

**HEALTH OVERVIEW AND SCRUTINY PANEL
24 JANUARY 2013
7.30 - 9.35 PM**



Present:

Councillors Mrs Angell (Vice-Chairman, in the Chair), Baily, Finch, Kensall, Mrs McCracken, Mrs Temperton, Thompson, Ms Wilson and Davison (Substitute)

Co-opted Representative: Terry Pearce, Bracknell Forest LINK

Also Present:

Councillor Birch, Executive Member for Adult Services, Health & Housing

In Attendance:

Richard Beaumont, Head of Overview & Scrutiny
Glyn Jones, Director of Adult Social Care, Health & Housing
Sara Whittaker, NHS Berkshire PCT
Mary Purnell, Bracknell & Ascot Clinical Commissioning Group

Apologies for absence were received from:

Councillor Virgo

23. Minutes and Matters Arising

RESOLVED that the minutes of the Panel held on 27 September 2012 be approved as a correct record and signed by the Chairman.

24. Declarations of Interest and Party Whip

Mr Terry Pearce reported that he had been advised that given his involvement with a campaign concerning Heatherwood Hospital, he should declare an interest in Item 12: 'Shaping the Future' Consultation and not participate in the discussion of this item.

25. Urgent Items of Business

There were no items of urgent business.

26. Public Participation

There were no items submitted under the Public Participation Scheme.

27. New National Health Service Structures

Mary Purnell, Clinical Commissioning Group (CCG), Head of Operations delivered a presentation to the Panel and made the following points:

- The NHS Commissioning Board would be adopting an outcomes based approach. 2013/14 would be the first year of a reformed health service where greater local control of decision making would lead to better patient outcomes and service improvements by:
 - securing better outcomes for patients as defined by the five domains of the NHS Outcomes Framework and
 - upholding the rights and pledges in the NHS Constitution.
- The five domains of the NHS Outcomes Framework included:
 - NHS services, seven days a week
 - More transparency, more choice
 - Listening to patients and increasing their participation
 - Better data, informed commissioning, driving improved outcomes
 - Higher standards, safer care.
- A patient centred approach and joined up local planning were also being advocated by the NHS Commissioning Board.
- The CCG had now developed a draft plan for 2013/14, which would be submitted to the Health & Wellbeing Board in February.
- Local priorities for the CCG had been agreed by identifying key areas through the Joint Strategic Needs Assessment, both draft Joint Health & Wellbeing strategies, and CCG and local authority outcomes. Local priorities would include:
 - Patient experience of GP service
 - People feeling supported to manage their conditions
 - Prevalence of depression is high; it is proposed to select an indicator around this.
 - Patient reported outcomes of hip and knee replacements.
- The CCG was progressing towards authorisation:
 - Seven red indicators had been identified following the CCG's authorisation site visit. It was hoped that this could be reduced before the end of March by appointing to the Practice Nurse role.
- Joint Priorities for 2013/14 would be:
 - Long term conditions – development of integrated teams in joint project with Bracknell Forest Council and Berkshire Health Foundation Trust.
 - Promoting self care and wellbeing in line with the Joint Health & Wellbeing Strategy.
 - Continuing to reduce unnecessary clinical variation in referrals, admissions to hospital and attendance at A&E.
 - Commissioning the Bracknell Urgent Care Centre.
 - Delivering 'Everyone Counts' including the three local priorities.

The Executive Member for Adult Services, Health & Housing stated that the Council were working very closely and positively with the CCG. One of the major challenges had been around the differing timetables for decision making in the two separate organisations but all involved were working hard to overcome this. Partnership working was progressing well and whilst the CCG were at full capacity and working towards authorisation, they were still actively participating in establishing the Health & Wellbeing Board. The Council would do all it could to support and assist the CCG towards becoming authorised.

In response to members' queries, Mary Purnell agreed to provide members of the Panel with a briefing note on the future of the toe nail cutting service for the elderly and any grants available for this service. Mary Purnell also confirmed that in the new NHS organisational structure locally, there would be fewer staff than previously.

In response to members' queries, it was reported that the CCG local priority around hip and knee replacements was intended to provide an understanding of the patient's experience of these operations and work towards managing patient expectations.

Mary Purnell agreed to prepare a response for Terry Pearce on whether any preliminary work had been undertaken for the Care Quality Commission to take on responsibility for CCGs and GPs.

28. **PCT Quality Sign-off Report**

Sara Whittaker, Assistant Director of Quality, NHS Berkshire Primary Care Trust presented to Panel members the PCT's draft 'Quality Handover Document' as part of the national transfer of healthcare responsibilities.

She reported that the Quality Handover document provided an overview of healthcare services in Berkshire and set out for successor organisations the key risks, challenges, achievements and ambitions for quality and patient safety in Berkshire, in preparation for handover from the Berkshire PCT Cluster on 31 March 2013. She made the following points:

- The document detailed the PCT's legacy and provided an overview of healthcare services over the last 3-5 years. The document was also intended to ensure that quality was not lost; this had been a criticism of previous NHS transitions.
- The PCT Cluster Board would approve the Handover document at the end of March 2013, following which it would be published.
- The document covered the context of transition, the organisation of the local health care system, key personnel, governance, quality profile, patient experience, the risk register and a communications plan.

The Director of Adult Social Care, Health & Housing stated that it would be useful to have a similar document from Hampshire PCT, to ensure any details around Frimely Park Trust were taken on board.

The Executive Member for Adult Services, Health & Housing stated that one of the responsibilities for the Health & Wellbeing Board would be to ensure partners integrated and connected, one of the key aspects of this would be around data and how it was shared and in particular ensuring personal data was protected.

In response to members' queries, Sara Whittaker reported that CCGs would be responsible for the medical appointments system; however they would be bound to a certain extent by the national system for appointments. If members had concerns about the appointments system, they should address these with the CCG.

Members stressed the importance of no service being overlooked by the NHS during the transition.

29. **Health and Wellbeing Board**

The Executive Member for Adult Services, Health & Housing provided an update to the Panel on the work of the Health and Wellbeing Board. He made the following points:

- It had been a busy period for the Board and it would become statutory as of 1 April 2013. One of the duties of the Board was to integrate with partners and the Board had progressed well in this area.

- One of the key objectives for the Board was to be business focussed and to drive commissioning for the Borough that was accurate and the best that could be achieved.
- The Board had opted to be an early implementer and as a result had helped to shape boards in other areas of the Country. The Board had also participated in early learning sets that had been set up by the Government.
- Whilst in shadow form the Board had been responsible for the Joint strategic Needs Assessment, had established its terms of reference and had been actively involved in supporting the CCG to become authorised. The Board had also monitored the transition of public health services into the Council.
- It was anticipated that at the next Board meeting in February, the Board would approve the establishment of three sub groups that would feed into the Board, these groups would focus on i) Prevention, ii) Intervention and iii) Ongoing Care.
- Data from the JSNA would be used by the Board to prioritise services locally.
- Tenders for establishing local Healthwatch had now been received and were being evaluated by officers. It was clear that a professional and high quality input would be required from Healthwatch into the Board.
- The Board would also be looking closely at arrangements for Children & Young People and in particular safeguarding and special education needs.
- The primary goal of the Board would be to create a seamless local healthcare service, with close links and excellent integration and to provide the best possible health services for local residents.
- It would be key for members to understand the relationship between the Board and Overview and Scrutiny and to form a close partnership and ensure that there wasn't duplication.

In response to members' queries, the Executive Member stated that the themed sub groups to the Board would predominantly include officers, practitioners, and experts in the field and if the public needed to be engaged, this would be arranged. Themed sub groups would be mandated with specific tasks. If members had a specific interest in the work of a particular sub group, they could be invited to contribute as an expert witness at the appropriate time.

It was reported that as of February 2013, all minutes and agendas of the Board would be publicly available and could be found on the Council's website. The first public meeting of the Health & Wellbeing Board would be held on 14 February at 2.45pm in the Council Chamber.

30. **Public Health Update**

The Director of Adult Social Care, Health & Housing provided an update to the Panel on the emerging arrangements for the transfer of Public Health functions to local authorities in April 2013. He made the following points:

- Six local authorities were currently working together to establish arrangements for the transfer of public health, a Director of Public Health (Dr Lise Llewellyn) would be shared by the six local authorities. The core team as well as a local team would be based within the Council offices in Bracknell Forest.
- A Consultant in Public Health had now been appointed for Bracknell Forest; there would be an induction for all new staff to the Council.
- The Government had protected and increased funding for Public Health nationally; the Government had indicated that an additional £150,000 would be allocated locally, this was higher than anticipated.

- The Director had managed to negotiate the tailoring of a national programme – ‘Leading Through Transition’ to one for Berkshire. He would be participating in a three day programme to work through how it would work.
- Governance arrangements were still being worked through, as clearly if all six local authorities didn’t agree on any issue, this would need to be managed as efficiently as possible. Information management and technology would also be key to running efficient processes.

In response to members’ queries, the Director reported that public health services would be commissioned across Berkshire. The Director also undertook to circulate a note on the outcome of the Public Health Emergencies Working Group, once this became available.

31. **Executive Key and Non Key Decisions**

The Panel noted Executive Key and Non Key decisions relating to health.

32. **Working Group Update and 2013/14 Work Programme**

The Panel noted the progress achieved to date by the Panel’s Working Groups. The Health Reforms Working Group had its final meeting on 12 October and had decided that future monitoring should be carried out by the Panel.

The Health and Wellbeing Strategy Working Group had its final meeting on 16 November and had given their input to the Health & Wellbeing Board, which included the submission of an alternative strategy.

Members were invited to propose items for inclusion in the Panel’s work programme for 2013/14.

33. **'Shaping the Future' Consultation**

The Director of Adult Social Care, Health & Housing reported that full Council had reached a resolution on this item yesterday evening as set out in Annex A of the agenda papers.

As requested at the Council meeting, a statement had been added to the response around the opening hours of the Urgent Care Centre which stated: *‘The Council is disappointed to note that the proposed opening times for the Urgent Care Centre are to be less than the Minor Injuries Unit. We believe it is important to show that the new service will be at least as available as previously and would ask that the opening hours are reviewed.’*

The Executive Member reported that it was hoped that the Urgent Care Centre would be located at Brants Bridge and that once this site was fully utilised it would go from strength to strength.

Members of the Panel were assured that whilst the physiotherapist service did not feature in this consultation, it was a service that was highly valued by the CCG and there would be a drive to bring this service closer to the population and to make it more accessible.

The Director reported that the consultation would close on 31 January and the responses would be considered by the final PCT Board meeting in March 2013. The outcome would then need to be delivered by CCG’s.

The Head of Overview and Scrutiny reported that the Joint East Berkshire O&S Committee had sent its own response to the consultation, the response was not identical to that submitted by Bracknell Forest but nonetheless was consistent with it.

34. **Date of Next Meeting**

18 April 2013.

CHAIRMAN