

**HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017  
7.30 - 9.55 PM**



**Present:**

Councillors Phillips (Chairman), Tullett (Vice-Chairman), Dr Hill, Mrs Temperton and Virgo

**Non-Voting Co-opted Member:**

Dr David Norman, Co-opted Representative

**Executive Member:**

Councillor D. Birch

**Also Present:**

Councillors Leake and Peacey

Richard Beaumont, Head of Overview & Scrutiny

Mark Gittins, Performance Management

Dr Martin Kittel, Bracknell & Ascot CCG

Dr Lisa McNally, Consultant in Public Health

Fiona Slevin-Brown, Bracknell & Ascot CCG

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

**Apologies for absence were received from:**

Councillors G Birch, Finnie, Mrs Mattick and Thompson

**83. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 29 September 2016 be approved as a correct record and signed by the Chairman.

**84. 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.

**85. Urgent Items of Business**

There were no items of urgent business.

**86. Public Participation**

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

**87. Bracknell & Ascot Clinical Commissioning Group (CCG)**

Ms Slevin-Brown, Director of Strategy and Operations from the Bracknell & Ascot Clinical Commissioning Group (CCG) and Dr Kittel, Board Director CCG, attended the meeting and gave an update on the work of the CCG. The presentation covered the following areas:

- Significant developments over the past year
- Nine 'must dos' for 2017-19
- Plan on a page
- The Operating Plan linking to local priorities
- Examples of future developments
- Working collaboratively
- Primary Care Co-commissioning
- Delegation

Dr Kittel made the following points:

- The CCG were passionate about self care and they were the only CCG locally to have a work stream dedicated to self care. There had been a lot of activity around self care which included Self Care week and a range of free activities and services that could be accessed around the local area. The CCG had supported a range of work delivered by the Public Health team. Self Care week had been hugely successful with over 2000 instances of contact from the public.
- They were the only CCG locally to offer a Musculoskeletal service which was delivered from Brants Bridge, however this service was proving very costly and so would need to be looked at again.
- The total hip and knee replacement avoidance specialist physiotherapist service was proving successful and introduced a complete non surgical approach as well as savings for the CCG in the longer term. There had been a reduction in the number of hip and knee operations as a result of this work. The Panel were impressed with the reduction in the waiting list for operations in this area.
- Healthmakers were working successfully to improve resilience in the community.
- The CCG had attempted to improve referral rates for respiratory conditions but that the referral rate had not increased significantly despite lots of messages to encourage referrals being put out by the CCG.
- In response to Members queries, Dr Kittel reported that the CCG based its provision around NICE guidelines and their published list of restricted services. For example, the CCG no longer offered the removal of skin lesions for cosmetic purposes.

Ms Slevin-Brown made the following points:

- The CCG were currently awaiting feedback from NHS England on their Operating Plan, it was hoped that a finalised version of this Plan could be produced by 8 February.
- There was a huge project to connect primary care records with other partners underway and it was hoped that by the autumn the results of this work would be seen and improve patient care.
- Cancer was very important locally, particularly bowel and breast cancers where survival rates and take up of screening were not as good as national figures. It was hoped that the age of screening would be reduced to the age of 50 nationally to improve survival rates of these cancers. There were currently too many late presentations of breast cancer in the CCG area.
- Hypertension was not being picked up early enough, this was in the CCG's Operating Plan for this year.

- Work was also underway to repatriate more services locally from London.

The Panel made the following points:

- The Consultant in Public Health reported that there was a good whole system approach to young people and mental health. She also stated that the 'stop before you op' project was working positively to encourage people to take greater responsibility for their health.
- Members reported that two London boroughs were now withholding services from people who were obese or smokers and this was likely to become more widely undertaken in the future as pressures on budgets continued and populations grew.
- Dr Kittel reported that given the larger STP footprint, attempts were being made to work more closely with the CCGs in neighbouring boroughs such as the Royal Borough of Windsor & Maidenhead and Slough.
- Dr Kittel reported that the CCG had recently participated in away days with the aim of bringing teams together, as unless morale was high, the significant changes required for the future could not be achieved. This was a difficult balancing act as it meant that clinical time was lost.
- Ms Slevin-Brown reported that the CCG would also be working with Farnham, Surrey Heath and Frimley Park, this would ensure that population focus was maintained. It would also allow a collaborative approach to tackle problems faced by the whole area and to make the best use of resources.
- In response to Members queries around joint funding and the difficulties around this, Ms Slevin-Brown reported that each organisation was statutorily separate and would have an individual budget which was intended to be spent on behalf of their local population. Dr Kittel assured the Panel that the CCG would be working hard to ensure that budgets were maintained locally and not lost to other areas. Ms Slevin-Brown added that this collaborative way of working also allowed the opportunity to negotiate contracts with big providers such as Frimley Health Trust. Negotiating on behalf of three CCG's would bring advantages.
- Dr Kittel reported that most GP practices were now available throughout the daytime.
- CCG agreed to comment on any concerns arising from the reported delays in patients being attended to at Accident and Emergency.

**88. Responses to the Overview & Scrutiny Review "A Review of whether there is sufficient General Practitioner Capacity in Bracknell Forest to meet Future Demands"**

The Executive Member for Adult Social Care & Health thanked the Panel for a very comprehensive document. All the recommendations had been endorsed by the Executive and recommendation 2.3 had also been endorsed. The Executive Member recognised that this was a difficult area to scrutinise as it was constantly changing.

The CCG Director of Strategy and Operations reported that with reference to the joint commissioning committee referred to in the report, the governance arrangements would be changing as the CCG had applied for fully delegated commissioning, this would mean that if successful the CCG would no longer jointly commission with NHS England but would commission independently.

Dr Kittel reported that the report was excellent and very comprehensive and understood local issues.

Councillor Peacey thanked NHS colleagues for all their work and input into this work.

It was reported that the CCG were working more closely with local authorities to tackle the pressures that would arise as housing developments progressed on a significant scale. The new Comprehensive Local Plan would refer to health facilities. All infrastructure would be considered, including community services and primary care and considered in a holistic way.

**89. 2017/18 Budget Scrutiny**

The Head of Overview & Scrutiny reported that the Executive had agreed the Council's draft budget proposals for 2017/18 as the basis for consultation with the O&S Commission, O&S Panels and other interested parties. Following the consultation the Executive would consider the representations made before recommending the budget to Council.

Members queried the reduction in funding to Public Health and asked what would be cut as a result of this reduced funding. The Consultant in Public Health reported that the team were working in a number of ways to work more cost effectively and more collaboratively, as a result no services had yet been cut. One example included school nursing and health visitors. A skill mix had been achieved which had allowed savings to be made. The Public Health portal was another example of where savings had been achieved by offering online self service services. Further, smoking cessation work had been successful and this had reduced calls on budgets.

The Panel endorsed the Council's draft budget proposals for 2017/18.

**90. Work Programme**

The Head of Overview & Scrutiny reported that each Panel had been asked to consider what they would like to do in terms of their work programme for 2017/18.

The Chairman stated that she was supportive of considering and scrutinising the Sustainability & Transformation Plan (STP) and that this would need to be a joint working group with Adult Social Care. Other members of the Panel supported this suggestion and agreed that a joint working group was needed for this. STPs could potentially bring fundamental change locally.

The Head of Overview & Scrutiny encouraged Members to not take on too much and that if they attempted to undertake more than one review at a time, this could slow things down. In addition, this would be an area that would require continuity rather than a short, sharp probe.

The Executive Member for Adult Social Care stated that the STP covered a huge area and it may be useful for Members to focus on particular aspects.

The Chairman agreed to take this proposal to the O&S Commission and approach Adult Social Care O&S to invite them to jointly undertake this work with the Panel. This assumed that O&S officer support would continue to be available.

**91. Heatherwood Hospital Redevelopment**

The Head of Overview & Scrutiny reported that the Panel had requested periodic updates on this redevelopment and as a result a written update had been provided for Members to note.

A planning application had been submitted on 5 October 2016 and this was due to be considered by the Planning Committee on 25 January 2017. The cost of the redevelopment would be circa £82m funded partly by a loan but mainly via land sale proceeds for housing development which enabled the project to be affordable for the Trust.

The Panel noted the update.

## 92. **The Patients' Experience**

The Panel noted the NHS Choices information concerning the nearby NHS Trusts, at Appendix 1.

In response to Members queries, the Head of Overview and Scrutiny agreed to enquire of NHS Choices why no information was given on mortality rates at Prospect Park hospital.

## 93. **Departmental Performance**

The Director of Adult Social Care, Health & Housing reported that following Member discussions around the usefulness of quarterly service reports which were backward looking, the Director had agreed to look into an interactive dashboard. This dashboard was now up and running.

In terms of the performance of the department, the Director reported that:

- The Transformation programme was progressing well, high level savings assumptions had now been developed.
- The Director reported that in order to meet a whole system transformation, a much more radical approach was needed to achieve the scale of Adult Social Care savings required whilst sustaining Health and Care services. Integration with Health represented only part of the solution. 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.
- Care services would need even greater focus and investment on prevention, enabling independence and reducing dependency. The cost of residential placements had almost doubled.
- The Director reported that delivery against actions in the Service Plan was strong. Of the 45 actions, 38% had been completed, 58% were on target and 2 had potentially been delayed.
- Overall, the department compared well in terms of delivery against other local authorities in the South East.

The Panel were presented with the departmental dashboard and the following points were made:

- The dashboard aimed to give more information than the QSR currently provided as well as better quality of information. The dashboard also provided historic data, this allowed comparisons to be drawn. The home screen was geared around the themes of the Council and each theme could be drilled down into detailed areas.
- The Director stated that Children's Services were keen to also enter their information to the dashboard, making it a more widely used tool across the Council.
- Information would be entered into the dashboard as soon as officers had it. It would be important to maintain version control.

- Officers were currently looking into how the dashboard could work on tablets, at present it was somewhat clunky.
- It was confirmed that information around trends and exceptions could be gleaned from the dashboard.

The Chairman stated that this was an excellent piece of work and that the Panel was happy for officers to proceed with this work. The potential of this work was exciting.

94. **Executive Key and Non-Key Decisions**

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

95. **Overview & Scrutiny Bi-Annual Progress Report**

The Panel noted the bi-annual progress report of the Assistant Chief Executive.

96. **Member Feedback**

Members reported that:

- An eye clinic was being re-started at Brants Bridge
- The Chairman of Frimley Health Trust had expressed concern over the state of the Trust's finances
- Unlike the worrying reports in the media about long average waits in A&E, the statistics for the A&E facilities in the vicinity of Bracknell Forest were good.

The Chairman announced that this was Richard Beaumont's final Panel meeting before he would be retiring in March 2017. The Chairman thanked Richard on behalf of the Panel for his hard work and excellent support of Members and the O&S function. The Chairman stated that Richard's keen eye, coupled with keeping his finger on the pulse had proved invaluable to Members and he wished Richard well for the future.

**CHAIRMAN**