

**HEALTH OVERVIEW AND SCRUTINY
PANEL
2 FEBRUARY 2012
7.00 - 9.30 PM**



Present:

Councillors Virgo (Chairman), Mrs Angell (Vice-Chairman), Baily, Mrs Barnard, Mrs Temperton and Davison (Substitute for Cllr Thompson)

Co-opted Representative: Terry Pearce, Bracknell Forest LINK

Also Present:

Councillor Birch, Executive Member Adult Services, Health & Housing
Councillor Mrs Hayes and Leake.

Apologies for absence were received from:

Councillors Finch, Kensall Thompson and Ms Wilson

In Attendance:

Dr Phillip Lee MP
Glyn Jones, Director of Adult Social Care & Health
Richard Beaumont, Head of Overview & Scrutiny
Alex Gild, Finance Director, NHS Berkshire
Andrew Morris, CEO, Frimley Park Hospital
Mary Purnell, NHS Berkshire
Charles Waddicor, CEO, NHS Berkshire PCT

21. Declarations of Interest

There were no declarations of interest.

22. Views of Member of Parliament

The Chairman welcomed Dr Phillip Lee MP for Bracknell to the meeting and invited him to address the Panel.

Dr Phillip Lee MP made the following points:

- He had been a GP for 11 years in the Thames Valley region, he had first started work at Wexham Park Hospital in 1999. A recent article that he had written in a national newspaper had provoked responses and letters from all parts of the Country. As a politician, he felt he had a moral obligation to tell it like it is.
- His view was that the local community had never been properly served by hospital services and that this needed to change, with a more strategic approach. He had worked at Heatherwood and Wexham Park hospitals and had plenty of experience of working in the NHS locally. He understood the history of Heatherwood and the emotional attachment that local people had for the hospital.
- The problem was that healthcare had changed significantly and health infrastructure needed to be designed to provide the very best care. For

example, the local area did not have a 24 hour manned stroke unit, the reality was that if someone had a stroke, they were not likely to recover as quickly as someone in another part of the Country.

- He stated that he could not defend services as they currently stood. A more strategic approach was required towards emerging services/chronic care. He added that Private Finance Initiatives were a national disgrace and he didn't want this happening on his patch.
- He stated that he was currently in the process of building a model for the future of healthcare for the local area. He was facing resistance from the NHS, he wanted to engage with the process but ultimately to provide the best care for his residents. Ultimately, his view was that a state of the art hospital was required and should be located at the M4 junctions eight and nine.
- It was important to maintain a strategic view, his model would be published at the end of the month and he encouraged panel members and the public to view it.
- In response to members' queries, he stated that funding would be difficult for a new hospital. Council's had realisable assets, and he would be querying why currently local residents were getting a lower rate per head spent on them on healthcare than other parts of the Country. He would be lobbying hard to change this.
- He stated that Wexham Park was teetering on the edge of financial difficulty almost daily, obstetric services were under great pressure, funding was being diverted to Slough. A new hospital would have a private wing which would help to fund it, he could not see how it could not be viable.
- He stated that he was concerned that if Heatherwood was closed that the proceeds of land sales would go to Slough, he did not want to see this happen. A significant amount of money could be secured from that land. He stated that healthcare had developed in a piecemeal way locally and he wanted to see a more strategic approach.

The Chief Executive of NHS Berkshire stated that it was refreshing that politicians were saying the unsayable. He didn't necessarily believe that the way healthcare was funded was unaffordable.

The Chief Executive of Frimley Park Hospital stressed the need for hospitals to work closely with GPs to ensure that healthcare is given in the right place, and to minimise the time people spend in hospital.

The Executive Member for Adult Services, Health and Housing welcomed Dr Lee's interest in the long-term provision of health services, and stressed the need for good health services in the short term too.

23. **Minutes and Matters Arising**

RESOLVED that the Minutes of the Panel held on 3 November 2011 be approved as a correct record and signed by the Chairman.

Minute 18: Report of the Review of the Healthspace:

Mary Purnell reported that there had been considerable progress on the Section 106 issue, she was now awaiting confirmation that all issues had been resolved and agreed.

24. **Public Participation**

The clerk reported that no submissions had been received.

25. NHS Berkshire Primary Care Trust

The Panel received a progress report from the Chief Executive of NHS Berkshire (Primary Care Trust), Charles Waddicor, on the 'Shaping the Future' programme to find a long term solution for hospital and community health services in East Berkshire.

He made the following points:

- 'Shaping the Future' would shape acute services in East Berkshire, there were currently four proposals that were being consulted upon. In Ascot there had been considerable opposition against the closure of Heatherwood Hospital, these strong views needed to be taken into account. Proposals needed to be affordable and to serve the needs of the local population.
- Funding provision for the Healthspace had been made in the PCT's budget for 2012/13 of £0.5m per year. This was in addition to funding currently provided for commissioning of services. The case for the Healthspace had been made to the Strategic Health Authority.
- In 2010/11 the PCT had an £11m deficit, and in 2011/12 a small surplus was predicted. He reported that Heatherwood and Wexham Park Hospitals Trust were financially challenged, they had not been able to reduce their costs in line with commissioner's requests, they had between £12m and £13m deficit in 2011/12, and they were currently unable to repay their accumulated debt. It was an ongoing crisis. Prospective solutions to this were being explored.
- It was confirmed that the Commissioning Care Groups (CCGs) would not be responsible for this debt and that the debt would remain within Heatherwood and Wexham Park Trust. CCGs would be tasked with ensuring that the population had access to the health services they needed. He stated that he had great confidence in the interim Chief Executive, Philippa Slinger to bring changes forward.
- Whilst before GPs could make referrals without any responsibility for budgets, this would no longer be the case, this was a positive development. GP referrals were currently lower than previously, though this did not mean there is a worse service. Mr Waddicor stressed the need for everyone to take more responsibility for pursuing a healthy lifestyle.
- It was confirmed that 100% of stroke patients were receiving treatment in a timely manner. Patients were taken directly to Wycombe for screening and also referred to Frimley Park Hospital. The Chairman stated that he would like to look at stroke services in further depth at a future meeting of the Panel.

The Chairman thanked the Chief Executive for his comments and attendance.

26. Frimley Park Hospital NHS Foundation Trust

The Chairman welcomed the Chief Executive of Frimley Park NHS Foundation Trust, Mr Andrew Morris to the meeting and invited him to address the Panel on the provision of health services to Bracknell Forest residents. Mr Morris made the following points:

- He had been the Chief Executive at Frimley Park Hospital for 23 years and seen a lot of change in that time. Frimley Park served a collection of three towns that were very different and workload over the years had increased. In 23 years, the hospital had never overspent.

- Frimley Park Hospital had become a Foundation hospital in 2005 and had been rated highly through numerous inspections. The Care Quality Commission's spot checks had raised no concerns. The C. Difficile rate was the lowest in the south of England. Mortality rates were in the best decile nationally. Frimley Park's Maternity Services had been rated the second best in the Country and the National Patient Survey had placed the hospital in the top 20% of hospitals nationally. MONITOR is satisfied that the Trust's finances are sound. Frimley Park is a good hospital, the results spoke for themselves.
- Frimley Park served around 400 patients a month and staff at the hospital liked to work at the hospital. Happy staff equalled good care.
- The hospital strived to provide more consultant-led care and was currently trying to move towards 24/7 care. Maternity services had 8-9 hours of consultant cover daily, as well as a midwife led unit operating in close proximity.
- A new Trauma Unit was also to be developed which would include a helicopter pad on the roof of the hospital.
- Frimley Park had become the biggest provider for Bracknell Forest residents in recent times. The Chief Executive wanted to build contact with Bracknell Forest GPs, to respond to the interest shown by local residents. He was very committed to providing services to Bracknell Forest residents, particularly given current referral patterns. He was committed to the Healthspace and if GPs wanted a minor injuries unit, he would be happy to consider this.
- If patients had a bad experience at Frimley Park, he was keen to meet them personally or write to them.
- Frimley Park did currently experience problems with car parking, however they were working closely with Surrey Heath Borough Council to resolve this. It was hoped that another car park could be established at the back of the hospital.
- The hospital had an out of hours GP service that operated close to the hospital, patients could be sent there if they did not need A&E services. A local minor injuries unit in Bracknell would also take pressure away from A&E services.
- He stated that it was important that boundaries did not prevent Bracknell Forest residents from using Frimley Park.
- The hospital worked in close and successful collaboration with the Council's adult social care department, endeavouring to support and encourage people to remain in their own homes as much as possible.

The Chairman thanked the Chief Executive for his input and attendance and asked if it was possible for the Panel members to visit Frimley Park. The Chief Executive stated the Panel were welcome to visit the hospital.

27. **Public Health Update**

The Panel received a progress update from the Director of Adult Social Care and Health, the Director of Public Health had given her apologies for the meeting.

The Director of Adult Social Care and Health made the following points:

- Many Public Health responsibilities would be transferred to the Council and other upper tier councils across the Country from April 2013. The Government had set out roles and responsibilities for local authorities around Public Health. £5.2bn had been allocated overall to support Public Health, funding for upper tier councils had not yet been confirmed.

- There would be a Berkshire East learning event around Public Health, aimed at elected members on 8 February.
- It is possible that one Director of Public Health would work across the six Berkshire local authorities, this would be challenging and an effective way of working would need to be established. A good relationship had already been established with the Director of Public Health.
- A Transition Board had been established, an interim transition plan also needed to be developed. Subject to the Transition Plan being submitted to the shadow Health & Wellbeing Board, it would also be submitted to the Panel.
- In addition, the Health & Wellbeing Board would also be considering a draft Health & Wellbeing Strategy that would look to tackle a top ten of priority areas. This strategy could then be consulted upon, it was hoped that the Panel would contribute at this stage.
- There were some areas where it would be beneficial to work collaboratively where in other areas it would be advantageous to work individually.

The Executive Member stated that the Joint Strategic Needs Assessment (JSNA) would underpin all work around Public Health and the core data behind the JSNA needed to be sound. He stated that the Panel's involvement in this would be welcomed.

The Executive Member also stated that analysis of the JSNA needed to come from the data that underpinned it, which would then go into the strategy to be prioritised and commissioned. It was important to consider what was currently working and what was not.

The Chairman stated that Public Health should be revisited at a future Panel meeting, to consider the role of Public Health and effective pathways for Public Health. Mental Health issues, including depression, would also be followed up with the Berkshire Healthcare Trust.

28. **Working Groups Update**

The Head of Overview and Scrutiny updated the Panel on the progress of current working groups:

Health Reforms: This working group had gone as far as it could currently, it could not undertake any more work until the new legislation was clearer.

It was noted that the Health & Social Care Bill was currently being amended and patient involvement was included in this. This was something that the working group could look into, in particular the status of Healthwatch/LINKs.

Health & Wellbeing Strategy: This working group had met twice and was arranging a third meeting.

Shaping the Future: This working group had not got off the ground, timescales had been put back for Shaping the Future and as a result there was less urgency. If a full consultation was initiated a working group would need to be formed, to date the only volunteer was Cllr Thompson.

In response to Members' questions, Alex Gild, Finance Director, NHS Berkshire said that no detailed plans were yet available on the planned use of £100,000 to support transport associated with the relocation of in-patient mental health facilities to Prospect Park Hospital. Implementation of this would take place over 18 months.

29. **Overview and Scrutiny Work Programme**

The Panel considered which topics should be included in their work programme for 2012/13:

It was agreed that:

- Strokes and treatment of strokes be considered at panel meetings.
- A seminar on Mental Health be arranged by the Director of Adult Social Care & Health and that all members of the Council be invited to attend. This was recognised as a growing problem that would impact all the Council's services as the recession began to set in. This might lead to an Overview and Scrutiny review. It was noted that the Chairman would be attending a Mental Health Conference. The Panel also considered the possibility of visiting Prospect Park.
- Consideration be given to how the JSNA should be built into the Panel's work programme.

The Chairman reported that he had been in discussions with chairmen of the Health Scrutiny committees of Buckinghamshire County Council, Slough BC and RB Windsor & Maidenhead concerning the 'Shaping the Future' consultation. To date there was shared agreement on the way forward , and this might lead to the resumption of the Joint East Berkshire Health Overview and Scrutiny Committee.

30. **Dates of Future Meetings**

26 April 2012
14 June 2012
27 September 2012
24 January 2013
18 April 2012

CHAIRMAN