

**HEALTH OVERVIEW AND SCRUTINY
PANEL
11 JULY 2013
7.30 - 9.20 PM**



Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Baily, Finch, Mrs Temperton, Thompson, Ms Wilson and Davison (Substitute)

Apologies for absence were received from:

Councillor Kensall

In Attendance:

Councillor Birch, Executive Member Adult Social Care, Health & Housing
Richard Beaumont, Head of Overview and Scrutiny
Helen Clanchy, NHS England
Dr Martin Kittel, Bracknell Forest & Ascot Clinical Commissioning Group
Lisa McNally, Public Health Consultant
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Steve West, South Central Ambulance Service
David Williams, Bracknell Forest & Ascot Clinical Commissioning Group

1. Election of Chairman

On the proposition of Councillor Thompson, seconded by Councillor Mrs Angell it was agreed that Councillor Virgo be elected as chairman of the Health Overview and Scrutiny Panel for the municipal year 2013-14.

2. Appointment of Vice Chairman

On the proposition of Councillor Virgo, seconded by Councillor Mrs Angell, Councillor Mrs McCracken was appointed as vice chairman for the municipal year 2013-14.

3. Minutes and Matters Arising

The minutes of the Panel held on 18 April 2013 were approved as a correct record and signed by the chairman.

Matters Arising:

Minute 42: Shaping the Future Consultation

The Chairman asked David Williams, Director of Development for Bracknell Forest and Ascot Clinical Commissioning Group (CCG) for an update on the progress of the implementation of the healthspace particularly in light of the judicial review being sought by the Royal Borough of Windsor and Maidenhead Council.

The Director made the following points:

- The CCG were currently in the implementation stage of delivering service changes. This included the implementation of an urgent care centre at Brants Bridge and the closure of the Minor Injuries Unit at the Heatherwood site.
- Investment in community services were predicated on the closure of ward 8 at Heatherwood and the permanent closure of the maternity ward at Heatherwood. The CCG were in the process of recruiting to the Community Services team and it was anticipated that these services would be in place by September 2013. The CCG were liaising with Wexham Park to ensure eight extra Stroke beds were made available at Wexham Park, to ensure that there was adequate provision until community services were fully established. Some of the feedback from consultation had included patient concerns around trust and assurance in community services. The CCG would therefore be monitoring patient safety and care carefully.
- The procurement exercise for the urgent care centre was currently underway and it was hoped that the Centre could be opened in March 2014, however an application for a judicial review had been made with regard to these service changes and as a result the CCG couldn't make any irreversible decisions. This could severely delay implementation plans. The CCG would be vigorously defending their position and continued to take legal advice.
- In response to members' queries, the Director accepted that the threat of significant delay was frustrating however whilst service changes were being legally challenged, the CCG could not make any irreversible decisions.
- In response to members' queries, the Director stated that trialling a paediatric clinic at Brants Bridge from 6pm onwards was still being considered. He would provide the panel with potential dates for this.
- The Director stated that any delay or uncertainty over services as a result of the potential judicial review also potentially had a wider impact on services across the region. The Board at Frimley Park Hospital Trust would make the decision concerning the prospective acquisition of Heatherwood and Wexham Park Hospitals.

The Chairman invited the Executive Member for Adult Social Care, Health and Housing to comment. The Executive Member stated that he supported the Director and the CCG in their actions. It was important that the Council trusted their health partners to take the appropriate and necessary actions. He stated that an application for judicial review had been made and that it had not yet been granted. It was important to note that the CCG were acting as the successors of the PCT. He acknowledged that the process was hugely frustrating for all involved; however it was crucial that the Council showed its support for the CCG.

The Panel **RESOLVED** to make the following recommendation to the CCG:

That the Panel urge the CCG to complete the procurement process for the urgent care centre as soon as possible in order for the facility to be operational in the early part of 2014.

In response to members' queries, the Director reported that with regard to Ashley House there would be no financial commitments from the CCG from April 2013 onwards in relation to the previously planned Bracknell Healthspace.

4. **Declarations of Interest and Party Whip**

There were no declarations of interest.

5. **Urgent Items of Business**

There were no items of urgent business.

6. **Public Participation**

There were no submissions from members of the public.

7. **South Central Ambulance Service**

The Panel received a report that updated them on the South Central Ambulance Service NHS Foundation Trust's performance on two issues that had been identified by the Panel as being of interest and concern. These two issues included out of hospital cardiac survival rates and ambulance response times.

The Chairman welcomed Steve West, from the South Central Ambulance Service (SCAS) to the meeting and stated that having visited the SCAS control room at Bicester he had been impressed with the state of the art facilities at their site.

Steve West made the following points:

- He stated that SCAS provided a 111 service now as well as the 999 emergency service. They were pleased to be delivering the 111 service and this entailed identifying the caller's clinical needs and then sending an appropriate responder for these identified needs. The integration of the two services had meant that they were able to respond more efficiently to callers.
- He stated that whilst last year they had not been delivering in terms of ambulance response times or cardiac arrest survival rates, this year SCAS was delivering above targets for both these issues. This had been achieved by moving their control room from Wokingham to Bicester where they were able to utilise state of the art facilities and technology to improve response times.
- He reported that activity had increased by 10% this year, the previous week had been the busiest week in the whole year and as a result performance had dipped however on the whole, performance had improved over the last year as the data showed.
- In relation to cardiac arrest survival, he recognised that SCAS needed to improve their capture of clinical data, this was being addressed and a tender process to tackle this was nearing completion. This would include moving away from their current paper based system in 2014.

The Chairman congratulated SCAS on their work to ensure great outcomes for patients.

In response to members' queries, Steve West made the following points:

- SCAS had widespread defibrillator schemes across the region and they worked with each partner differently to ensure that schemes were effective. He stated that there was potential to use pharmacies as sites where defibrillators could be accessed, however work had not yet progressed with working with pharmacies. It was noted that pharmacies provided an ideal location for defibrillators as they had the expertise, had long opening hours and were often based within parades of shops in housing estates.
- It was reported that in addition, having defibrillators attached to the outside of GP surgeries was also being explored. This programme involved the public being instructed to use the defibrillator either by the ambulance service or via instructions attached to the defibrillator. The Department of Health's vision was that defibrillators should be as widely available as fire extinguishers.

- It was reported that much work had gone into improving ambulance response times at SCAS, including hospital admissions and when targets were not met, fines were levied by Clinical Commissioning Groups. It was noted that these fines were compensated if ambulances were left to queue outside hospitals.
- He stated that in peak times, six ambulances would be deployed to Bracknell Forest. There were 26 ambulances in total for the entire SCAS region. This was a small number taking into consideration the area covered by the region.

The Chairman thanked Steve West for his presentation and update and the panel **RESOLVED** to make the following recommendation:

That the Panel congratulate the SCAS on ambulance response times and out of hospital cardiac arrest survival rates; both of which have improved since the previous year.

8. **GP Patient Survey Results**

The Panel were presented with a report that invited them to review the latest survey responses given by patients of Bracknell Forest GP practices.

The Chairman expressed concern that the results showed a lower than average result in terms of customer experience and problems around reception.

Helen Clanchy, NHS England Thames Valley Team, reported that NHS England was responsible for commissioning a number of services including primary care. The regional team for NHS England looked after the Thames Valley area and managed 1,300 contracts relating to GPs, pharmacists and dentists. Whilst NHS England commissioned GP services, this was done in conjunction with Clinical Commissioning Groups (CCGs). CCGs also had a responsibility to work with NHS England to improve quality. The representative from NHS England confirmed that Bracknell Forest had not been highlighted as an area of concern following the results of the GP survey. There had been a decline nationally, in patient satisfaction as recorded in the GP Patient Survey.

Dr Martin Kittel, Bracknell & Ascot CCG reported that last winter had seen demand on NHS services like never before, this had been predicted by the Strategic Health Authority. This increased demand had continued through the year, the Forest End Practice in particular had seen an increasing young population. This practice also was experiencing cramped conditions partly due to the healthspace not being delivered as expected. There had also been implications internally, staff were burning out, one member of staff was currently on long term sickness leave. The practice had recently set up a hotline service to attempt to manage demand and had appointed two new trainers to assist staff.

Mary Purnell reported that the GP survey results had been taken very seriously by the CCG. The survey provided a good indicator to quality of services and the CCG were keen to strive to deliver excellent not average services.

The Head of Overview and Scrutiny assured members that the survey was based on valid data sets and that the smallest response rate had been 54 respondents from the Evergreen practice and the largest had been 338 from the Sandhurst practice.

In response to members' queries the following points were made:

- With reference to Jennets Park or any other new housing development, NHS England would look at services when a new housing development was

created. This would be done in consultation with the CCG, however commissioning and contracting was the responsibility of NHS England.

- It was confirmed that if services were being delivered badly, NHS England and CCGs would work together to resolve this, in addition NHS England would also work with individual GP practices.
- It was confirmed that there were currently not enough GPs available nationally despite increased numbers studying medicine. It was also not possible to recruit GPs who did not speak English or who did not understand the culture. It was noted that the work of GPs in CCGs had also taken GPs away from their practices.
- The results of the survey were positive in relation to trust and confidence in GPs.

It was noted that the next GP survey results would be available in January 2014.

The Chairman recommended that the Panel continue to monitor the results of these surveys and monitor improvements where required.

9. Health Reforms - Implementation

The Panel received a report that briefed them on the progress of establishing the Public Health function in the Council and establishing local Healthwatch.

Lisa McNally, Public Health Consultant made the following points:

- 'Longer Lives' mortality data had recently been published and this data provided a league table of local authority areas and levels of premature mortality. Bracknell Forest had been cited as the 37th best nationally out of 150 local authorities. When compared against socio comparable authorities, Bracknell Forest had not come out so well, however the methodology used had been questionable.
- The data had provided a good platform to consider the wider determinants of health beyond the NHS.
- There had been a further investment in Public Health of £100k for 2013/14. This would be used to kick start Public Health work and to fund numerous collaborative projects. There had been a range of projects that had successfully bid for funding from all directorates of the Council.
- The report also set out Public Health priorities for 2013-14 which were based on the joint Health & Wellbeing Strategy and the Public Health outcomes framework.
- Public Health would also be undertaking a survey that would provide ward level data. This would involve data collection taking place in the autumn and would provide a baseline for Bracknell Forest upon which progress could be tracked.
- The Joint Strategic Needs Assessment would be redesigned to become web based, making the data more dynamic, accessible and interactive. CCG's would also feed in their data to this.

The Executive Member stated that the Health & Wellbeing Board was hugely supportive of all the Public Health work.

The Panel noted that the Healthy Voices project that worked with the Nepalese community had been very effective and successful and hoped that this work would continue. It was reported that this project would require match funding however if this match funding was not forthcoming, it would be funded in another way.

In response to members' queries it was reported that the National Child Measurement Programme would start this year in schools and feedback would be given to parents.

The Chairman congratulated the Public Health Consultant on her work so far around Public Health priorities and was pleased to see a focus on prevention. He wished her every success as she moved forward with the work of her team.

10. Working Groups Update

Francis Report Working Group

The lead member Councillor Mrs McCracken reported that the working group had met three times and had met with a representative from the Centre for Public Scrutiny to discuss their approach to the review. The group had also been invited to Surrey County Council to attend their Health O&S Panel.

She reported that the working group had a lot of ground to cover and that she didn't anticipate finishing the review until the end of the year. The working group would be making recommendations to the panel once its work was complete.

Councillor Mrs Temperton stated that one of the key findings from the Francis report was that patients were not listened to, she stated that she stood in Great Hollands Square and approached passers by to tell her about their experiences in local hospitals and had learned of nine horrendous experiences in local hospitals.

Brants Bridge Working Group

The Chairman requested volunteers for this working group which would monitor progress:

Councillors Mrs McCracken, Mrs Angell, Baily and Miss Wilson all agreed to participate in this working group.

11. Executive and Non-Key Decisions

The Panel noted the Executive Key and Non-Key decisions relating to health attached to the agenda papers.

12. Overview and Scrutiny Bi-Annual Progress Report

The Head of Overview and Scrutiny (O&S) presented a report on O&S activity during September 2012 to April 2013 as well as to highlight any significant national and local developments in O&S during this period.

The Panel noted O&S activity and developments over the period September 2012 to April 2013 as set out in section 5 to 6 and appendices 1 and 2.

13. Date of Next Meeting

A special meeting of the Panel had been convened on 19 August 2013 to consider the proposed merger between Frimely and Wexham Park and to consider the report of the Care Quality Commission on Wexham Park which was due to be published in the following week. This report would be circulated to members of the Panel once available.

CHAIRMAN