

NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 30 June 2011, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillors Mrs Angell, Baily, Mrs Barnard, Finch, Kensall, Mrs Temperton, Thompson Virgo and Ms Wilson

cc: Substitute Members of the Panel

Councillors Blatchford, Brossard, Ms Brown, Davison and Heydon

Co-opted Representatives

Terry Pearce, Bracknell Forest Local Involvement Network

ALISON SANDERS
Director of Corporate Services

EMERGENCY EVACUATION INSTRUCTIONS

- 1 If you hear the alarm, leave the building immediately.
- 2 Follow the green signs.
- 3 Use the stairs not the lifts.
- 4 Do not re-enter the building until told to do so.

If you require further information, please contact: Priya Patel
Telephone: 01344 352233
Email: priya.patel@bracknell-forest.gov.uk
Published: 22 June 2011



Health Overview and Scrutiny Panel
Thursday 30 June 2011, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

AGENDA

Page No

1. **Election of Chairman**

2. **Appointment of Vice-Chairman**

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

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

4. **Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 10 February 2011.

1 - 6

5. **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.

6. **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.

7. **Progress Report on Health Reforms**

To receive an update from Charles Waddicor, Chief Executive of NHS Berkshire West Primary Care Trust (PCT), on progress on the reforms to health arising from the Government's Health and Social Care Bill, with particular reference to:

- The 'Clustering' of NHS Berkshire East and Berkshire West
- The PCT's budget position for 2011-12 and the financial outlook
- Establishing and supporting the GP Consortium in Bracknell Forest
- Transfer of public health responsibilities to the Council
- Increasing democratic accountability and public voice

8. **Berkshire Healthcare NHS Foundation Trust**

To receive a briefing from Philippa Slinger, Chief Executive of the Berkshire Healthcare NHS Foundation Trust on the Trust's progress, with particular reference to:

- The transfer in to the Trust of Community Health Services from

the Primary Care Trusts

- Developments in mental health service delivery, including in-patient facilities
- The financial outlook for the Trust

9. **Report of the Review of the Bracknell Healthspace**

To consider the responses by the Executive and NHS Berkshire East to the addendum to the Overview and Scrutiny report resulting from the review of the Bracknell Healthspace.

7 - 10

10. **Joint East Berkshire Health Overview and Scrutiny Committee**

To note the minutes of the Committee on 2 February 2011.

11 - 16

11. **Work Programme 2011/12**

To agree the Panel's Work Programme for 2011/12

17 - 24

12. **Date of Next Meeting**

3 November 2011

This page is intentionally left blank



**HEALTH OVERVIEW AND SCRUTINY PANEL
10 FEBRUARY 2011
7.30 - 9.45 PM**

Present:

Councillors Leake (Chairman), Virgo (Vice-Chairman), Baily, Brossard, Harrison, Mrs Shillcock, Thompson and Ms Wilson (Substitute)

Co-opted Representative:

Terry Pearce, Bracknell Forest LINK

In Attendance:

Councillor Birch, Executive Member Adult Services, Health & Housing
Dr William Tong, GP Consortia Lead
Glyn Jones, Director of Adult Social Care & Health
Richard Beaumont, Head of Overview & Scrutiny

Apologies for absence were received from:

Councillor Mrs Angell

23. Minutes and Matters Arising

RESOLVED that the minutes of the meeting held on 7 October 2010 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 16: Royal Berkshire NHS Foundation Trust – It was reported that a site visit had been made to Brants Bridge and Councillor Thompson had attended along with the Chairman and some other members of the Panel.

Minute 17: Consultation on Mental Health Inpatient Facilities – It was reported that a response had been drafted in accordance with the views expressed by the Panel, supporting the option to centralise services at Prospect Park Hospital and had been sent to the Berkshire Healthcare Trust.

Minute 21: Work Programme 2011/12 – It was reported that the Panel's proposed work programme for 2011/12 had been submitted to the Overview and Scrutiny Commission alongside other scrutiny panels' work programmes and had been agreed by the O&S Commission and would now be considered by the Corporate Management Team and the Executive before being submitted to Full Council at the end of April 2011.

24. Declarations of Interest

Councillor Leake declared a personal interest in Item 5, as he knew Dr Tong as one of the doctors at Binfield surgery.

25. **The General Practitioner Consortium for Bracknell Forest**

Councillor Leake declared a personal interest in this Item, as he knew Dr. Tong as one of the doctors at the Binfield surgery.

The Chairman welcomed Dr Tong to the meeting and invited him to address the Panel on the progress of establishing the GP Consortium for Bracknell Forest.

Dr Tong thanked the Chairman for inviting him to talk to the Panel and stated that the report produced by Richard Beaumont for this item presented an excellent summary of the stage of development of the GP Consortium and wider development. Dr Tong made the following points:

- The GP Consortia in Bracknell Forest currently consisted of fifteen practices, this included the recent inclusion of three practices from Ascot. The patient base was now just under 150,000. The size of GP consortia had not been prescribed by the Government.
- The GP Consortia now had a Commissioning Board in place and had agreed that the Government's Community Interest Company model could be adopted if required.
- There were currently four doctors on the Commissioning Board and there was a need to recruit up to three non-executives. The Advisory Committee would be the decision making body, on which the Director of Adult Social Care would represent the local authority and Isabel Mattick would provide a patient representative input. The Board would be working towards bringing GP's into the consortia, it was important that the consortia operated from a grassroots level. Each GP practice would have one vote on the Commissioning Board.
- A Performance Review Committee would sit below the Commissioning Board, as well as a Commissioning Sub-Committee, which would be the engine for service redesign.
- The GP Consortia for Bracknell Forest was a designated pathfinder, this didn't mean any extra funding, but did provide opportunities to share ideas and experiences with other GP consortia. Dr Tong stated that there was a need for the Consortium to acquire skills and learning.

In response to members' queries, Dr Tong stated that GP's had for the past four years wanted greater control particularly over commissioning and driving the agenda, this could be achieved through a GP consortia. It was hoped that GP's could provide a local focus and make the process less bureaucratic. He envisaged that procurement would be a challenge.

Dr Tong agreed with members that it was important to get the public fully engaged; this process had been started with public participation groups. The GP Consortium would be keen to work with LINKs and the local authority on this. It was noted that the Government Bill prescribed that the membership of Health and Wellbeing Boards would include a representative of Healthwatch.

Dr Tong advised that currently a budget setting process was underway, funding would be distributed in accordance with a Government formula. Significant savings were required over the next two years. It was clear that Slough would qualify for a large sum, due to its deprivation index, however it was recognised that Bracknell Forest also had a baseline budget that would need to be funded. He was keen to ensure that frontline services would not be cut.

He stated that GPs were keen to change services, improve care and make the way in which GPs worked easier. At present, GP's spent too much of their time being an

advocate for the patient and chasing up results/appointments etc, this was not a good use of GP time.

Dr Tong advised that £30,000 funding had been provided to help get training underway and to begin building the structure required, the set-up stage being a huge challenge. He advised that the GP consortia was not big enough to employ a Finance Director or Chief Executive and that these roles would be shared between consortia, allowing the GP's to concentrate on their clinical role. There may also be other roles and staff that may be shared between consortia as well as a supporting administrative team. Due to budget reductions, the total staffing could not be as high as the current PCT structure and difficult decisions would need to be taken.

Dr Tong assured members that it was not intended to create a 'mini PCT' structure. In terms of the consortia's remit, Dr Tong advised that the consortia would be charged with delivering beyond primary care. The consortia would not be commissioning dental or ophthalmic services.

Dr Tong advised that the consortium had been supported well by the PCT. The actual needs of the Consortium had yet to be fully identified, but would include support on procurement. In terms of support from the Council, Dr Tong advised that a huge public information and education exercise was ahead of them, which would need to be delivered jointly with the Council. Dr Tong stated that the Health Overview and Scrutiny Panel could assist in developing relationships.

The Chairman thanked Dr Tong for his succinct presentation and clear responses to members' queries. The Chairman stated that the Panel looked forward to working with Dr Tong in the future to make the GP Consortium a success and that he was pleased that Dr Tong looked positively upon joint working.

26. **Progress Report on Health Reforms**

The Director of Adult Social Care and Health gave the Panel a presentation on the progress on the reforms to health arising from the Government's White Paper, 'Equity and Excellence: Liberating the NHS'. The Director stated that the Health and Social Care Bill 2011 provisions included:

- Dissolution of PCTs and Strategic Health Authorities,
- The establishment of a National Commissioning Body, GP Consortia and Public Health England,
- Creation of HealthWatch
- Transfer of Public Health to Local Authorities (top tier)
- Retaining Scrutiny role in local authorities

The Director reported that:

- The Council was supportive of the changes and was working to ensure their success.
- Arrangements for clusters would be in place by June 2011, PCT's would no longer exist by 2013.
- Option appraisals were being considered for Public Health, there was not yet clarity as to what funding would be available, however there would be some ring fenced funding.
- A statutory Health & Wellbeing Strategy would sit alongside the Joint Strategic Needs Assessment.

- Health and Well Being Boards would take on the functions of joining up the commissioning of local NHS services, Social Care and Health Improvement.

The Director asked if the Panel would find it useful if he provided regular reports to them on the progress of health reforms in the future.

The Chairman thanked the Director for his presentation and stated that regular updates from the Director would be essential.

In response to members' queries;

- the Director agreed to amend the wording on page 26, paragraph 5.4.6 of the agenda papers which described the membership of the Health and Well Being Board but referred to a scrutiny role, this paragraph wasn't clear.
- the Director stated that the role of volunteers would be prescribed by legislation that was yet to come into force, he understood the importance of the independence of volunteers and it was likely that a large volunteer community would be required.
- Engagement with patients was likely to come from working with both Healthwatch and Patient Participation Groups.
- In terms of a shared Public Health Director for the region, there were concerns around the amount of funding that would be made available for Public Health and it may not be cost effective to employ a Public Health Director for Bracknell Forest alone. The Director had been tasked by the Berkshire Chief Executive's group to develop a co-ordinated approach to public health by the local authorities across Berkshire. A decision could only be made once funding had been confirmed. More details of funding were expected in November 2011.

The Head of Overview and Scrutiny reported that the Government intended that overview and scrutiny did not necessarily have to be undertaken by a panel, it could be undertaken elsewhere in the local authority as each saw fit. Where an NHS organisation proposed to make substantial changes, this would need to be considered by the whole local authority and not just overview and scrutiny panels. The Health and Social Care Bill stated that scrutiny could be expanded to further areas if local authorities saw fit. He stated that the Bill was still in the early stages of its passage through Parliament and was therefore subject to change.

The Director added that under new legislation overview and scrutiny bodies could no longer submit reports to the Secretary of State, this could only be done through full council in the future.

27. Report of the Review of Preparedness for Public Health Emergencies

The Head of Overview and Scrutiny reported that the report of the Working Group had been adopted by the Overview and Scrutiny Commission and submitted to the Executive. The response from the Executive was provided in the agenda papers and had also been passed on to the Ambulance Service and considered by the O&S Commission.

The Panel were pleased to see the outcome of the Working Group's report.

28. Joint East Berkshire Health Overview & Scrutiny Committee Minutes

The Head of Overview and Scrutiny reported that there had been a meeting of the Joint Committee on 27 January 2011 and the following items had been considered by the Committee:

- The Chief Executive of the Strategic Health Authority (SHA) had attended and given a presentation on all the major reforms in the NHS. She had advised the Committee that the savings target for the SHA was £1.4 billion, for Berkshire East this translated to one hundred million pounds.
- A report on Children's Heart Surgery with proposals to reconfigure services to fewer larger centres. There would be a public consultation around the strategy for this.
- The Director of the Ambulance Service gave a presentation on how well this service was performing and the Committee agreed to support the Foundation Trust consultation exercise.
- The responses to the report of a Working Group on Hospital Car Park Charges.
- The Committee had resolved to cease further meetings unless the three councils decided to respond to a statutory consultation in future.

29. **Exclusion of Public and Press**

The Panel agreed that pursuant to Section 100A of the Local Government Act 1972, as amended and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of the following item which involved the likely disclosure of exempt information under the following category of Schedule 12A of that Act:

- (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information), provided that information in this category is not exempt if it is required to be registered under the Companies Act 1985; the Friendly Societies Acts 1947 and 1992; the Industrial and Provident Societies Acts 1965 to 1978; the Building Societies Act 1986; of the Charities Act 1993.

30. **Report of the Review of the Bracknell Healthspace**

The Chairman invited the Lead Member of the Working Group, Councillor Virgo, to introduce the report from the Working Group.

Councillor Virgo described the current status of the Healthspace, thanked officers and members for all the work they had contributed and explained the reasons for the publication of the report having been delayed.

It was reported that the Director of Adult Social Care and Health had provided some comments on the report and some were expected from the PCT. The Panel agreed that the Chairman be entrusted to agree the final changes to the report.

Members felt that the scrutiny role of the Panel was compromised if reports could not be published, when the Panel saw fit. The Head of Overview and Scrutiny stated that legislation did not allow anyone to prevent the Overview and Scrutiny Commission from publishing reports. This case was an unusual situation, the Commission's decision to not publish was taken after lengthy consideration and strong representations from the PCT, supported by the Council's management.

In response to members' queries, the Head of Overview and Scrutiny reported that the latest information on the proposal for an Urgent Care Centre was that the PCT

would be presenting a specification to the GP Consortium, before being agreed by the PCT. Whilst the specification had not been fully determined, it was envisaged that services just short of 'blue light' would be delivered.

The Head of Overview and Scrutiny drew members' attention to the legal advice given in paragraph 5.2 of the report in the agenda papers, which advised that publication be deferred until May 2011.

Following discussion, the Panel **AGREED** by a majority vote, that the report, as amended, should be submitted to the Overview and Scrutiny Commission with a recommendation that the report be published once the planning consent for the Healthspace had been granted. Councillor Thompson voted against this proposal.

31. **Date of Next Meeting**

Thursday 30th June 2011.

.....

The Chairman thanked members for their contributions to the work of the Panel over the past few years. He expressed his appreciation to members for electing him as Chairman of the Panel, a role he had very much enjoyed.

The Chairman stated that he liked to think that the Panel had made some impact, he expressed his personal thanks and gratitude to officers, members and partners.

.....

CHAIRMAN

HEALTH OVERVIEW AND SCRUTINY PANEL 30 JUNE 2011

RESPONSES TO OVERVIEW AND SCRUTINY REPORT: ADDENDUM TO THE REPORT OF A WORKING GROUP OF THE HEALTH OVERVIEW AND SCRUTINY PANEL RELATING TO THE REVIEW OF THE BRACKNELL HEALTHSPACE

1 INTRODUCTION

- 1.1 This report introduces the responses due to the addendum to the report of a working group of the Health Overview and Scrutiny Panel, relating to the review of the Bracknell Healthspace. These had not been received at the time this covering report was produced.

2 SUGGESTED ACTION

- 2.1 **That the Health Overview and Scrutiny Panel considers the responses of the Executive and NHS Berkshire East to the addendum to the report of a working group of the Health Overview and Scrutiny Panel relating to the review of the Bracknell Healthspace.**

3 SUPPORTING INFORMATION

- 3.1 At its meeting on 23 March 2011, the Overview and Scrutiny Commission adopted the addendum to the report of a working group of the Health Overview and Scrutiny Panel relating to the review of the Bracknell Healthspace, for publication after the local government elections on 5 May. The recommendations in the report are attached.
- 3.2 The report was sent to the Executive Member, also to the Chief Executive of NHS Berkshire East on 31 March, asking for responses by the end of May. Those responses are awaited. The addendum report, together with the earlier (previously unpublished) report on the review of the Healthspace, was published on 10 May.
- 3.3 At its meeting on 9 June, the O&S Commission noted the responses to the addendum to the report on the review of the Healthspace had not been received and asked that these be made available by the end of July.

Background Papers

Addendum to the Review of the Bracknell Healthspace by a working group of the Health Overview and Scrutiny Panel, March 2011.

Contact for further information

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

4. Recommendations

It is recommended to the Executive Member for Adult Services, Health and Housing that:

- 4.1 The Council's Executive Member and Director of Adult Social Care and Health ensure that the Council as a whole continues to actively support the Healthspace and Brant's Bridge developments.
- 4.2 The Executive Member ensures that there is much more open and regular communication with all councillors on the progress of the project and the Council's actions on it (paragraph 3.8).

It is recommended to the Chief Executive of NHS Berkshire East that:

- 4.3 NHS BE should give more attention to:
 - a) Providing more open, regular and comprehensive communication (paragraph 3.3a);
 - b) Providing more robust project planning information in the public domain (paragraph 3.3b);
 - c) Strengthening project direction (paragraphs 3.3 and 3.7);
 - d) Concluding negotiations with prospective service providers (paragraph 3.3 and 3.11);
 - e) Evidencing clearly and publicly how the NHS locally is to achieve substantial cost savings through re-configuring health services (paragraph 3.3f).
 - f) Explaining in more detail the service offering of, also the timetable for commissioning – the Urgent Care Centre (paragraph 3.12).
- 4.4 NHS BE should explain how the separation of the diagnostics facilities away from the Healthspace to the Brants Bridge site will not be allowed to cause operational inefficiency or undermine the concept of a 'seamless' healthspace, where a patient can move from reception, through to consultation, diagnosis and then treatment without leaving the same building. (paragraph 3.5).
- 4.5 NHS BE should explain how they will restore public confidence in the timetable for bringing the Healthspace into being, given the continual slippage in the timescale throughout the project (paragraph 3.6).
- 4.6 NHS BE should ensure that the terms for the sale or transfer of the land owned by the PCT at Skimped Hill to the developer are fully transparent and defensible, given the PCT's stance that it would not be making any financial contribution to the Healthspace project (paragraph 3.14).
- 4.7 NHS BE should explain how the management of the project will be kept on track during the transition period of the PCT being wound up, and clarify the future ownership of the Healthspace project after the PCT's abolition (paragraph 3.9).

It is recommended to the Health Overview and Scrutiny Panel that:

- 4.8 The Panel continues to actively support and monitor the progress on the Healthspace and Bracknell Clinic developments through to their successful opening.
- 4.9 The Panel should recommend to the O&S Commission that the Working Group's report of January 2010, together with this addendum, should be published as soon as the Healthspace project has passed 'the point of no return' commercially, expected to be when planning permission has been granted.

This page is intentionally left blank

**JOINT EAST BERKSHIRE HEALTH
OVERVIEW & SCRUTINY COMMITTEE
2 FEBRUARY 2011
7.30 - 9.40 PM**



Present:

Councillor Ian Leake, Bracknell Forest Council
Councillor Mrs Anne Shillcock, Bracknell Forest Council
Councillor Alison Napier, Royal Borough of Windsor & Maidenhead
Councillor Robert Plimmer, Slough Borough Council
Councillor James Walsh, Slough Borough Council
Councillor Cynthia Endacott, Royal Borough of Windsor and Maidenhead

Co-opted Members:

Madeline Diver, Bracknell Forest LINK

In Attendance:

Philippa Slinger, Berkshire Healthcare NHS Foundation Trust
Kenny Naughton, South Central Specialised Services Commissioning Group
John Divall MBE, South Central Ambulance Service
Dr Lise Llewellyn, NHS Berkshire East
Andrea Young, South Central Strategic Health Authority
Olga Senior, South Central Strategic Health Authority
Richard Beaumont, Bracknell Forest Council
Sunita Sharma, Slough Borough Council
Andrew Scott, Royal Borough of Windsor & Maidenhead

Apologies for absence were received from:

Councillor Tony Virgo, Bracknell Forest Council
Councillor Sue Evans, Royal Borough of Windsor & Maidenhead
Jazz Khan, Royal Borough of Windsor & Maidenhead LINK

The Chairman welcomed health partners to the meeting and thanked them for their attendance.

64. Declarations of Interest

Councillor Plimmer declared a personal interest in Item 6, Consultation on Children's Heart Surgery, as his step son had received care within this service area at Heatherwood Hospital.

65. Minutes and Matters Arising

RESOLVED that subject to changing Councillor Meadowcroft to Councillor Mrs Endacott in the apologies for absence, the minutes of the meeting held on 6 October 2010 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 56: It was reported that the three extra public meeting dates had been circulated to Slough members.

Minute 57: It was reported that the investigation team who would be undertaking an independent review had met with the Chairman and Mrs Shillcock. A report should be produced from the review.

Minute 60: A report from the Working Group had been amended and despatched since the last meeting of the Joint Committee and responses to this report were included in the agenda papers for this meeting.

66. **South Central Strategic Health Authority**

The Chief Executive of the South Central Strategic Health Authority (SHA), Andrea Young delivered a presentation on the implementation of the Government's proposals for NHS reorganisation and the national and regional priorities affecting East Berkshire. The key points included:

- There had been very good improvements in infection control at Heatherwood and Wexham Park Hospitals Trust;
- The savings target for NHS South Central was £1.4bn over four years. All Primary Care Trusts had plans to contribute towards this and NHS Berkshire East's element was £100 million, of which some 50% was to be delivered by the Hospitals Trusts.
- The move towards GP Commissioning was attracting a high rate of take-up in NHS South Central;
- There was good engagement with local authorities on the establishment of health and Wellbeing Boards;
- Very good progress was being made towards all NHS Trusts achieving Foundation Trust status;
- PCT's were being 'clustered' so as to assist resilience and the retention of key staff during the transitional period, whilst freeing capacity to allow secondments of staff to GP Consortia.

The Chairman queried why there was often a delay in stroke patients being admitted to stroke units within hospitals. The Chief Executive of the SHA reported that hospitals had been contacted about their performance in this area and that the SHA would continue to work with those hospitals that weren't meeting targets. It was quite often the case that patients would be admitted from an ambulance via A&E. These patients would often then visit the resuscitation unit and then await an assessment, this could take some time. It was proposed that if patients at the point of entry were immediately assessed and moved into a Stroke unit this would bypass the whole A&E process. This would involve liaison with the ambulance service and this work was already underway.

In response to members' queries around how savings would be achieved in the upcoming years, the Chief Executive of the SHA reported that there was a significant amount of care that could be provided in the community which was currently being provided by hospitals, this would lead to some significant efficiency savings. The SHA would be looking at how patients used and accessed care and at the ambulance service and paramedic care and how this could be utilised in different ways. The SHA would also be considering back office operations and how efficiencies could be made. In particular, the way in which procurement was undertaken could be made more efficient, the SHA were looking at creating a South Central wide procurement area, to maximise efficiency savings for all local trusts. In addition, pay freezes continued to be imposed in the NHS.

The Chief Executive of the SHA confirmed that all efficiency savings would be ploughed back into healthcare. The GP Consortia would receive their share of the PCT's funding on a capitation basis.

The Chief Executive of the SHA stated that a strategy and plan had been put into place for this year and that an Operating Plan for the upcoming years would be publicly available at the end of March 2011. She stated that PCT clustering would ensure that talented staff were retained. She advised the Committee that GP's would need to work together to deliver commissioning and that some GP's may take a very active role in commissioning and take a step back from practicing, whilst others choose to be involved in commissioning to a lesser extent.

Further issues which arose in questions from members included:

- The changes required to public health arrangements were still being worked through;
- Patient choice is important, but the quality of health services is more important;
- The SHA and PCT's were developing a support service for GP Consortia, in addition to the secondment of some staff.
- Further details of the new 'Healthwatch' were awaited, so it was not yet clear how the national and local Healthwatch would interact with local authorities.
- 'Shadow' Health and Wellbeing boards were expected to be established within the next year.

67. Consultation on Children's Heart Surgery

Councillor Plimmer expressed a personal interest in this item as his step son had received care in this service area at Heatherwood Hospital.

The Service Development Manager, Kenny Naughton, from the South Central Specialised Services Commissioning Group delivered a presentation to the Committee on Children's Congenital Cardiac Services in England.

He informed the Committee that change was required in this service area as services had developed on an ad-hoc basis across the Country. In some areas assessment and ongoing care was available locally, whilst in other areas families had to travel long distances for the same services. Standards of care also varied across the Country and there was also considerable variation between different surgical centres. Experts were concerned that smaller centres were not sustainable in the future. He advised the Committee that what was proposed was i) new national standards of care, ii) congenital heart networks and iii) fewer larger surgical centres.

In response to members' queries, the Service Development Manager stated that accommodation for families who would need to travel considerable distances would be considered carefully and would be included as one of the areas of consultation in the consultation exercise.

The Service Development Manager reported that most of the assessment and other treatment would take place at the child's local hospital, only the surgery itself would take place at a specialist centre.

The Committee felt it was important that families continued to have regular access to specialist consultants, who could then make the appropriate referrals for children.

The Committee noted that the consultation exercise would be undertaken at the end of February and that numerous paediatric groups would be involved in this consultation.

The Service Development Manager also reported that workforce implications would be carefully considered by the Joint Commissioning PCT.

The Committee noted that each local authority could make representations to the Joint Commissioning PCT as well as feed into the consultation exercise individually.

68. South Central Ambulance Service

The Committee received a presentation from the Foundation Trust Project Director, John Divall MBE, of the South Central Ambulance Service (SCAS), on the Trust's performance and progress towards Foundation Trust status.

The Project Director (SCAS) reported that ambulance response times varied across the region and between each PCT area, however response rates for the region were very good when measured against national targets and the Trust was confident of meeting all its performance targets for 2010-11. The Trust faced similar financial challenges to other public bodies, as well as significant growth in the demand for emergency assistance and he considered that there was scope for more joint working with local authorities. The Trust had improved efficiency through its telephone triage, through treating people at home and other means, all of which reduced the conveyance of people to hospitals. Good progress was being made towards achieving Foundation Trust status, involving a major public consultation and programme of meetings, though recruitment of the target number of members posed a difficult challenge.

The Chairman referred to a recent incident in Bracknell where there had been a delay of 22 minutes in an ambulance attending an emergency. Mr Divall acknowledged that this was an unacceptable response time and offered to investigate the case if details were provided.

In response to members' queries, the Project Director (SCAS) reported that the 111 number could be dialled to receive urgent care and advice. This number would take away pressure from the 999 emergency service which should only be used in an emergency and when an ambulance was required.

The Committee queried why only two local authority representatives were being sought for the FT Board. The Project Director advised that it was a statutory requirement that the majority of the Board was made up of public representatives, however councillors could take up public representative positions also, but must declare their status as councillors.

The Chairman stated that a response to the consultation would be sent on behalf of the Committee if members sent their proposed responses to Mr Beaumont for consolidation. Alternatively, each member could send individual responses to the consultation, if they preferred.

Councillor Endacott as the Lead Member on the Berkshire Healthcare Trust FT Board agreed to provide SCAS with contact details of 500 representatives in the Berkshire Healthcare Trust who may be interested in participating in the consultation exercise.

The Chairman stated that Bracknell Forest would also look into providing a link on their website to the consultation document and it would be useful if the other local authorities could also consider doing this.

69. **Overview and Scrutiny Review of NHS Car Parking Charges Across East Berkshire**

The Chairman invited the Lead Member of the Working Group, Councillor Plimmer to introduce the report. Councillor Plimmer stated that the report before members detailed the responses from NHS Berkshire East and Heatherwood and Wexham Park Hospitals NHS Foundation Trust, to the Working Group's report which reviewed car parking charges across East Berkshire.

Councillor Plimmer stated that he welcomed the introduction of the Green Transport Plan, as recommended by the Working Group, which would come into force in the upcoming week. It was hoped that this would be a success and improve some of the parking issues that were being experienced particularly around Heatherwood and Wexham Park hospitals.

Councillor Plimmer reported that NHS Berkshire East and Heatherwood and Wexham Park Hospitals NHS Foundation Trust had stated in their response that there were a number of inaccuracies in the Working Group's report. Councillor Plimmer advised that this on a number of occasions was due to the Working Group not having access to comprehensive information in some areas. He concluded that the recommendations put forward by the Working Group still stood and that he would continue to monitor over the next six months to see to what extent recommendations were adopted. The Committee noted that no further changes were needed to the Working Group's report.

The Assistant Director of Transport and Infrastructure, Greg Scott, was present and advised that he was keen to work with members' in the future and stated that whilst there had been some disagreements in some areas, in other areas there had been some excellent points made, particularly around publicity around concessions.

The Chairman thanked the Working Group for their work in this area and the Assistant Director of Transport and Infrastructure for his response and input.

70. **Updates on Health Scrutiny**

The Committee noted the minutes of the health scrutiny meetings at the three councils. The Chairman reported one of Bracknell Forest's O&S working groups had recently concluded their work on the Bracknell Healthspace and that this would be presented at the Health O&S Panel in the following week.

71. **Committee Work Programme**

The Head of Overview and Scrutiny (Bracknell Forest) reported that the work programme agreed by the Joint Committee at the beginning of the Municipal year had now been completed.

The Head of Overview and Scrutiny (Bracknell Forest) reported that Bracknell Forest's Overview and Scrutiny Commission had resolved to cease the Council's involvement in the Joint East Berkshire Health O&S Committee, only to be reactivated in the event of a statutory consultation requirement. Mr Beaumont referred to the reason for the creation of the Joint Committee having been the creation of the Berkshire East Primary Care Trust (PCT), together with the three local

authorities in East Berkshire deciding to form a joint committee to respond to the PCT's statutory consultation on 'Right Care, Right Place'. The Government had now announced the dissolution of PCT's and following on from that announcement, the South Central Strategic Health Authority had announced that the PCT's in the NHS South Central region would come together into three clusters, following a Department of Health requirement.

The Chairman advised that due to pressure on resources, particularly on officer and member time, Bracknell Forest had formally decided to cease their involvement in the Joint Committee, however should a statutory consultation arise that required joint working, a meeting of the Joint Committee should be convened.

It was also noted that health partners had commented that they were regularly presenting reports at the Joint Committee and then at each individual Health O&S Committee for each local authority.

It was noted that clustering of PCT's was likely to take place in the following week leading to a greater focus on Berkshire wide. Also, each local authority would probably wish to have a focus on the area covered by their GP consortia, rather than East Berkshire as a whole.

The Committee resolved to cease its meetings unless a clear need arose, agreed by the Health scrutiny representatives of all three councils. It was agreed that should a meeting of the Joint Committee need to be convened in the period to May 2012 that the Royal Borough of Windsor & Maidenhead would initiate the process, convene the meetings and provide officer and administrative support as well as chair the meetings.

72. Date of Next Meeting

It was agreed that should a meeting of the Joint Committee need to be convened, that the Royal Borough of Windsor & Maidenhead would arrange the meeting and provide officer support as well as chair the meetings.

HEALTH OVERVIEW AND SCRUTINY PANEL 21 JUNE 2011

OVERVIEW AND SCRUTINY WORK PROGRAMME 2011/12

1 INTRODUCTION

- 1.1 The purpose of this report is to invite the Health Overview and Scrutiny (O&S) Panel to consider the Panel's proposed work programme for 2011/12, within Appendix 1 to this report. The O&S Commission is due to consider and agree the work programme for 2011/12 at its meeting on 9 June, and the Panel will be updated orally on the outcome of the Commission meeting.
- 1.2 The proposed programme incorporates the views of the former O&S Commission and Panels and, forming part of the Annual Report of O&S for 2010/11, it was endorsed by Council at its meeting on 27 April 2011.
- 1.3 The Constitution requires that the Corporate Management Team and the Executive shall be consulted on the work programme, and this was achieved by inviting their comments on the draft 2010/11 Annual Report of O&S. The Corporate Management Team commented that they were *'concerned about the resource implications of the proposed work programme. The Council has recently reduced support for Overview and Scrutiny and the Council faces at least three further years of budget reduction as the Coalition attempts to reduce the Country's deficit. Therefore there can be no expectation of additional resources to deliver this programme in the near future. The finally agreed work programme will need to be managed within the existing resources.'*
- 1.4 Since the work programme was produced earlier this year, other prospective topics for review have been identified, subject to programme approval and resources being available, as follows:
 - a) Contributing to the formulation of the Council's forthcoming 'Health and Wellbeing Plan'
 - b) Contributing views to planning for the transfer in to the Council of the public health functions from the Primary Care Trust
 - c) Contributing to the formulation of the new 'Local Healthwatch' arrangements
 - d) Stroke care
 - e) Hospital discharge arrangements and enhanced intermediate care.

2 SUGGESTED ACTION

That the Health Overview and Scrutiny Panel:

- 2.1 **Considers the Panel's proposed work programme for Overview and Scrutiny in 2011/12.**
- 2.2 **Selects Members to progress the specific reviews in the work programme for the Panel.**

Background Papers

Annual Report of Overview and Scrutiny, 2010/11.

Contact for further information

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

Proposed Work Programme for Overview and Scrutiny in 2011/12

The proposed work programme for O&S in 2011/12 is shown on the following pages. The programme is aimed at maintaining a strategic and coordinated work programme based on major areas of Council and partner organisations' activity. The selection of review topics takes account of what is of direct and significant interest to residents, and what would be timely, relevant, and likely to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway. The overall programme is smaller than in recent years owing to the reduction in officer support for O&S, arising from the financial pressures facing the Council.

The O&S Commission has consulted the O&S Panels, the Council's Corporate Management Team and the Executive on the work programme, as required by the Council's Constitution.

The work programme will necessarily be subject to continual refinement and updating. The 'future proposed reviews' are those which are unlikely to be resourced until 2012/13 or later.

OVERVIEW AND SCRUTINY COMMISSION	
1.	Co-ordination of the work of the Overview and Scrutiny Panels
2.	Routine monitoring of the performance of the Council's corporate functions To include: the Corporate Performance Overview Reports; the Performance Monitoring Reports of the Chief Executive's Office and the Corporate Services Department; progressing the regeneration of Bracknell Town Centre; and progress on strategic risk management.
3.	Exercising pre-decision scrutiny by reference to the Executive Forward Plan
4.	2012/13 Budget Scrutiny To review the Council's budget proposals for 2012/13, and plans for future years. Overview and Scrutiny Panels will also scrutinise the budget proposals in their departmental areas.
5.	Crime and Disorder Committee To carry out the role of statutory 'Crime and Disorder Committee'.
6. (New)	Policy Development To contribute to the formulation of: <ul style="list-style-type: none"> a) The Council's new performance management framework, following the ending of the Comprehensive Area Assessment and the National Indicator Set. (Estimated start early 2011.) b) The Council's new Medium Term Objectives, following the 2011 local government elections. (Estimated start Autumn 2011.)

	<p>c) Plans for neighbourhood engagement, in the light of the Localism Bill and local developments.</p> <p>d) The 2012 refresh of the Information and Communications Technology Strategy.</p>
7.	<p>Sustaining Economic Prosperity</p> <p>To contribute to the Council's approach to delivery of Priority 6, to sustain the economic prosperity of the Borough during the current economic downturn. (Estimated start – late 2011.)</p>

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the performance of the Adult Social Care and Health Department</p> <p>To include on-going review of the Performance Monitoring Reports, receiving statutory plans and reports (such as the annual reports on complaints received), monitoring the action taken by the Executive to earlier reports by the Panel, and being briefed on the implications of new legislation.</p>
2.	<p>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</p>
3.	<p>2012/13 Budget Scrutiny</p> <p>To review the Council's Adult Social Care budget proposals for 2012/13, and plans for future years.</p>
4.	<p>Policy Development</p> <p>To contribute to the update of the Carers Strategy, consequent on new statutory requirements.</p>
Future Proposed Reviews	
5. (New)	<p>A Review of the Deprivation of Liberty Safeguards</p>
6. (New)	<p>Substance Misuse</p> <p>A review of the Council's response, and that of its partners, to the government's new requirements in its 2010 Drug Strategy.</p>

CHILDREN, YOUNG PEOPLE AND LEARNING OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the performance of the Children, Young People and Learning Department</p> <p>To include on-going review of the Performance Monitoring Reports, receiving statutory plans and reports (such as the annual reports on the Children and Young People's Plan, and on complaints received) and monitoring the action taken by the Executive to earlier reports by the Panel.</p>
2.	<p>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</p>
3.	<p>2012/13 Budget Scrutiny</p> <p>To review the Council's Children, Young People and Learning budget proposals for 2012/13, and plans for future years.</p>
4. (New)	<p>Policy development</p> <p>a) <u>Child Poverty Strategy</u> – to monitor the implementation of the new strategy and contribute to its future development.</p> <p>b) <u>School meals</u> – using the Member review of school meals, contribute to forming the procurement specification for the new school meals contract.</p>
Future Proposed Reviews	
5. (New)	<p>The Provision of School Places</p> <p>To review the Council's arrangements for providing places for children in Bracknell Forest's schools, to include the school admissions process.</p>
6. (New)	<p>Schools Governance</p> <p>To review the comments by Ofsted about governance in Bracknell Forest Schools, and the arrangements being made to achieve effective governance in all schools.</p>
7.	<p>English as an Additional Language</p> <p>To carry out a follow-up review to the issues which arose in the 2008 Overview and Scrutiny review of English as an Additional Language in Bracknell Forest schools.</p>
8. (New)	<p>School Record Keeping</p>
9. (New)	<p>Common Assessment Framework</p> <p>As a follow-up to the review of safeguarding children, to review the arrangements for the Common Assessment Framework in Children's Social Care.</p>

ENVIRONMENT CULTURE AND COMMUNITIES OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the performance of the Environment, Culture and Communities Department</p> <p>To include on-going review of the Performance Monitoring Reports; review of any inspection reports or self-evaluations; and monitoring the action taken by the Executive to earlier reports by the Panel.</p>
2.	<p>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</p>
3.	<p>2012/13 Budget Scrutiny</p> <p>To review the Council's Environment, Culture and Communities budget proposals for 2012/13, and plans for future years.</p>
4.	<p>Monitoring significant departmental issues:</p> <ul style="list-style-type: none"> • The implementation of the Local Development Framework • The implementation of the Supporting People Programme Action Plan on an annual basis. • Implementation of the new national structure for Housing and Council Tax benefits.
5.	<p>Highway Maintenance</p> <p>To complete the review of the Council's plans and performance for highway maintenance.</p>
6.	<p>Commercial Sponsorship</p> <p>To complete the Member Reference Group exploring the possible procurement of a commercial sponsorship scheme.</p>
7. (New)	<p>Policy Development</p> <p>Local Transport Plan – To review the outcome of public consultation, and to contribute to the development of the Implementation Plan for LTP 3.</p>
Future Proposed Reviews	
8. (New)	<p>Libraries</p> <p>To review the options for future provision of the Library Service, to include possible use of volunteers.</p>

9. (New)	<p>Public Health</p> <p>To carry out a joint review with other Scrutiny Panels on the Council's response to the transfer-in from the Primary Care Trust of public health responsibilities. To include measures to prevent ill-health and to promote good health.</p>
-------------	---

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

Note - This programme may need to be amended to meet new requirements arising during the year.

This page is intentionally left blank