

**HEALTH OVERVIEW AND SCRUTINY PANEL  
29 SEPTEMBER 2016  
7.30 - 9.45 PM**



**Present:**

Councillors Phillips (Chairman), Tullett (Vice-Chairman), G Birch, Finnie, Hill, Mrs Mattick, Mrs Temperton and Thompson

**Co-opted Member:**

Dr David Norman, Co-opted Representative

**Executive Member:**

Councillor D Birch

**Observer:**

Mark Sanders, Healthwatch Bracknell Forest

**Also Present:**

Councillor Peacey

Richard Beaumont, Head of Overview & Scrutiny

Dr Lisa McNally, Consultant in Public Health

Gill Vickers, Director of Adult Social Care, Health & Housing

**Apologies for absence were received from:**

Councillors Virgo

**71. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 30 June 2016 be approved as a correct record and signed by the Chairman.

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

There were no declarations of interest nor any indications that members would be participating while under the party whip.

**73. Urgent Items of Business**

There were no items of urgent business.

**74. Public Participation**

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

**75. Healthwatch Bracknell Forest**

The Panel considered the 2015/16 Annual Report of Healthwatch Bracknell Forest. Mark Sanders, Operational Lead for Healthwatch introduced the report, which had been printed in 'easy read' format, and answered questions from the Panel.

Arising from questions and discussion the following points were made:

- While visits to GP surgeries were to some extent duplicating inspections carried out by the Care Quality Commission (CQC), the Healthwatch visits were from a different perspective. This included looking at environmental factors in surgeries where a number of examples of poor accessibility had been identified which had since been addressed.
- The GP surgery reports, usually produced within 8 – 12 weeks of the visit, had resulted in changes at surgeries including reception desk improvements; changes to booking systems; making websites more 'user-friendly'; and improved response to patient feedback. Some concerns persisted, around disabled access to the facilities in GP surgeries. The surgery visits had been completed and reported on in the first half of 2016/17.
- Regular meetings continued to be held with Frimley Health, covering the things patients were saying about their experience of Frimley Park Hospital (used by the majority of people in Bracknell) but also any issues at Wexham Park or Heatherwood hospitals. Although a number of changes had been made, there were inevitably some differences in customs and practices at Wexham Park.

The Panel thanked Mark Sanders for presenting the interesting and informative Annual Report.

**76. The Patient's Experience**

The Panel considered a report presenting current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary and acute NHS services to Bracknell Forest residents. The information included details of NHS Choices users' ratings, CQC inspection ratings, recommendations by staff (for a friend or relative), infection control and cleanliness data, and a mortality rate indicator.

The Panel observed that the report contained a number of areas stating that no data was available, eg. for infection control and cleanliness at St Mark's Hospital and King Edward VII Hospital, and out of date information, eg no CQC rating for Wexham Park.

**RESOLVED** that:

- (1) the report be noted; and
- (2) enquiries be made of NHS Choices and the relevant Hospitals regarding the missing information.

**77. General Practitioner Patient Survey**

The Panel considered a report presenting the GP Patient Survey results for Bracknell Forest GP Practices published in July 2016.

The GP Patient Survey was run every six months by Ipsos Mori for NHS England and the results presented showed for each surgery three things that the practice did best

and three things the practice could improve, compared to the CCG and national average. In addition, the latest CQC inspection rating for each surgery was shown.

The Panel considered that it was important to emphasise that both the survey findings and the CQC ratings were designed to show where improvements could be made rather than cause any alarm with patients. CQC reports were normally quite specific as to steps to be taken to bring about improvement where this was required. As far as was known, no work had been done to analyse whether there was a link between the level of Quality Outcome Framework (QOF) points achieved by a surgery and its CQC rating.

**78. A Review of Whether there is sufficient General Practitioner Capacity in Bracknell Forest to meet future Demands**

The Panel considered the report of the working group set up to undertake a review of whether there was sufficient General Practitioner capacity in Bracknell Forest to meet future demands.

Councillor Peacey, Lead Working Group Member, outlined the way the Group had carried out its review, which had been prompted by the ongoing growth of housing development in the Borough, leading in turn to an increase in demand for GP services. The Panel supported the recommendations of the Working Group and noted that following publication of the report, copies would be passed to all those who had contributed to it, to the Executive Member and to the NHS organisations to whom the recommendations were addressed, with a response invited within the next two months.

**RESOLVED** that:

- 1) The report and recommendations of the Working Group which reviewed whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands be adopted in full.
- 2) The Working Group be stood down and thanked for carrying out such a comprehensive review and the contribution and efforts of Councillor Peacey as Lead Member and the Head of Overview and Scrutiny be acknowledged in particular.
- 3) As recommended, the Panel agreed to consider separately:
  - a) monitoring the progress of the *Sustainability and Transformation Plan*, and the *General Practice Forward Review*, robustly and regularly; and
  - b) carrying out a follow up to this review in 18-24 month's time, specifically to see whether the STP and the *General Practice Forward Review* are being delivered successfully, and whether the pressure on GPs is at a sustainable level in the light of increased demand, particularly from housing developments.
- 4) A Press Statement be drafted, with input from the Executive Member and for the approval of the Executive Member and the Chairman of the Panel, to be issued on the publication of the review report.

**79. The Joint Strategic Needs Assessment and Health and Wellbeing**

Dr Lisa McNally, Consultant in Public Health, presented to the Panel an update on the Joint Strategic Needs Assessment (JSNA) for Bracknell Forest for which a full refresh had just been completed. The refresh had resulted in the inclusion of new data, new topics (eg. Workplace Health) and it would form the basis of the needs analysis for the Health & Wellbeing Strategy.

While the JSNA contained the priorities and key health data for the Borough, the Joint Health and Wellbeing Strategy, which had also recently been updated and refreshed, set out actions proposed to meet the needs. These had been arranged under four main themes: Active and Healthy Lifestyles; Mental Health in Children and Young People; Tackling Social Isolation; and Workforce Development.

Highlights from the JSNA included the emphasis given to the regular issue and updating of public health news, disseminated as widely as possible by a variety of means. The Bracknell Forest Year of Self Care had been a great success, with notable achievements in helping people back to fitness, decreasing the percentage of inactive adults, a significant increase in weight loss among residents and a decrease in falls related admissions. This success had been recognised via the national self care award and the Bracknell approach had been taken up and replicated in a number of other areas.

Good progress had been made in the area of children's mental health through involving the children themselves in putting forward their thoughts on the care and support they needed. More children were ready to talk about the issues they faced; there was a decrease in the number of referrals being made to CAMHS; and KOOOTH, the free online support for young people, was proving to be a really helpful resource offering an immediate response to those choosing to contact it (236 users during the last quarter).

Work to combat social isolation aimed to go further than simply encouraging befriending by re-introducing the links between an individual and the community. This included joint work with Involve and the development of community assets to increase their reach and engagement.

The presentation went on to outline details of the recent Health and Wellbeing Board Peer Challenge, facilitated by an experienced team led by the LGA. There had been really good engagement from the Council and its partners and although there were lots of positive conclusions, a number of areas had been identified for further work and development. In particular, a culture shift in the way the Health and Wellbeing Board operated would lead to it being better at facilitating effective joint working between partners rather than acting as just a decision making or scrutinising body. There was a need to get back to basics, improve partnership working and achieve buy-in. The Panel received answers to a number of questions about how this was to be achieved and noted a forthcoming development session on how the Board could evolve key aspects of its work and Strategy, followed by subsequent topic-focussed sessions on key areas.

The Panel thanked Dr McNally for the presentation and looked forward to receiving an update on progress in due course.

## 80. **Departmental Performance**

The Panel considered the Quarterly Service Report (QSR) of the Director of Adult Social Care, Health & Housing covering the period January to March 2016 in relation to those matters concerning health.

The Director highlighted a number of points from the report. The final assurance rating for the Bracknell Forest 2016 Better Care Fund (BCF) submission had now been confirmed as "Assured" by NHS England. There was now a stable, multi-skilled team in place at Bracknell Urgent Care Centre which would assist with the continuation of improvements to safety, clinical care and the installation of a learning and development culture. The plan to re-commission the Drugs Alcohol Action team

services had been approved and various options were under consideration, given the limited number of providers in the field. A boost in the amount of accommodation available as temporary homes for homeless households had been given by the acquisition of further properties by both the Council and Downshire Homes Ltd. Work was continuing on the identification of savings from existing adult social care packages but this represented a considerable challenge. Progress was being made against two key indicators showing red in the QSR, namely L178 (number of household nights in non self-contained accommodation) and L179 (percentage of homeless or potentially homeless customers who the Council keep in their home or find another one) which should result in an improvement in the next report. There was an increased risk to the Council arising from provider failure from care home operators which had been exacerbated by the declining financial viability of homes and the possibility of adverse CQC inspections.

The Director indicated her intention to improve the format of performance reporting to adopt a “dashboard” style of presentation, which should enable the Panel to obtain a more up to date and timely appreciation of progress and performance. The Director went on to present to the Panel her vision for the future of Adult Social Care, Health and Housing Services. A radical approach to system transformation was required in order to achieve the scale of Adult Social Care savings and the sustainability of Health and Care services. While integration with health was key, the future sustainability of the system of care was dependent on people and their carers, families, networks, being properly equipped and supported to arrange and manage more of their care with less reliance on direct support from the Council.

Having heard details of the aims of the transformation and the operational changes that would be involved in delivering it, the Panel raised a number of questions from which following was noted:

- Individual care support planning and regular reviews would ensure that care was being provided in the right place at the right level.
- Moving to a framework of six preferred domiciliary care providers would enable the Council to drive up standards and the quality of care, and bring about better training for care staff coupled with a broadening of their role and the creation of career paths.
- The proposed model of two Integrated Care and Health Service hubs for Bracknell – probably one in central Bracknell and one in the south of the Borough - was envisaged as the best way to combine a Wellbeing and Independence network (Council co-ordinated), a Personal Support network (Voluntary sector co-ordinated) and Health and Care network (Health co-ordinated) for each individual.
- An explanation would be provided for the staffing table in the QSR, which appeared to be arithmetically incorrect.

Measures such as proper workload management, careful sickness monitoring and concern and care in the avoidance of stress all served to help maintain a dedicated, motivated and well-trained staff.

#### **81. Executive Key and Non-Key Decisions**

The Panel received and noted the schedule of Executive Key and Non-Key Decisions relating to health.

#### **82. Member Feedback**

Panel Members provided a number of oral updates on their specialist roles.

- Councillor Mrs Mattick reported five attendances as part of her duties as representative to the Berkshire Healthcare NHS Foundation Trust. She also attended Frimley Health as an independent observer and referred to activities for World Alzheimer's Day on 21<sup>st</sup> September.
- Councillor Hill reported on attendance at meetings of the Health and Wellbeing Board and the Bracknell and Ascot CCG. Councillor G Birch had no further information to report on concerns around the effect of BREXIT on drugs in the NHS but discussions with pharmaceutical companies were known to be ongoing. He offered to return to this in future if more information became available.
- The Chairman said that an externally-facilitated training event on health scrutiny was being arranged, and asked members for their views on any particular topics they would like to see covered. Members put forward proposals for items for consideration by the Panel.

**CHAIRMAN**