

**HEALTH OVERVIEW AND SCRUTINY PANEL
29 JUNE 2017
7.30 - 9.55 PM**



Present:

Councillors Mrs McCracken (Chairman), Virgo (Vice-Chairman), G Birch, Finnie, Dr Hill, Mrs Mattick, Thompson and Peacey (Substitute)

Non-Voting Co-opted Member:

Dr David Norman, Co-opted Representative

Observer:

Mark Sanders, Healthwatch

In Attendance:

Mark Gittins, Business Intelligence Manager
Steve McManus, CEO Royal Berkshire NHS Foundation Trust
Lisa McNally, Consultant in Public Health
Mark Robson, Director of Operations, Royal Berkshire NHS Foundation Trust
Gill Vickers, Director of Adult Services, Health & Housing

Apologies for absence were received from:

Councillors Mrs Temperton and Tullett

1. Election of Chairman

Councillor Mrs McCracken was elected as the Chairman of the Health O&S Panel for the 2017/18 Municipal Year.

2. Appointment of Vice Chairman

Councillor Virgo was appointed as the Vice-Chairman of the Health O&S Panel for the 2017/18 Municipal Year.

3. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 27 April 2017 be approved as a correct record and signed by the Chairman.

4. Declarations of Interest and Party Whip

There were no declarations of interest or any indications that members would be participating whilst under the party whip.

5. Urgent Items of Business

There were no items of urgent business.

6. **Public Participation**

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

7. **Royal Berkshire NHS Foundation Trust**

Mr Steve McManus, the Chief Executive Officer of the Trust alongside Mr Mark Robson, Director of Operations for Network Care attended the meeting and delivered a presentation and made the following points:

- In terms of headline performance, the Trust reported the following: Referral to Treatment (RTT) 92% standard: The new year had started positively as the Trust continued to maintain an RTT waiting list above 92% and the Trust were keen to work on new processes to help navigate patients through treatment pathways.
- A&E 95% standard: The Trust remained one of the top performing Trusts in the region however the Trust continued to experience sustained pressure at the front door and onward flow through their beds.
- Cancer targets: Best cancer performance for a number of years and recognised by Rt. Hon Jeremy Hunt MP, Secretary of State for Health for exceptional improvement, described as the best improvement across the whole of England.
- Trust's inpatient survey, and friends and family test: The Trust continued to receive good feedback from patients with the majority of people rating the Trust as 'Excellent' or 'Very Good'.
- The CEO outlined the new outpatient clinics that were due to be at the Healthspace:
 - Lung function
 - Minor operations sessionsHe reported that the Trust was keen to work with local partners to consider how the Brants Bridge site could be further utilised and the possibilities of there being community and/or local authority provision being delivered from this site. This work tied in well with the work underway around One Public Estate and sharing assets.

In response to the Panel's queries, the CEO made the following points:

- The work around GP streaming involved having GP colleagues based on the Royal Berkshire site in Reading and these GPs would see to patients following triage where appropriate, offering a co-located service. This effectively reduced pressure on A&E services. The CEO stated that this work was being delivered in a way that would not place any pressure on GP practices of those GPs involved.
- It was reported that there was a relatively flat RTT for Musculoskeletal services but that a number of services were seeing a rise in referral rates.
- It was reported that work was underway to pick up late presentation of cancers, there was a national drive for this as well as locally as it was proven that early diagnosis was critical. There was a drive for promoting early detection and early intervention for diagnosed cancers. In particular, testicular cancer had seen an increased referral rate which was positive. Performance was very high for breast cancer, however some other cancer areas such as lung cancer, remained a difficult area. Diagnostics for cancers generally were completed in four weeks and it was clear to see that the health system was working across pathways much more effectively.

- It was reported that existing research and research initiated by the Trust continued to be utilised to ensure the best cancer therapies were offered to the local population.
- It was reported that the Trust were continually refining their business model to ensure that they were lean and providing the most efficient service possible. This included a Patient Flow project and Skype clinics and much more. The Trust were looking at pathways and if these could be changed, particularly in terms of the services delivered by doctors and nurses.
- The Trust were looking to develop a publicity improvement process which would involve all Trust staff.
- The Trust was currently working towards digital care records, this would allow prescribing to be undertaken in an electronic format. This would allow records to be shared across primary and secondary care. Cyber security would be an important element to this work. It was reported that West Berkshire had made significant progress in this area with their Connecting Care portal. The digital transformation over the next 2-3 years would be significant.
- The Trust was linked with Oxford University and Reading University, to support a number of healthcare disciplines and to create different levels of capacity. The first cohort of students would be graduating this summer. The Trust were also working with the University of West London, this included training for a nurses cohort.
- The Trust also worked with the commercial sector to ensure patients could be treated as quickly as possible in the most convenient location.
- It was reported that the Trust had been affected by recent IT viruses, there had been a chronic lack of investment in IT over recent years. The Trust would be investing significantly in IT over the next few years, particularly to support the shared records work.
- The CEO reported that he had two roles, the first as the accountable officer for the Trust and secondly as a system leader. He was working closely with Andrew Morris to ensure that the population on the boundaries of STPs were served, to avoid duplication of services and to avoid competing against each other. With finite resources it was key to work in collaboration rather than to compete against one another.
- It was reported that work was underway as to what services should be delivered from the Heatherwood site moving forward and how these services could complement the services being offered from the Brants Bridge site.
- It was reported that midwifery vacancies remained challenging to fill. The Trust would be recruiting from overseas, in particular from the Philippines. There had also been a positive response from social media to midwifery vacancies recently. The Trust currently had a total of 39 nationalities in their employment, who were greatly valued. It was important for all employees to have a good grasp of the English language in order to work effectively and the Trust ensured that this was tested.

The Chairman stated that she was pleased to see the collaboration of work between trusts and services and thanked the CEO and the Director for attending and presenting to the Panel.

8. The Patients' Experience

The Consultant in Public Health reported that to date the Panel had received NHS Choices data under this item, which was not always representative. Her proposal was to use GP Patient Survey information. Given that secondary care colleagues were often invited to speak to the Panel, this would allow the Panel to consider local information relating to primary care more fully. Primary care often influenced individual's experience of other healthcare. She made the following points:

- The GP Patient Survey was run by Mori and incorporated almost one million people which ensured a representative sample was being used. The data was robust and very localised and included 44 questions and covered 13 GP practices locally.
- It was proposed that the Panel could consider a number of themes in the data at each meeting. The information could be used to identify an emerging issue which could then be followed up or investigated further with patient groups.

The Panel agreed that this provided a more representative data set and it was agreed that the Chairman and Vice Chairman meet with the Consultant in Public Health to consider this further and agree a way forward.

The Consultant in Public Health stated that she would see if sample sizes by CCG could be used.

9. **Quality Accounts 2016/17**

The Panel noted the good response from the four NHS Trusts providing health services to Bracknell Forest residents.

10. **Joining Together the Health and Adult Social Care & Housing Overview & Scrutiny Panels**

The Director of Adult Services, Health & Housing reported that having been with the local authority for 18 months and experienced the work of the Adult Social Care O&S Panel and the work of the Health O&S Panel, she could see that Adult Social Care needed to be considered within the context of health and that there needed to be a one system approach.

The Panel agreed that a working group be set up to consider how the joining together of the two O&S panels might be taken forward. Councillors Peacey, Finnie, Virgo and Mrs McCracken agreed to be members of this working group.

11. **Departmental Performance**

The Director of Adult Services, Health & Housing delivered a presentation on the department's performance and reported that the department had achieved good performance and outcomes for quarter 4 (January to March 2017).

The Consultant in Public Health reported that there had been a growth in community development work as well as new work with conservation volunteers, youth disability groups, kid's football and carers groups. The Public Health Team had been involved in community mapping work, which had involved identifying community groups and activity and supporting them to develop and paving the way for vulnerable people to join some of this activity.

She reported good progress in digital delivery plans: Increased engagement with the service portal and media campaigns which had been very cost effective. Other areas across the Sustainability & Transformation Plan (STP) were keen to follow this approach.

It was reported that 10 October was World Mental Health day and to mark it the Public Health team would be working towards breaking a world record.

12. **Executive Key and Non Key Decisions**

The Panel noted scheduled Executive Key and Non-Key Decisions relating to health.

13. **Working Group Update Report**

Councillor Thompson reported on the progress of the STP Working Group. He reported that the Working Group had met earlier in the week and had agreed to consider Connected Care and Digital Care Records. However it had become clear that a great deal of work had already been undertaken on this area by the Buckinghamshire, Oxfordshire and Berkshire West STP footprint and as a result the working group questioned the value of undertaking this work, when much headway had been made by a neighbouring STP. The Working Group had decided to meet with Frimley Health colleagues at their next meeting to learn more about digital care records before making any decisions as to how to progress.

14. **Member Feedback**

- **Councillor Dr Hill** reported on his specialist interests as follows:
 - GP Services: Nationally, a record number of GPs surgeries closed (114% increase in 2016 compared to 2014), leaving 265,000 patients having to change their practice as a result.
- Health and Wellbeing Board: The last meeting was cancelled (June).
- CCG: From April 2017, the three east Berkshire CCGs, Slough CCG, Windsor, Ascot and Maidenhead CCG and Bracknell and Ascot CCG, will operate a single Governing Body in Common.
- NHS England: The NHS England Board met on 30 March. The Board discussed General Practice, the current pressures, relative under-funding, and the need to support the service to transform.
- Nationally, there have been further increases in delayed transfers of care due to reducing A&E performance and continued pressure on access to services. 197,000 bed days were lost in January (a 17.1% increase in the number of beds lost due to NHS delays, with a 39% increase in the number of beds lost due to social care delays).
- It was noted that although the NHS was facing significant operational and financial challenges, they did expect to deliver a “balanced position”.
- Councillor Dr Hill was invited to speak at a panel discussion at King’s College London on 23 June discussing “Brexit: One year on”, hosted by a think tank called Parliament Street. The main conclusions from the discussion were that we expect the UK to end up with EFTA (or EFTA-esque membership, meaning that free movement would be maintained. This is important for the NHS’ continued access to skilled labour. The General Election result had also reduced the UK’s negotiating power meaning the UK is unlikely to get a bi-lateral free trade agreement.
- **Councillor Mrs Mattick** reported that she had attended a training event delivered by Berkshire Health Foundation Trust around governors accountability. This had incorporated governors from the Royal Berkshire Trust as well as from Frimley Health.
- She had also attended a presentation on Self Care, titled ‘taking care of your birthday suit’.
- **Councillor Peacey** reported that Frimley Health governors had been invited to a briefing session on the STP in the upcoming week.

- The Healthwatch representative reported that Healthwatch would soon be publishing their annual report. He raised concerns that patients and the public were becoming restless and suspicious of the STP due to the lack of patient participation. He stated that there needed to be better publicity of changes and urged partners to use the services of Healthwatch as they had local intelligence in a range of areas.

15. **Date of Next Meeting**

5 October 2017.

CHAIRMAN