

## **Joint East Berkshire Health Overview and Scrutiny Committee – Meeting held on Monday, 14th September, 2009.**

**Present:** Councillors Beadsley and Leake (Vice-Chair)(Bracknell Forest Council).  
Councillors A S Dhaliwal (Chair), Plimmer and Walsh (Slough Borough Council).  
Councillors Meadowcroft (Vice-Chair) and Napier (Royal Borough of Windsor and Maidenhead).

**Co-opted Members:** Jacky Flynn (Slough LINK), Sheila Holmes (Windsor and Maidenhead LINK) and Councillor Hugh Meares (Runnymede Borough Council).

**Also Present:** Councillor Long (Slough Borough Council), Councillor Virgo (Bracknell Forest Council), Dawn Hines and Dr Pat Riordan (NHS Berkshire East), Philippa Slinger (Berkshire Healthcare Trust), Richard Beaumont (Bracknell Forest Council) and Sunita Sharma (Slough Borough Council).

**Apologies for Absence:** Councillor Mrs Shillcock (Bracknell Forest Council), Councillor Evans (Royal Borough of Windsor and Maidenhead), Madeline Diver (Bracknell Forest LINK), Dr Lise Llewellyn (Berkshire East PCT) and Julie Burgess (Heatherwood and Wexham Park Hospitals Trust).

### **13. Councillor Alan Browne**

The meeting observed a minute's silence in memory of Councillor Alan Browne of Bracknell Forest Council who had died since the last meeting of the Joint Committee.

### **14. Declarations of Interest**

Councillor Meadowcroft advised that he was an employee of a pharmaceutical company and as such may have commercial conflicts of interests with some of the issues raised by the Director of Public Health.

### **15. Minutes**

**Resolved –** That the minutes of the last meeting held on 29th June, 2009 be approved as a correct record.

### **16. Matters Arising from the Minutes**

#### **Car Parking Charges at NHS Establishments**

Copies had been circulated with the agenda papers of the letter of representation sent to the Chief Executive of the Heatherwood and Wexham

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

Park Hospitals Trust setting out the Joint Committee's concerns on a number of matters in respect of the charges for car parking at the hospitals. A copy of a response dated 28<sup>th</sup> August from Ms Burgess was tabled at the meeting.

Members noted the suggestion made at the last meeting that it may be appropriate to establish a Working Group to look into the issue of car parking charges in detail and formulate further comments and recommendations to both the Hospitals Trust and the PCT. The Chair reminded the meeting that the issue had been deferred as it was unclear whether officers at Slough would have the capacity to support the servicing of such a Working Group and to allow representatives of the other two authorities to consider whether they would be able to provide any officer support. He now understood that Slough would be able to support the Working Group for up to two days per week and the meeting confirmed that it wished to proceed with its establishment as soon as possible. It was suggested that membership comprise one Councillor from each of the three authorities along with Jacky Flynn representing the LINKs. The nominations were received at the meeting of Councillor Virgo from Bracknell Forest and Councillor Plimmer from Slough. A representative from the Royal Borough would be sought following the meeting. Members indicated that they would wish the working party to report to the final meeting of the Joint Committee in the current municipal year, i.e. 30<sup>th</sup> March 2010.

Councillor Meares from Runnymede Borough Council indicated that his authority had undertaken work on a similar issue and he had forwarded copies of some papers to the Clerk which may be useful in the Working Group's deliberations.

Whilst the Hospitals Trust had agreed to improve the information available to patients about discounts and exemptions to charges, Members expressed their disappointment that the letter from Ms Burgess failed to respond adequately to the very critical issues raised by the Joint Committee in its letter of representation following the discussion at the last meeting. The view was expressed that the establishment of a Working Group was necessary to pursue these issues in detail and the Clerk was asked to advise the Trusts of the Working Group's establishment and seek their co-operation in providing any information requested. Councillor Meadowcroft commented that information given in paragraph 4 of the letter that the costs associated with the security of the two sites as a whole were funded from the overall car parking revenues was at variance with what had been advised to the RB Windsor and Maidenhead Scrutiny Committee which had been told that all of the car parking income was ploughed back into car parking.

It was noted that the Working Group would also look at the issue of charges at PCT sites as well as those owned by Hospitals Trust.

### **Resolved –**

- (a) That a Member Working Group be established to look in detail at issues arising from the introduction of car parking charges by the Heatherwood and Wexham Park Hospitals Trust and Berkshire East

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

PCT at its sites, and that the Working Group report back to the Joint Committee at its meeting on 30<sup>th</sup> March, 2010.

- (b) That membership of the Working Group comprise Councillors Virgo (Bracknell Forest) and Plimmer (Slough) and Jacky Flynn (Slough LINK) along with a Member representative from the Royal Borough of Windsor and Maidenhead.

### **17. Berkshire East Primary Care Trust - Budgetary Position**

Dawn Hines, Director of Finance & Planning, made a presentation to the Joint Committee on behalf of NHS Berkshire East (the PCT) setting out the latest position on the Trust's budget. She advised that there was an overall revenue allocation of £546m and the financial plan aimed to deliver a small surplus this year of £1.2m. As at the end of July, the budget was on target although there were some areas of risk including activity levels at the Frimley Park and Royal Berkshire Hospitals; specialist commissioning; individual care packages (which were extremely expensive); and the possible consequences of a resurgence of swine flu. The August budgetary position was due to be published on 21<sup>st</sup> September.

She also referred to the outlook including the ability to carry forward any surpluses into the following financial year but cautioned that, given the current position on public spending nationally, there was a strong possibility that the Trust would be required to make savings of between 15 and 20% over the next five years, equivalent to a sum of £100m annually, and this would require very difficult and challenging decisions to be made.

The Chair thanked Ms Hines for her presentation and reference was made to the Joint Committee's wish that, in future, figures should be provided in advance if at all possible so as to facilitate more effective scrutiny.

The following matters were raised in the subsequent discussion:-

- Considerable concern was expressed by Members at the likelihood of the PCT having to save up to 20% of its budget over the next five years and a small anticipated surplus this year of £1.2m would have little impact on such a required level of savings. Ms Hines commented that the surplus could be utilised in assisting the Trust to undertake a whole system redesign and she commented further that work was already starting to look at how savings could be achieved with the first set of proposals being considered at the end of November.
- Reference was again made to the need for information to be circulated to Members in advance of the meeting so that appropriate questions could be framed. It was also essential that any financial information presented was put into context so that for example the Joint Committee could compare the level of expenditure per head of population with that of neighbouring authorities.
- Given the tremendous pressures on the PCT's budget, Members sought clarification as to the mechanisms in place to balance the

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

demand for services with the supply of funding available, given that the NHS was predicated on the principle that services should be free at the point of delivery. Ms Hines commented that this was not something the PCT could do on its own but it worked in conjunction with all of its partners and stakeholders to plan the services to be provided in the light of the available resources. Members commented that unless there was some form of rationing, then costs could run out of control and information was sought on how the situation was kept in check. Ms Hines added that it was about working with commissioning colleagues and framing the priorities for the coming year. A constant review was undertaken of whether the population was getting the services it needed and the most effective and efficient way of providing those services.

- Ms Hines was asked whether increases in demand in year affected waiting times for certain procedures, etc. She responded that no waiting list targets were currently being breached by the PCT or its providers.
- The PCT was also endeavouring to ensure that as many activities as possible were undertaken at primary care level and through GPs so as to keep costs down and this was an ongoing objective. A Member asked whether additional resources were being passed to GPs to reflect their additional responsibility. Ms Hines did not have any financial information available on this issue but stated that GPs would be supported if they were expected to provide additional services.
- A Member asked what the level of expenditure the PCT was in respect of the employment of agency staff. Ms Hines commented that the use of agency staff in the provider arm was very small at less than 1%, although the number of agency staff required in providing front line services was always an area of vulnerability and it was currently running at about 5%.
- Member referred to the difficult issue of delayed discharges from hospital and the need to ensure that sufficient resources were available in intermediate care and in the community so that beds were not blocked. Ms Hines responded that the partners worked closely to ensure that this was kept to an absolute minimum and the recently introduced Rapid Response service was a positive attempt to work across the system to ensure that appropriate action was taken for patients.
- Clarification was sought as to whether the increase in East Berkshire's population would be reflected in the financial allocations made to the Trust. Ms Hines commented that the allocation was linked to the official population figures so she would expect to see an increase in funds as population increased.
- A Member asked whether there was a problem with a shortage of the supply of drugs at certain pharmacies. Ms Hines was unaware of this problem but would take it back to colleagues. Councillor Meadowcroft commented that he believed there was an issue due to stock levels in pharmacies being kept low so as to take advantage of fluctuating drugs prices as between the pound and the euro.

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

- A Member referred to recent reports about financial problems at the Heatherwood and Wexham Park Hospitals Trust, possibly leading to some staff redundancies and asked whether the PCT was able to support the Trust in their difficulties. Ms Hines confirmed that the PCT was working closely with the Hospitals Trust to reduce their costs wherever possible and to ensure that there was no undue impact on patients.
- Ms Hines was asked to comment on whether GPs in East Berkshire were being told to prescribe cheaper and possibly less effective drugs to keep costs down. Ms Hines stated that PCT never told its GPs what to prescribe on cost grounds although she accepted that it did employ prescribing advisors to give appropriate advice to GPs. However, they did much more than advise on cost and no penalties were inflicted on GPs who exceeded their drugs budgets. A Member commented that he was aware that the PCT had certainly given guidance on costs in the past and GPs were incentivised to reduce the costs of the drugs they prescribed. Ms Hines reiterated that, whilst it was important that the PCT undertook to get GPs to keep their costs down wherever possible, they would never be required to prescribe a particular drug purely on cost grounds. Whilst Members had some concerns about this, Ms Hines assured the meeting that she did not believe this was an issue at the present time.

On completion of the questioning, the Chair thanked Ms Hines for her presentation.

**Resolved –** That the current position on the Primary Care Trust's budget be noted and that the Trust be asked to provide budgetary information in advance of the meetings in future to assist the Joint Committee's scrutiny of the matter.

### **18. Presentation - Director of Public Health**

The Chair welcomed to the meeting the recently appointed Director of Public Health for Berkshire East, Dr Pat Riordan, who made a presentation to the meeting on the Joint Strategic Needs Assessment (JSNA), outlining the priorities for the area over the next 5 to 10 years and covering issues including population growth and changes in the area's demographics; the major causes of reduced life expectancy in each of the three unitary authority areas; and highlighting some of the major health issues for the three boroughs.

The following issues were referred to in the subsequent discussion:-

- Slough Members highlighted the fact that there were some particularly serious health issues in Slough including, for example, early deaths from heart disease and stroke; a high level of physically inactive children and adults; high levels of diabetes; and particular issues with a high rates of both tuberculosis and HIV well above the south-east average. Information was also sought on whether additional funding

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

was being provided to meet these needs. Dr Riordan commented that, unfortunately, East Berkshire as a whole was regarded as being relatively healthy but this masked a number of serious health issues, particularly for Slough, and her view was that Slough should have been provided with additional financial support to tackle the problems highlighted.

- Reference was made to the comments earlier in the meeting about the possible need to substantially reduce the PCT's budget over the next five years and a view was sought from Dr Riordan as to the effect this might have on East Berkshire's population. She commented that it was essential that the health of the population must not worsen over that time period although it may be necessary to accept the status quo in health terms. What was important was that services were provided as effectively and efficiently as possible but she had clearly stated that East Berkshire's health must not be damaged and this had been accepted by the PCT.
- A Member commented that, given that funding may not be available, it would be essential for the PCT to look at examples of good practice elsewhere and work closely with partners in tackling issues such as TB and HIV. Dr Riordan commented that whilst she had not yet looked at this issue in detail, she would certainly be looking for best practice solutions from elsewhere in the country of campaigns that had achieved positive results.
- Dr Riordan was asked what her priorities would be now that she had had the opportunity to get the measure of some of East Berkshire's health issues. She commented that it was essential that she identified the major issues for the area and ensured that resources were targeted to where there was the biggest need. Part of her role was to provide vision and leadership and she would also be seeking champions to work with her in addressing the area's needs.
- Dr Riordan referred in particular to the need to ensure that appropriate treatment was undertaken at the right level and she referred to the fact that many people in Slough went to A&E and were admitted when they should more properly be going to their GP. The thresholds for admission needed to be looked at. It was pointed out to her that given the transient nature of the Slough population, it was probably the case that many individuals were not registered with a GP and therefore went straight to hospital as a matter of course.
- It was suggested in respect of the campaign against HIV that, as well as looking at the work undertaken in Brighton, creative work had taken place in London which should be examined.
- Reference was made to the financial difficulties which were likely to be caused by an ageing population, given that the older age groups in the population consumed a significantly larger amount per person in terms of health costs. Information was sought on how much more in financial terms would be required to meet this need over the coming year. Dr Riordan commented that it was important to remember that this was not only an NHS cost but there would also be a significant social care cost to local authorities. Members expressed their concern that, given the likelihood that Council spending would be capped for many years to

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

come, there would be insufficient funding available to local authorities to provide the care that people needed in the community. This could lead to additional pressures on the NHS. Dr Riordan agreed that this was likely to be a problem but she could not give any firm indication at this time as to the financial consequences of an ageing population whilst accepting that the issue certainly needed addressing in future.

- It was noted that an ageing population would give rise to a consequent increase in the levels of dementia. Dr Riordan confirmed that this was the case and the treatment of dementia would be an increasing cost for the NHS in the East Berkshire area. It was important that dementia was diagnosed at as early a stage as possible so that treatment could be started and she referred to the high level of research that was going on at the present time into its treatment.
- A Slough Member referred to the fact that the levels of childhood obesity were the key to tackling diabetes and other health problems that occurred as a result. He asked whether the PCT should not be targeting the worst wards for childhood obesity and, wherever appropriate, taking concerted action amongst certain communities where a particular problem had been identified. Dr Riordan commented that a wide ranging campaign was required but agreed that where appropriate, particular geographical areas or communities could be targeted where obesity was prevalent. A multi-faceted approach was required but it was important to remember that weight was only one of a number of factors leading to health problems and it would be necessary for an holistic approach to be taken to the problem, not merely concentrating on obesity.

Dr Riordan was thanked for her interesting and informative presentation.

### **19. Update on Swine Flu in East Berkshire**

Dr Riordan updated the meeting on the current position in respect of the outbreak of swine flu in the East Berkshire area. When the pandemic had first arisen, an attempt had been made to contain it but, once this became unfeasible due to the levels of infection, the PCT had moved into a “mitigation” phase to minimise the effects. She confirmed that it had affected young people in particular up to the age of 14 but that it had been milder than first expected.

East Berkshire had been one of several “hot spots” in the UK but there had been a significant decline in infection rates during the summer school holidays and the level of infections was running at a very low level. Only one anti-viral collection point remained open, at Upton Hospital. However, a possible second wave was being anticipated in the autumn and contingency plans were in place to tackle this. She updated the meeting on the vaccination campaign with the government intending to provide sufficient vaccines for the whole population. The first wave of the vaccinations would start in mid-autumn and priority would be given to certain groups including those already identified as being at risk and all pregnant women. All front line health and

## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

social care workers would also get priority but there was a national debate on the priority groups with for example social workers not included.

It was understood that about 20% of the PCT population (some 76,000 people) would be eligible for immunisation in the first wave and the model envisaged delivery of the vaccine through primary care and it was understood that agreement had just been reached with the BMA for GPs to give the vaccine at £5.25 per head. Plans were currently in progress and a working group being established to work out how the vaccination programme would be delivered across the area.

Members sought clarification on the categories of people entitled to vaccination in the first wave and, in particular, how those individuals would be identified. Dr Riordan commented that carers were not included in the definition of those eligible for vaccination unless they were immuno-compromised individuals. The identification of those at risk was relatively straightforward through GP registers. However, Members anticipated difficulty in controlling access to vaccination in respect of other people who were required to be identified by their employers. There was considerable concern amongst Members as to how the requests for vaccination would be audited within the PCT so as to ensure that only the right individuals received it. There was a concern that some employers may be tempted to arrange vaccination for all of their staff and clarification was sought as to how this could be avoided. Whilst the position could be well controlled where a local authority was the employer, this was not the case in respect of a large number of care staff employed by the private sector.

Members concluded that it was important that the availability of the vaccine was seen to be distributed in a fair and equitable way and the PCT should ensure that processes were in place to ensure that that is what happened. This particularly applied to the anomalous position where the government intended that local authority staff delivering social care would be vaccinated, whereas contracted-in social workers would have to await the second round of vaccination.

In response to a question, Dr Riordan confirmed that the virus remained relatively mild in its effect and had not significantly shifted in form. Accordingly, the vaccine was very effective. However, flu viruses were unpredictable and no guarantee could be given that a more virulent strain would not develop at some future time.

**Resolved** – That the position be noted.

### **20. Work Programme**

The Joint Committee noted its forward work programme and requested that an update report be submitted to the March meeting updating Members on the PCT budgetary position.

**Resolved** – That the work programme be noted and updated.



## **Joint East Berkshire Health Overview and Scrutiny Committee - 14.09.09**

### **21. Dates of Future Meetings**

It was confirmed that the next two meetings would be held on 10<sup>th</sup> December, 2009 at Maidenhead and on 30<sup>th</sup> March, 2010 at Bracknell.

Chair

(Note: The Meeting opened at 7.30 pm. and closed at 10.20 pm.)