of the issues highlighted by Monitor had been resolved – a new Chairman had been appointed in October 2009 and a Medical Director in February 2010, and Monitor was satisfied with these appointments. Under the 42 Core Standards for Better Health, the Trust had been working closely with the CQC to be compliant in all areas, and a robust system was now in place such that full compliance would be achieved by the end of March 2010. The Trust had applied to the CQC for a licence, and was awaiting the outcome.

Moving to the question of the “unprotection of land”, Ms Burgess explained to the Panel that the Heatherwood site was very spread out, and they wished to use the space more efficiently. When the land had originally been assigned to the hospital, restrictive covenants had been put in place, and the current move was to have these covenants removed so that the land could be used more creatively. They were considering consolidation at Heatherwood, and as a step toward that consolidation, they had sent out letters to the Trust's key stakeholders and tenants explaining the decision. Departments and services would be moved to a smaller footprint on the site, and all services would continue to be provided there. The budget would be used more effectively as there would no longer be a need to heat and service partly-utilised buildings. Ms Burgess reiterated that there were no plans to close the hospital, and that none of the services provided at Heatherwood would be adversely affected.

Ms Burgess then moved to the finances of the Trust, and the Turnaround plan which had been agreed in order to make the necessary financial savings. The plan included proposals for improvements, and reassurances that current services were good and

the hospitals clean. The aim was to maximise the money spent on direct patient care and minimise the money spent on overheads. There would be a year-end deficit of £9.9 million, from a year-start point of -£22m. The turnaround plan covered three years, and would deliver over £50m of savings over that period. The goal of the Trust was to be in the top 15% for clinical care, with greater efficiency and resources focused on direct patient care, and a risk assessment around clinical safety had been made. The number of beds would reduce in response to changes and improvements in clinical pathways.

The Chairman thanked Ms Burgess, and drew attention to an article in the Bracknell Standard concerning an alleged request for a review to the Secretary of State from the Trust. Ms Burgess explained that the Secretary of State had been asked by an MP to consider reviewing the history of the Trust, but nothing had yet been received. Ms Burgess added that the press article was very unfair in suggesting that the Trust was similar to the reported position in Mid Staffordshire, which it most certainly was not, having assessed all projects for clinical safety.

The Chairman then asked whether the unprotected of the land was in the gift of the Trust, or whether it had to go elsewhere. Ms Burgess told the meeting that it was in the Trust's gift, but if there were representations, then the Trust would need to take those into consideration. In response to a further question about whether or not the Trust would need to build on the land, Ms Burgess assured the meeting that this would not be necessary as the Trust could run all clinics in the existing buildings and all services could be delivered. Ms Burgess undertook to send further details of the move of the physiotherapy unit and all other affected units at both of the Trust's hospital sites. There was nothing planned for the unprotected land at the present time, other than the continued use of car parks and the possibility of short term lettings.

In response to a question about the Trust's tenants on the Heatherwood site, Ms Burgess reported that the Trust had given no-one notice, but as the tenancies came to an end their renewal would be discussed. There would be no reduction in the current car parking provision on the site. Ms Burgess was aware that some local people believed that the land would be sold for development, and one of the members of the panel criticised the Trust, saying that the use of the land had been erratic and piecemeal in the past, and that it now appeared shambolic, and over time the land and buildings would deteriorate. Ms Burgess responded by accepting that in the past the Trust had sometimes been reactive and erratic, but now that they had plans they would work proactively; the intention was to improve the site and care for it.

One of the Panel members suggested that one way out of the Trust's problems would be to sell off the unprotected site for development, and this would give money to improve the rest of the site. He had no confidence in the slow drip-feed of announcements. Ms Burgess reiterated that the Trust had no plans to sell any of the land at Heatherwood. They were still developing plans for the site and for clinical provision there. There was sufficient capacity in the existing buildings, and operating theatre work would move into the new footprint.

With regard to a question about single sex accommodation, which had allegedly been promised for the past 13 years, Ms Burgess said this had been an area of great focus and commitment, and the Trust expected to be compliant on this issue by the end of the current financial year.

Ms Burgess offered to give members a more detailed briefing on the changes at the Trust if they wished.

In closing the discussion, the Chairman commented that if the Trust was confident of achieving a £50million saving it was good, but queried how long the turnaround would take. Ms Burgess said that some of the turnaround challenges had already started, and it was scheduled to take place over three years. Rationalisation to the smaller footprint would happen over the next year or so. The Chairman asked whether IT and systems were now fit for purpose; Ms Burgess assured the meeting that the Trust was making progress, and some new systems would be introduced. The Chairman reminded Ms Burgess that the Council wanted Heatherwood to succeed and to become a centre of excellence. The public wanted to see the hospital succeed and a clear strategic overview to be consistently promoted and understood. He thanked Ms Burgess for the presentation and for her frankness in answering the Panel's questions.

51. **Transforming Community Health Services**

David Williams told the meeting that the Transforming Community Services agenda had been subsumed into the Preventing Crisis, Supporting People agenda. Under this agenda, the PCT had two main responsibilities – health for the community, and mental healthcare. The agenda for the National Health Service was the plan to move the provision of community health services away from the PCT, leaving the PCT to concentrate on its commissioning role. Deadlines were very tight, and by the end of March 2010 the Board needed to decide who would host the community health services, and by March 2011 all services would need to be transferred. The PCT had looked at options for services, and groups had been invited to present on 18 March. This was a major organisational change for PCTs.

The Chairman thanked David Williams, and asked the Director, Adult Social Care and Health, to speak.

Glyn Jones told the meeting that as a unitary authority the Council had been involved in the process, but because the Council's boundaries were not co-terminous with those of the Berkshire East PCT, and because of the very constricted deadlines, the Council had not bid to take over the community health services.

In response to a question about whether the new commissioning host would be an NHS provider, David Williams told the meeting that this was not necessarily so, but that there were some suitable NHS providers bidding.

The Chairman asked Mr Williams to give reassurance that the level and consistency of service would be of the same or higher quality, remarking that although bids might look good on paper, the changeover might not necessarily be smooth or easy in practice. He also asked what would happen to patient records.

Mr Williams told the meeting that patient safety was most important to the PCT. Challenges would continue to exist, but the PCT would go through the due diligence process for the transfer of services. The national IT system would need to be sustained, and it was hoped that patients would see no substantial change. Essentially this was an internal NHS organisational change; the PCT would still be commissioning services, but would not be providing them.

One member expressed concern at the possible increase in managerial overhead costs from this organisational change.

The Chairman asked whether the PCT would remain operationally responsible for the service, asking how the PCT would ensure that the level of service provision would

be maintained and to whom representations should be made if it was felt that the system was failing. Mr Williams responded that the PCT contracted and commissioned services to run health services for the community, and the PCT would be responsible; this was just the separation of commissioners and providers. Glyn Jones told the meeting that in future the PCT would just be a commissioning service with community nurses and hospitals run by a different operation. The PCT would continue to have the responsibility for planning services for the population, and would hold the budget but they needed to procure providers economically. This was an opportunity for the PCT to change the way they did things as commissioners. Progress of this change had been very swift, with an impact on joint services, but it would be beneficial to have a joint presence at future Panel meetings.

The Chairman thanked Mr Williams for his presentation, and asked for an update report at the Panel's next meeting in June.

52. **Working Group Updates**

The report had been circulated for two working groups.

Preparedness for Public Health Emergencies Working Group

Councillor Burrows told the meeting that the last meeting of this group had been held recently, and a full report should be presented to the Overview and Scrutiny Panel in June.

Bracknell Healthspace Working Group

Councillor Virgo reported that the working group's review had been concluded, and the draft report circulated for comment, which generated some changes, and the report had now been sent to the PCT's Chief Executive and to the Council's Executive Member.

The Panel **AGREED**

- i. To note the update report
- ii. To continue to monitor the delivery of the Bracknell Healthspace and the Cancer and renal services site at Brant's Bridge, establishing contact with the Royal Berkshire Hospital Trust
- iii. To commission a Working Group to review the commissioning and delivery of services to be provided from the Bracknell Healthspace and the Cancer and renal services at Brant's Bridge once the latter have commenced.

53. **Overview and Scrutiny Quarterly Progress Report**

Richard Beaumont introduced the quarterly progress report of Overview and Scrutiny, telling the meeting that this was a standard report. The annual report would go to the April Council meeting. He drew attention to paragraphs 3.2 and 3.3 of the report concerning Partnership Scrutiny.

With regard to staff reduction (3.10) Mr Beaumont told the meeting that reductions in workload were currently being managed.

He then drew attention to paragraph 4.1 – Legislation – which was currently very active. A private members bill which the Government was supporting to extend Overview and Scrutiny powers had had its second reading in the House of

Commons. This bill, if enacted, would bring in the extension of overview and scrutiny to those providing public utilities.

The Panel **AGREED**

- i. To note the overview and scrutiny activity over the period November 2009 to January 2010
- ii. To note the developments in Overview and Scrutiny set out in section 4.

54. Joint East Berkshire Health Overview & Scrutiny Committee Minutes

The Chairman informed the meeting that following the next meeting of the Joint East Berkshire Health Overview and Scrutiny meeting at the end of March, Bracknell Forest would be taking over the chair and administration of this Committee.

Mr Beaumont told the meeting that the JEB Overview and Scrutiny Committee had a hospital car park working group, which had planned to complete its work before the next municipal year. Slough Council would continue to provide officer support to this group through to completion.

The Panel noted the minutes of the Joint East Berkshire Health Overview and Scrutiny meeting on 10 December 2009.

55. Date of Next Meeting

The next meeting of the Health Overview and Scrutiny Panel will take place on 17 June 2010.

CHAIRMAN

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Health Scrutiny Panel – Meeting held on Tuesday, 9th February, 2010.

Present:- Councillors A S Dhaliwal (Chair), Bains, Davis, Dhillon, Dodds (until 8.05 pm) and O'Connor.

Also present:- Julian Emms (Berkshire Healthcare NHS Trust), Carole Jackson-Doerge, Jacky Flyn and Colin Pill (Slough LINKs), Andrew Avenell, (Berkshire East PCT), Paula Head and Viki Wadd (NHS, Berkshire East).

Also Present under Rule 30:- Councillors Long and Small.

PART I**32. Declarations of Interest**

Councillor O'Connor declared a personal interest in relation to agenda item 5, in that she was appointed to the Slough Safeguarding Vulnerable Adults Partnership Board.

33. Minutes of the Last Meeting held on 9th December, 2009

The Minutes of the last meeting of the Panel held on 9th December, 2009 were approved as a correct record.

34. The Next Generation: Option Appraisals for Mental Health Services and proposal to re-site Slough inpatient services to Prospect Park Hospital, Reading (PCT)

Julian Emms, Deputy Executive Director, Berkshire Health Care NHS Foundation Trust, gave a presentation to the Panel, detailing the progress on the Next Generation Care Programme.

The Panel was advised that although the NHS had experienced a period of unprecedented growth in the past few years, the recent economic recession and the future impact on public finances would have a significant impact on future funding within the NHS. In September 2009, the Next Generation Care Programme was established by the Berkshire Health Care NHS Trust to help transform the cost and quality of services. A number of focus groups with service users and carer groups had met across Berkshire to discuss their views on the challenges ahead and there had been a 2-day workshop attended by senior Clinicians, Managers and other representatives to discuss the way forward for the Trust over the next five years. It was noted that in the previous three years the Trust had received an excellent rating from the Care Quality Commission but there was some evidence that services users were not always as happy with the services as the Trust would wish.

The Panel was advised that in the year 2010/11 the Trust would have to find a cost efficiency of approximately £3m and that this could be between £9m and

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£12m in the year 2012/13. The Trust had a turnover of approximately £100m and in this sense it was a small Trust which presented challenges regarding economy of scale. Routes for patients into services was sometimes complex and the NGC programme sought to achieve a number of improvements such as the ability of service users to access services via a central point of entry where screening, assessment and signposting to appropriate care settings would take place. There was also a need to improve technology so that the Trust could operate more efficiently and improve access options for service users and ensure that efficiency was driven throughout the service delivery function to ensure a right first time approach.

Mr Emms highlighted that discussions had been held with service user and carer groups, staff, PCT Commissioners, and elected Members and Officers in all six unitary authorities to explore whether the detail could achieve the criteria for success. It was highlighted that at this stage ideas were being tested to obtain views and it was emphasised that no decisions had been made yet.

The Panel noted that by the end of February 2010 proposals to cover the 2010/11 financial gap would be completed and presented to the Trust Board for approval. The options and broad direction for later years would also be reviewed at this time. By the end of June 2010 a document and strategy for public consultation on the options would be produced and approved by the Trust Board, and public consultation on the chosen options would take place between 1st July and 30th September, 2010.

In the ensuing discussion Members raised a number of comments/questions including the following:

- It was understood that the Trust had been scoping savings proposals regarding the provision of mental health services and asked for details of the proposals under consideration. Mr Emms advised that at present there were no proposals and that the Trust was only at the early discussion stage. Once the process had reached the phase 3 stage the Trust would be in a position to bring ideas to the Panel for comment.
- A Member was particularly concerned about the possibility of mental health services being moved to Prospect Park Hospital, in Reading and reminded Mr Emms that 18 months ago the Trust had given an assurance that these services would remain in Slough. He asked whether the Trust would honour this previous commitment. Mr Emms responded that the proposal to build facilities at Upton Park still stood but it was clear that this discussion had taken place before the current economic situation had developed. The Panel was advised that if there was any deviation from that commitment then the Trust would be required to carry out further consultation and the public would decide on the right course of action to be taken. He emphasised that there was a set amount of budget and that if a decision was made to build at Upton Park then this would be done having regard to the impact on the economy and service provision elsewhere.

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- A Member asked whether the Trust used a particular company to undertake visits for mental health patients in Slough and asked how people would cope if the service was moved to Reading. The Panel was advised that approximately 5000 patients were looked after in the Slough area and they were visited in their own homes or for example in community buildings. The only discussion at present related to the future provision for the 27 inpatient beds in Slough and whether these would remain or possibly be moved to Prospect Park Hospital in Reading. All other mental health service provisions would remain unchanged.
- Mr Emms was asked to provide more detail regarding the view that users were not as happy. The Panel was advised in response that it was now possible to receive more timely feedback and complaints received in the last three years had been analysed. There was evidence that in many cases the complaint referred for example to the lack of politeness of some staff and not the treatment received. It was hoped that areas such as this could be improved in future. It was also clear that access to services was not as straightforward as it could be and that teams did not always talk to each other which meant that patients had difficulty in navigating themselves through the various services.
- A Member asked whether the Trust would consult with all Partners including GPs, patients, ambulance services etc. Mr Emms advised that consultation would be carried out in as wide away as possible and there was an extensive time slot available to undergo the various stages of the consultation. There had already been some consultation with various parties.
- Mr Emms was asked whether the people of Slough would be more adversely affected than the people of Reading were these proposals to go ahead. The Panel advised that it could be the impact on Slough would be felt more widely but stated that in the current economic situation all options would need to be considered. It was also important to assess whether it was viably economic to run a hospital in Reading at less than capacity.
- A Member questioned the cost of the phases of the current exercise and whether it was being carried out nationally. He also asked whether the proposals would continue if there was a change of Administration in May. Mr Emms advised that the cost of the implementation had not been assessed but would be reflected in the overall savings achieved. A need to achieve savings would be required regardless of whether or not there was a change in Administration. It was also emphasised that every Trust around the country was going through the same process and the Trust's Regulator required this to happen.
- A Member asked what the Trusts expectations were in respect of quality and accessibility of commissioned services and was advised that the quality of services was pivotal to provision and the Trust's contract was driven by quality.
- Mr Emms was asked whether the PCT had set a percentage savings target or enquired was this still up to negotiations / discussion with the PCT. He advised that the Trust had worked with the PCT and the

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percentage target could be in the area of 11-13%, equating to £13m but this was not set in stone.

- A Member asked whether any of the proposals impacted negatively on the unit cost for the Berkshire East PCT and whether for example there would an impact on the unit cost of an outpatient bed. The Panel was advised that the proposals would be worked up but it was not possible to say at present what the unit cost savings would be. This would be considered when assessing the financial implications.
- A Member asked whether it was the case that service users in the Berkshire West area received a better deal and better accessibility to services than Berkshire East residents, including those in Slough. The Panel was advised that mental health services were strictly regulated and the services available in Slough were the same as in the rest of Berkshire. It was also clear that the feedback received indicated that there was no difference between the service received in either side of the County.
- The Commissioner for Health and Wellbeing in attendance under Rule 30, questioned whether there would be transport provided if mental health bed provision was moved to Tilehurst from Slough. She also asked in what way the Council could share the Trust's new technology. Julian Emms advised that it would be necessary to cost in a transport solution were the bed provision to be moved to Reading. He advised that in the last 8 weeks every visitor to mental health services had been asked for information relating to the way in which they had arrived at the hospital etc. This information would be used to assess transport needs if required. The outpatient service would remain in Slough. He advised that the records available were NHS records and would provide huge benefits to the service and would be accessible at any time of the day.

The Panel thanked Mr Emms for his presentation and asked that the Panel's serious concerns regarding the possible relocation of mental health service bed provision being moved to Tilehurst be noted.

Resolved -

- a) That the Panel places on record its view that the provision for Mental Health Service beds be retained in Slough and not moved to Prospect Park Hospital, Reading.
- b) That a Member of the Berkshire Healthcare NHS Trust be invited to the next Panel meeting on 22nd March, 2010 to provide an update on the outcome of the Option Appraisals for Mental Health Services in Slough.

35. Provision of angioplasty surgery and Managing Heart Attacks in East Berkshire

Paula Head, Director of Commissioning and Service Redesign, Berkshire East PCT, gave a presentation to the Panel explaining how heart attacks were

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managed in the East Berkshire area. Ms Head discussed the various types of heart attacks and the treatment options available. Sometimes patients were given a treatment known as PCI (also known as angioplasty) when it was known that there was a risk of a blockage which could stop the blood flowing into the heart and cause a heart attack. This was used to prevent a heart attack and involved the insertion of a stent into the blocked artery to ensure that the artery remained open. Primary PCI (PPCI) treatment was used after a heart attack to reopen the artery which had closed and caused the heart attack. The standard in the south central area was for this treatment to be achieved within 120 minutes. An alternative emergency treatment for heart attack was known as 'thrombolysis' which involved the injection of a drug as soon as possible after a heart attack to dissolve the blockage to the heart. This would clear the artery partially or temporarily allowing doctors more time to look at the patient's heart and the national standard for this was to be achieved within 60 minutes.

A final report considered by the Department of Health in October 2008 had concluded that the national rollout of PPCIs was feasible over the next three years but could be logistically challenging in some parts of the country. The treatment time of 120 minutes would need to be achieved regardless of the time of the day or the day of the week and it was important that centres carrying out this treatment had a high overall volume of cases to maintain and develop skills. The importance of active cross boundary working between Acute and Ambulance Service Trusts was highlighted. It was noted that South Central Ambulance Service should be given the discretion to transfer the patient directly to the catheter laboratory at the nearest available primary PCI centre and a back up laboratory capacity should be readily available. The British Coronary Intervention Society had set minimum limits of activity of 400 PCI operations a year to open or continue as a safe and good quality heart attack centre. The Panel noted that Wexham Park Hospital was currently borderline in meeting the 400 case target but the population of East Berkshire had a high prevalence of heart attacks. At present Wexham Park Hospital did not have sufficient cases to carry out the procedure on a 24 hour basis and also did not currently have a back up catheter laboratory.

The Panel was advised that Berkshire East NHS Trust was currently in the early stages of discussions regarding the possibility of working with the Brompton and Harefield Hospitals to provide the required services. Together the hospitals would be able to meet the target and were well within the necessary travelling time for patients. Ms Head advised that a meeting would take place on 24th February to progress this plan.

In the ensuing debate Members raised a number of comments/questions including the following:-

- A Member was concerned about the relatively short window of time within which the procedure needed to be performed and asked how the decision would be made in terms of the best venue for the patient. He was advised that the Ambulance would take the patient to the hospital

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that was nearest and that it was proposed to have 24 hour provision available both in Slough and Harefield.

- A Member asked for confirmation of who would make the decision as to which hospital would carry out the procedure. He was advised that the ambulance crew carried ECG equipment and would assess the patient in the ambulance. They would then be able to decide using up-to-date information on traffic jams and distances, which hospital was the better option.

The Panel thanked Ms Head for her informative presentation and advised that the Panel was very reassured that this initiative was being considered and would be of great benefit to the people of Slough.

Resolved – That the current position be noted.

36. Slough Health Activist and Health Trainer Programme

Viki Wadd, Assistant Director, Berkshire NHS Trust, and Andrew Avenell, Programme Manager, outlined a report to update the Panel on the Health Activist/Health Trainer Programme.

The Panel was advised that Health Activists (HAs) were developed by Slough PCT in 2004 in response to the need to address the public health needs of a diverse population. HAs recruited individuals from local communities and trained them to educate and support individuals and their communities with the objective of changing lifestyles. The Panel was advised that HAs worked mainly in group sessions but also supported other events and it was reported that a lot of knowledge was transferred outside of these formal groups providing information and support on a range of topics. The majority of HAs were recruited from and worked in Slough but now supported projects across the Berkshire East area. An open college network course was developed with Thames Valley University (TVU) offering a basic level 1 course and also a level 2 course to provide development in other areas. The Panel was advised that several HAs had moved into permanent paid work or further education and some had moved on for other reasons, therefore only 15 HAs remained of the original 61 trained and TVU was no longer providing the course.

In the past year the PCT had worked closely with SBC in a Department of Works and Pensions funded initiative to develop a new role to the NHS, the work health trainer. The Panel noted the additional competencies required of this role and the delivery process. The initiative was part of a national programme comprising 40 test beds in 10 localities across the country. It was anticipated that work health trainers would receive referrals through a number of routes including self referral, GPs and job centre plus. It was hoped that funds would continue to enable this initiative to progress.

The Panel noted that the Health Activist Programme was being reviewed within the context of the new PCT Strategic Plan, the PCT role as a Commissioner of Services, and the Public Sector Financial Environment.

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In the ensuing debate Members raised a number of questions/comments including the following:-

- In response to a question regarding the reduction in the number of HAs to 15, Viki Wadd advised that it was hoped that a new cohort of staff would be recruited. She also confirmed that HAs tended to work with groups of individuals whereas Health Trainers operated more on a one to one basis.
- A Member asked how future training would be carried out bearing in mind that TVU would close. He was advised that new trainers were currently being identified for the new cohort.
- In terms of referral, a Member asked what the timescale was for clients and was advised that within the time it had been possible to see clients relatively quickly.
- A Member questioned the future availability of money from the Department of Works and Pensions and was advised that it was unlikely that this funding would continue. Andrew Avenell was currently looking at alternative Commissioners for the provision of this service but it should be borne in mind that the difficult current economic climate could impact on this.

Resolved- That the report be noted.

37. Interim Report of the Slough Safeguarding Vulnerable Adults Partnership Board, 2009

Derek Oliver, Assistant Director, Community and Adult Social Care, outlined the first report of the Slough 'Safeguarding Vulnerable Adults Partnership Board', (SVAPB) that detailed the work of the Board between April 2009 and October 2009, and priorities for action in 2010. The Officer emphasised that this was an interim report and a more detailed report would follow in six months time.

The Panel noted that adult services operated within a clear eligibility framework for access the social care support for individuals who often presented the highest risk and challenge. The key document in Safeguarding was the 'No Secrets' document which outlined the need to achieve effective inter agency working and the establishment of a multi-agency management Committee which would have a clearly defined remit, lines of accountability, agreed objectives, and priorities for its work. It was also recommended that lead officers from each agency should submit annual progress reports to their agency's executive body to ensure that adult protection policy requirements were part of the overall approach to service provision and development. The Officer discussed the role of local authority Members and Chief Officers and advised that the 'No Secrets' document highlighted the need for Members to be aware of issues relating to the protection of vulnerable adults and an awareness of cases of institutional and individual abuse. There was also a requirement that an item about the protection of vulnerable adults be included in the annual report of an authority or agency.

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The Panel was advised that Slough's SVAPB came into being in April 2009 and key working groups of the Board had been set up during 2009. A workforce strategy for all staff was in place and the Safeguarding team had been developed in July 2009. The agencies had been aligned to work together for safeguarding vulnerable adults in Slough. The Panel noted the findings of the initial statistics which indicated that financial and physical abuse had the highest prevalence and that most alerts came from health and social care professionals. It was also clear that some practices in residential care services had been a cause for concern and that there was evidence that abuse from different ethnic groups may be under reported. There was anecdotal evidence that most abuse occurred in a person's own home and by a person that was known to them.

The Officer discussed the future actions of the Slough SVAPB and advised that the success of the annual report and safeguarding work depended on it being a report of the Council and its partners.

In the ensuing debate Members raised a number of comments/questions including the following:

- In response to a question relating to the direction of the Board and its list of priorities, Jane Wood, Director of Community and Wellbeing, advised that the work of the Board was complex in nature and Derek Oliver had been leading the improvement programme. One of the difficulties was that individuals at risk were not always known to statutory services. It was clear that the process was in its early stages and required the involvement of every service provider in Slough, including care homes and statutory organisations.
- A Member commented that she had recently received an email advising that the Slough SVAPB had now been placed on the same footing as the Safeguarding Children's Board Trust and this was a welcome and significant development.
- A Member asked when it would be clear that the Board was having a positive benefit. The Officer advised that future reports would contain graphs and other statistical information showing how improvements were being made. The SVAPB would also need to demonstrate how partner agencies and other statutory organisations were meeting their targets and show what training was taking place in the Trust, the Voluntary Sector and the Police Authority etc.
- A Member commented that the development of transformation, whereby more people would be cared for in their homes could have an impact on the Safeguarding agenda and asked the Officer for his view on this. The Officer agreed that this did present a dilemma because the Department was asking that adults be safeguarded whilst at the same time requiring provision for individuals to have more independence. It was accepted that this would be a challenge for all local authorities.
- In response to a question regarding the number of people involved, a Member asked how many adults required assistance. The Officer advised that 20 people were transferred from children's to adult

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services each year and it was hoped that joined up working would be developed in this area. The numbers of clients had increased and it was thought that this was due to the better reporting of cases. The Panel was advised that Social Services had identified that only 20% of the reported cases actually related directly to safeguarding issues and the majority of queries were from people requiring other information.

Resolved -

- (a) That the Panel note the content of the Interim Report of the Slough Safeguarding Vulnerable Adults Partnership Board.
- (b) That a representative of the Board, together with representatives of partner organisations be invited to the Panel's meeting on 23rd September, 2010 to present an update report on the work of the Board.

38. Adult Social Care Transformation-Putting People First

Mike Bibby, Assistant Director, Personalisation, Commissioning and Partnership, outlined a report and presentation to inform Members of the national policy relating to the future of Adult Social Care services, and the Councils responsibilities in relation to this policy. The Panel was also asked to note how national and local policy would affect the delivery of care and support services to the people of Slough. The Officer also wished to raise Members awareness of the implications of this work for the Council, service users, carers and statutory and independent sector partners.

The programme of work and associated issues would enable Slough Borough Council to deliver Adult Social Care services in line with 'Putting People First' (PPF) which was published in December 2007.

The Panel was advised that the Council would help and support vulnerable people and their carers to live life to the full. Access to high quality information, advice and support would be provided so that individuals could make informed choices about how they could live their lives as members of the community.

The Panel was advised that a Grant had been allocated to Councils to assist them with the delivery of systems and it was anticipated that the funding would ensure significant progress to achieve these aims by 2012.

The Officer discussed the four elements of PPF. Firstly, the universal services element would ensure the provision of general support and services being available to everyone locally, including transport, education and housing. The second element, early intervention, would make support available to assist people and their carers/supporters to ensure that the individual could stay independent for as long as possible. This could involve assistance to recover from the effects of illness or provide training for the person to get a job.

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The third element, 'Social Capital', had regard to the way in which society worked to ensure that everyone has the opportunity to be part of a community, e.g.: by experiencing friendships and care that could come from families, friends and neighbours.

The final element 'Choice and Control', envisaged self directed support, e.g. services available to meet people's needs and those of their carers and families, the ability of individuals to choose who provided that support and when and where the service would be provided.

The Officer discussed the establishment of the Programme Board during 2009 and a detailed programme of work had been developed to take this forward. This included engagement with Elected Members. Key projects included the implementation of personal budgets, workforce and organisational development and the establishment of a user and carer led organisation.

The Panel was advised that the implementation of Putting People 1st was a significant undertaking which involved the transformation of adult social care services. It impacted on and required the involvement of all other elements of the council, service users and carers.

In conclusion, the Officer welcomed the Panel's views and ideas. He also hoped that Members would become involved in the work of PPF.

In the ensuing discussion, Members raised a number of comments /questions as follows:

- A Member was concerned that once money was transferred to a client under the direct payment system, there would be no control over how the money was spent. The Officer reassured the Panel that at present 500 individuals received payments direct and there were mechanisms in place to audit what happened to the money. Furthermore the annual amount was not handed over in one sum and people would be supported in a plan to identify how the money would be spent.
- A Member asked what the social care grant was and was advised that this was a national programme and the Council was in year 2 of the grant. The size of the grant was determined by the size of the authority and the money was ring fenced to cover the three year programme. Some of the grant would be rolled forward to the following year. The Officer understood that the three main parties were signed up to the Transformation scheme.
- A Member asked how Slough BC compared to other authorities in this area of work and was advised that this was difficult to assess as it very much depended on the needs of the local population. The Officer advised that SBC performed well in terms of unit cost and services were bought in at a competitive rate and in response to a question regarding the possibility of working with other authorities, advised that for example the Council would consider whether training could be shared with other authorities to save costs.

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- In respect of the appropriate care that should be given to an individual, a Member asked what would happen if there was a dispute in terms of what the person wanted and what Social Services felt should be delivered. The Officer advised that the person had the right to make an informed decision and if they had a clear view then this should hold the primary weight. It was noted that there would be a process of negotiation and there would be a detailed review procedure in place.
- A Member asked whether Scrutiny Panel Members would be allowed to sit on Working Groups and the Officer welcomed this suggestion. Members were asked to contact him if they were interested.

Resolved-

- (a) That the report be noted.
- (b) That the Panel receive further update and progress reports at key stages throughout the programme of work.

39. Medium Term Financial Plan 2010/2011 to 2012/2013

Jane Wood, Corporate Director of Community and Wellbeing, outlined details of the Council's Medium Term Financial Plan which was submitted to Cabinet on 7th December, 2009. It was noted that the recommendations of the report had been approved at Cabinet at its meeting on 8th February, 2010. Due to the timing of the Panel meeting it would therefore not be possible to refer Members comments to the Cabinet but the matter had been considered at the Overview and Scrutiny Committee and Members would also have had the opportunity to attend the Cabinet meeting. The Director highlighted that the Council's formula grant from central government would be 1.5% for 2010/11 but the figure for the following year was not yet known. The Council was seeing a monthly move towards a balanced budget. The Treasury had announced before Christmas that the cap could be 2.5% or less and the Council had recommended an increase in council tax of 2%.

The Panel was advised that it was assumed there would be no pay award for senior staff this year. The Panel noted that the Council would need to find over £2m in the next year, £6m in the following year, and £9m in the third year, irrespective of any change in government or the administration. Within the Adult Social Care Directorate gross proposals would provide £1.2m in the next two years within social care. This was a 4% increase on the current year and this meant that it would now be possible to address staffing issues and increase Mental Health and Reviewing Officer posts. It was noted that there had been a large decline in the amount of money spent on agency staff. The coming years would not be easy and efficiencies would need to be identified in year three.

The Panel placed on record its thanks to Jane Wood, Corporate Director of Community and Wellbeing.

Resolved – That the current position with regard to the Medium Term Financial Plan be noted.

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40. Forward Work Programme

The programme for the meeting on 22nd March, 2010 was confirmed as follows:

- Illicit Drugs- effect on local population (James Priestman and DAAT Co-ordinator)
- The Next Generation: Outcomes of Option Appraisals for Mental Health Services to include re-siting Slough inpatient services to Prospect Park Hospital, Reading
- Interim Report of Health and Wellbeing T and FG (S Sharma)
- Heatherwood and Wexham Park Hospital Trust- Financial Position
- LAA- Performance Indicators

The suggested programme for the meeting on 22nd June, 2010 was confirmed as follows (subject to the acceptance of the new Panel)

- Male Cancers/Cervical Cancer Screening (PCT).
- Hospice/Palliative Care Policy (PCT)
- Levels of Tuberculosis in Slough- to be presented at first meeting in new Municipal Year (Ms Asma Nisa, Consultant in Public Health, Berkshire East PCT)
- LAA- Performance Indicators

It was agreed that a report on the Slough Safeguarding Vulnerable Adults Partnership Board be considered by the Panel at its meeting on 23rd September, 2010.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.35 pm)

ADULT, COMMUNITY SERVICES & HEALTH OVERVIEW & SCRUTINY PANEL

8 MARCH 2010

PRESENT: Councillors Mrs Endacott (Vice-Chairman – in the Chair), Baskerville, Mrs Kemp (substituting for Councillor Mrs Evans), Lenton, Mrs Luxton (substituting for Councillor Meadowcroft), Majeed, Mrs Napier, Mrs Proctor and Mrs Yong.

Non-Member: Councillor Dudley

Also Present: Philippa Slinger (Berkshire Healthcare NHS Foundation Trust); Liz Head, Neil Freeman, Abby Millen, Deirdre Thompson and Marek Stepniak (Heatherwood and Wexham Park Hospitals NHS Foundation Trust); Carolyn Finlay and David Williams (Berkshire East Primary Care Trust)

Officers: Mr Abrahamson, Mr Herlinger, Mr Scaife, Mr A Scott and Mrs Shawcross.

PART I

92/09 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Mrs Evans & Meadowcroft.

93/09 DECLARATIONS OF INTEREST

Councillor Mrs Napier declared a Personal and Prejudicial Interest in Agenda Item 9 – Service Monitoring Report - as her son was in receipt of a care package.

Councillor Mrs Luxton declared a Personal Interest in Agenda Item 5 – Heatherwood and Wexham Park Hospitals NHS Foundation Trust – Update on Financial Situation and Agenda Item 6 – Heatherwood and Wexham Park Hospitals NHS Foundation Trust – Complaints Procedure – as a Governor on the Trust.

Councillor Lenton declared a Personal Interest in Agenda Item 12 – Sandown Park, Vale Road, Windsor – as a Director of Windsor Housing.

Councillor Mrs Endacott declared a Personal Interest in Agenda Item 4 – Berkshire Healthcare NHS Foundation Trust – Strategic Briefing – NHS Funding and Our Response to the Challenge – as a Governor on the Trust.

94/09 MINUTES

RESOLVED: That the minutes of the meetings of the Panel held on 26 January and 9 February 2010 be approved.

Members discussed the receipt of information from Heatherwood and Wexham Park Hospitals NHS Foundation Trust. It was agreed that the Trust be reminded of their obligation to provide the Panel with relevant information in advance of the meeting in order that the Panel can carry out its scrutiny function effectively.

95/09

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST – STRATEGIC BRIEFING – NHS FUNDING AND OUR RESPONSE TO THE CHALLENGE

Members received a presentation from Philippa Slinger, Chief Executive of the Berkshire Healthcare NHS Foundation Trust, on the Trust's Next Generation Care programme. She explained how the Trust was seeking to improve the quality of its provision and that it was currently looking at a range of options including improving quality, increasing volume and decreasing cost. She commented upon the main challenges facing the Trust, in particular in the light of the financial restrictions and the ageing population that was placing increased demand on services, and explained how the efficiencies and service improvements would be delivered. She explained that financial savings would come from the workforce and buildings budgets.

Member were advised that the Trust was committed to retaining the 6 local bases across Berkshire with integrated teams, was proposing a central point of entry for service users that would screen, assess and signpost service users directly to appropriate care settings / options, was seeking ways of reducing multiple assessments, would utilise technology to provide an improved service for clients and was planning to transform day services to focus on treatment and assessment. She also explained that the current fragmented inpatient services across Berkshire was neither cost nor clinically optimal and that quality would be improved by having a single site for all Berkshire, although several options would be considered under the review.

Arising from the discussion, Members stressed the need for the provision of a local inpatient facility to serve the residents of East Berkshire as it was considered that centralising the service at Prospect Park, Reading would not be in the best interests of local service users or their families. Mrs Slinger advised that the current plan was to have an inpatient facility in East Berkshire but due to the financial constraints that was being reviewed. She commented upon the cost efficiencies and clinical benefits of having a single centralised facility but stressed that a range of options would be drawn up and would form part of the consultation process. Mrs Slinger provided further details on the work being undertaken to streamline the assessment process and commented upon the process of ensuring that employees were fully engaged in the restructuring of the workforce to ensure a smooth transition. She also stressed the Trust's continuing commitment to providing services in partnership with local authorities.

At the conclusion of the debate, the Chairman thanked Mrs Slinger for her presentation. Mrs Slinger agreed to circulate to Members for comment details of the consultation documents prior to them being formally released.

96/09

HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST - UPDATE ON FINANCIAL SITUATION

Members received a presentation from Marek Stepniak, Chief Restructuring Officer - Heatherwood and Wexham Park Hospitals NHS Foundation Trust on the Trust's current financial position. He advised that, under the 42 Core Standards for Better Health, the Trust had met 35 of the Standards and had been working closely with

the Care Quality Commission to ensure that the Trust was compliant in all areas by the end of March 2010. He provided a summary of the Trust's income and expenditure figures and advised that the Trust was reporting a breakeven position for month 10, which was in line with Turnaround Plan. He also commented upon the various workstreams and projects that had been established as part of the Turnaround Plan to deliver efficiencies within the Trust and explained how the transformation would deliver improvements to patients.

Mr Marek then responded to a number of questions from Members. He commented upon the procedure of agreeing with the PCT the tariff levels for subsequent financial years and explained that the quality of the information now supplied by the Trust to the PCT on activity and spend levels had improved considerably. Arising from the discussion it was stressed that the next update report should include details on what plans the Trust had for the services being delivered in the context of the Turnaround Plan.

97/09 HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST
– COMPLAINTS PROCEDURE

Members received a presentation from Liz Head, Patient Partnership Manager – Heatherwood and Wexham Park Hospitals NHS Foundation Trust, on the Trust's complaints procedure. She explained how complaints were graded when they were received and commented upon the Complaint Investigatory Report that was produced, which detailed how the complaint had been dealt with and any actions that had arisen. She also outlined the average number of complaints and compliments that were received on a monthly basis in 2009/2010 and explained that those levels were broadly similar to the previous year.

In response to a number of questions Liz Head stated that 80% of the complaints were dealt with within the required timescale, advised that details of complaints and compliments made at clinic were recorded and explained that the Trust also undertook regular patient experience surveys.

98/09 MINOR INJURIES UNIT - ST MARK'S HOSPITAL

David Williams, Acting Director of Locality Commissioning – Berkshire East Primary Care Trust (PCT), advised the Panel that the PCT Board would be considering the proposal to integrate the current role of the Out of Hours Provider with the Minor Injuries Unit (MIU) activities at St Mark's Hospital, Maidenhead at its meeting to be held on 22 March 2010. Members were advised that the proposed service would be configured similar to that which was currently provided. It was also confirmed that the PCT were confident with the detail that was being provided on activity levels at the MIU. Arising from the discussion, it was stressed that there was a high expectation locally that the MIU would remain open at St Mark's Hospital after March.

99/09 WRAYSBURY GP PRACTICE

David Williams, Acting Director of Locality Commissioning – Berkshire East Primary Care Trust, provided an update on progress with the provision of a GP surgery in

Wraysbury. He commented upon the proposal to convert rooms within the village hall to be used as a GP surgery and advised that further meetings with the practice and the Parish Council would be held to progress the proposal. He also confirmed that the taxi service that had been provided for those residents that were unable to secure transport to the Datchet practice was still operational.

100/09 SERVICE MONITORING REPORT

The Panel received and commented upon the latest service monitoring report for activity within the Adult, Community and Health Services during the period to 31 January 2010. It was noted that the Adult Social Care budget showed a projected overspend by £3k, which was £32k less than the £35k reported in the previous month.

101/09 WORK PROGRAMME

Members noted the items that had been identified for submission to the next meeting.

102/09 LOCAL GOVERNMENT ACT 1972 – EXCLUSION OF THE PUBLIC

RESOLVED: That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on item 12 on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of part I of Schedule 12A of the Act.

**JOINT EAST BERKSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE
16 JUNE 2010**

COMMITTEE WORK PROGRAMME 2010-11

1 INTRODUCTION

- 1.1 This report provides an update on the work programme for the Joint East Berkshire Health Overview and Scrutiny Committee in 2010-11, as agreed at the Committee's meeting on 30 March 2010.

2 SUGGESTED ACTION

- 2.1 **To note progress on the work programme for 2010-11, attached, including an interim report on the Committee's review of hospital car park charging**
- 2.2 **To determine whether to form a working group to review a major topic affecting the health of east Berkshire**
- 2.3 **To receive an oral update on the registration of health services by the Care Quality Commission**

Background Papers

None

Contact for further information

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JOINT EAST BERKSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE
WORK PROGRAMME 2010-11

June 2010 Meeting - Slough

1. Standard items :
 - a) Apologies for absence
 - b) Declarations of interest
 - c) Minutes of the previous meeting and matters arising
 - d) An update on Health Scrutiny issues at each of the three councils (presented orally by the lead Member from each council, with the most recent published minutes included in the agenda pack)
 - e) Update on the Committee's work programme.
2. Annual review of Committee's Terms of Reference
3. Director of Public Health presentation – key issues for Berkshire East, and an update on the Joint Strategic Needs Assessment
4. Update on the Heatherwood and Wexham Park Hospitals Trust Turnaround Plan
5. Monitoring registration of health services by the Care Quality Commission
6. Forming a working group on an important topic for health in east Berkshire (perhaps progress in controlling hospital-acquired infections, or access to NHS dentists).

Note – It had been planned to adopt the final report of the Committee's working group on hospital car park charges, but this will not be completed in time for the June meeting.

October 2010 Meeting - Maidenhead

Note – possibly with a separate tour of an NHS facility

1. Standard items (as above)
2. NHS Berkshire East
 - a) Budget plans and the links to the priorities in the JSNA
 - b) An update on transforming community health services
3. Possible consultation by the Berkshire Healthcare Trust on service changes
4. Adopt the final report of the Committee's working group on hospital car park charges (deferred from June)
5. Progress update from working group

Note - Considering the response to the Working Group report on hospital car park charges was planned for October but will now need to be deferred to February

Note – some capacity for additional agenda items, if the need arises

February 2011 Meeting - Bracknell

1. Standard items (as above)
2. Meeting the Chief Executive of the Strategic Health Authority to discuss the national and regional health priorities affecting east Berkshire (Confirmed)
3. An update on the performance of the South Central Ambulance Trust
4. Considering the response to the Working Group report on hospital car park charges (deferred from October)

5. Adopting the report of the Committee's working group
6. The Committee's work programme for 2011-12

Note – some capacity for additional agenda items, if the need arises

Notes

All Councils and health partners are welcome to suggest agenda items, up to four weeks before each meeting.

Three weeks in advance of each meeting the Chairman will circulate a draft agenda to the Vice Chairmen for discussion and agreement.

The items shown for June above are on this meeting's agenda. Officers are part-way through agreeing with health partners their attendance and reports for the items shown for the October and February meetings.

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JOINT EAST BERKSHIRE HEALTH OVERVIEW SCRUTINY COMMITTEE

NHS CAR PARKING CHARGES REVIEW

UPDATE REPORT TO:

The Joint East Berkshire Health Overview Scrutiny Committee

DATE:

16th June 2010

FROM:

Cllr Robert Plimmer (Slough Borough Council) representing the Working Group:

Cllr Cynthia Endacott (The Royal Borough of Windsor & Maidenhead)

Cllr Tony Virgo (Bracknell Forest)

Jacky Flynn (Slough Local Involvement Networks – LINK)

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1 Purpose of Report

At the 30th March 2010 meeting of the Joint East Berkshire Health Overview Scrutiny Committee (“**JEBHOS**”), the Working Group provided an interim report. The Working Group also advised that it anticipated being in a position to provide a final report, including recommendations, for consideration at the next meeting JEBHOS meeting 16th June 2010.

Financial information relating to car parking charges at the three PCT sites run by Berkshire Shared Services (“**BSS**”) was received on 26th May 2010. The Working Group feels that certain aspects of that information require clarification and further investigation. In addition, as the information was received only on 26th May 2010, it is felt there is insufficient time to consider it fully and complete the final report of the Working Group within the statutory minimum period required for 16th June 2010 JEBHOS meeting.

Therefore, the Group wishes to delay the provision of the final report and trusts JEBHOS accepts that whilst this is unfortunate, it is preferable under the circumstances.

2 Recommendation

The Committee is requested to accept and recommend the delay in the provision of the final report from the Working Group on the above basis particularly as the financial aspects relating to car parking charges at the three PCT sites are fundamental to the review.

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