

**HEALTH OVERVIEW AND SCRUTINY PANEL
04 MARCH 2010
7.30 - 9.40 PM**



Present:

Councillors Leake (Chairman), Virgo (Vice-Chairman), Mrs Angell, Baily, Brossard, Burrows, Mrs Shillcock and Thompson

Co-opted Members:

Mrs Isabel Mattick, Bracknell Forest Local Involvement Network

Apologies for absence were received from:

Councillor Harrison

Also Present:

Glyn Jones, Director, Adult Social Care and Health

Richard Beaumont, Head of Performance and Scrutiny

Julie Burgess, Chief Executive, Heatherwood and Wexham Park Hospitals NHS Foundation Trust

John Jones, Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Phillipa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust

David Townsend, Berkshire Healthcare NHS Foundation Trust

Mary Purnell, Berkshire East PCT

David Williams, Director of Locality Commissioning, NHS Berkshire East

Liz Sanneh, Democratic Services Officer

46. Minutes and Matters Arising

RESOLVED that the minutes of the meeting held on 3 December 2009 be approved as a correct record, and signed by the Chairman.

Matters Arising

The Director, Adult Social Care and Health, reported that following the presentation from the South Central Ambulance Service (SCAS) at the last meeting, concerns were expressed about care homes calling ambulances to lift patients who had fallen. There were no specific cases indicated, and no response to an email to SCAS requesting more information. The Director, Adult Social Care and Health, had written to all the care homes in Bracknell Forest asking whether they had used SCAS in this way. All replied that they did not use SCAS unless they believed that the patient was injured. Forest Care had no record or recollection of any calls to the service for lifting purposes.

47. Declarations of Interest and Party Whip

There were no declarations of interest.

48. Urgent Items of Business

There were no urgent items of business.

49. Berkshire Healthcare Trust

Phillipa Slinger, introduced their new Director of Operations, David Townsend, who would be taking over from Garry Nixon. Ms Slinger had attended a previous Overview and Scrutiny meeting in October 2009 and spoken about the Next Generation Care programme. The Trust was seeking to improve the quality of its provision, and was currently looking at a range of options including improving quality, increasing volume and decreasing cost. Three main challenges had emerged; these were:

Staff attitudes – a need to improve the culture had been identified, and the Trust was working on ways of giving time for staff to interact with patients; a “mystery shopper” sent onto the wards to experience staff responses and to be used for staff training; patient experience trackers had been introduced giving patients an opportunity for live feedback.

Difficult Access – services were fragmented and inconsistent across geographical areas.

Multiple referrals – these could be challenging for both patients and carers, and for clinicians.

In addition to these challenges, another major challenge was the financial restrictions, and the Trust was planning on how to make essential savings. They were taking early steps towards transformation, but seeking to avoid hasty service transformations. Financial savings would come from the workforce and buildings budgets. The Trust was committed to retaining six local bases, and assessment and care would continue to be primarily home-based. There was a continuing commitment to providing the service in partnership with local authorities. The Trust was working towards finding ways of having a single point of access to its services, and seeking ways of reducing multiple assessments. There was also an increased use of technology to support clients, including digital media. In-patient services would be improved by exploring ways of confining this to one site. Ms Slinger added that a coherent programme would be achievable within the funding likely to be available.

The Chairman thanked Ms Slinger, and invited questions. The Chairman asked Ms Slinger whether health care providers would be able to do more with less resources. Ms Slinger said this should be achievable, though it relied upon the wholesale roll-out of the new technologies and techniques, which had not yet been fully tested.

In response to an enquiry about the security issues involved in the objective to move away from hard data to electronic, Ms Slinger replied that the new national system would be extremely safe with a number of individual passwords for use by those who had access rights to the system, and these people’s applications for access would all have to be signed off by her. The system being used had already been implemented in a number of hospitals.

Members noted the projected 8 to 9 per cent increase in people aged over 65, also those over 85, with an anticipated commensurate increase in dementia cases.

A question was raised about the consolidation of wards at Prospect Park Hospital; Ms Slinger told the meeting that there were nine currently open. Under-occupancy in two

wards was inefficient and had been resolved by consolidation, and all the wards there were mixed, but with single en-suite rooms. The Trust was currently looking at options for Upton Park Hospital. If they believed wards should be consolidated onto one site, there would be a public consultation.

Ms Slinger explained that no cut was foreseen in the Trust's funding, though a reduction was expected in real terms, as there was unlikely to be provision for growth or inflation.

On the question of the client group served by the Trust, Ms Slinger explained that the Trust provided secondary care mental health services to all ages, for example in relation to personality disorders, with referral through the GP service. One of the members drew the attention of the meeting to the fact that mental health was the most poorly funded of all national health services. Another member asked about consultations within the NHS, suggesting that in times of financial hardship these appeared to be a waste of money. Ms Slinger responded by telling the meeting that consultation was compulsory, and she knew that if it was not done effectively, the Trust would be called to account. There was a need for a very wide-ranging consultation, but the Trust would seek to be innovative in the way it would be conducted.

The Chairman told Ms Slinger that the Panel appreciated the need for consultation and documentation, but asked that this be done as economically as possible – it should be done in a more effective and simplified way, without glossy brochures. If the Trust felt the need to consult on Prospect Park and Upton Hospitals, it was essential they came back to the Panel.

50. Update on Financial and Operation position of the Heatherwood and Wexham Park Hospitals Trust

The Chairman welcomed Julie Burgess who gave a presentation on the current financial and operational position of the Trust. She told the meeting that two of the issues highlighted by Monitor had been resolved – a new Chairman had been appointed in October 2009 and a Medical Director in February 2010, and Monitor was satisfied with these appointments. Under the 42 Core Standards for Better Health, the Trust had been working closely with the CQC to be compliant in all areas, and a robust system was now in place such that full compliance would be achieved by the end of March 2010. The Trust had applied to the CQC for a licence, and was awaiting the outcome.

Moving to the question of the “unprotection of land”, Ms Burgess explained to the Panel that the Heatherwood site was very spread out, and they wished to use the space more efficiently. When the land had originally been assigned to the hospital, restrictive covenants had been put in place, and the current move was to have these covenants removed so that the land could be used more creatively. They were considering consolidation at Heatherwood, and as a step toward that consolidation, they had sent out letters to the Trust's key stakeholders and tenants explaining the decision. Departments and services would be moved to a smaller footprint on the site, and all services would continue to be provided there. The budget would be used more effectively as there would no longer be a need to heat and service partly-utilised buildings. Ms Burgess reiterated that there were no plans to close the hospital, and that none of the services provided at Heatherwood would be adversely affected.

Ms Burgess then moved to the finances of the Trust, and the Turnaround plan which had been agreed in order to make the necessary financial savings. The plan included proposals for improvements, and reassurances that current services were good and

the hospitals clean. The aim was to maximise the money spent on direct patient care and minimise the money spent on overheads. There would be a year-end deficit of £9.9 million, from a year-start point of -£22m. The turnaround plan covered three years, and would deliver over £50m of savings over that period. The goal of the Trust was to be in the top 15% for clinical care, with greater efficiency and resources focused on direct patient care, and a risk assessment around clinical safety had been made. The number of beds would reduce in response to changes and improvements in clinical pathways.

The Chairman thanked Ms Burgess, and drew attention to an article in the Bracknell Standard concerning an alleged request for a review to the Secretary of State from the Trust. Ms Burgess explained that the Secretary of State had been asked by an MP to consider reviewing the history of the Trust, but nothing had yet been received. Ms Burgess added that the press article was very unfair in suggesting that the Trust was similar to the reported position in Mid Staffordshire, which it most certainly was not, having assessed all projects for clinical safety.

The Chairman then asked whether the unprotected of the land was in the gift of the Trust, or whether it had to go elsewhere. Ms Burgess told the meeting that it was in the Trust's gift, but if there were representations, then the Trust would need to take those into consideration. In response to a further question about whether or not the Trust would need to build on the land, Ms Burgess assured the meeting that this would not be necessary as the Trust could run all clinics in the existing buildings and all services could be delivered. Ms Burgess undertook to send further details of the move of the physiotherapy unit and all other affected units at both of the Trust's hospital sites. There was nothing planned for the unprotected land at the present time, other than the continued use of car parks and the possibility of short term lettings.

In response to a question about the Trust's tenants on the Heatherwood site, Ms Burgess reported that the Trust had given no-one notice, but as the tenancies came to an end their renewal would be discussed. There would be no reduction in the current car parking provision on the site. Ms Burgess was aware that some local people believed that the land would be sold for development, and one of the members of the panel criticised the Trust, saying that the use of the land had been erratic and piecemeal in the past, and that it now appeared shambolic, and over time the land and buildings would deteriorate. Ms Burgess responded by accepting that in the past the Trust had sometimes been reactive and erratic, but now that they had plans they would work proactively; the intention was to improve the site and care for it.

One of the Panel members suggested that one way out of the Trust's problems would be to sell off the unprotected site for development, and this would give money to improve the rest of the site. He had no confidence in the slow drip-feed of announcements. Ms Burgess reiterated that the Trust had no plans to sell any of the land at Heatherwood. They were still developing plans for the site and for clinical provision there. There was sufficient capacity in the existing buildings, and operating theatre work would move into the new footprint.

With regard to a question about single sex accommodation, which had allegedly been promised for the past 13 years, Ms Burgess said this had been an area of great focus and commitment, and the Trust expected to be compliant on this issue by the end of the current financial year.

Ms Burgess offered to give members a more detailed briefing on the changes at the Trust if they wished.

In closing the discussion, the Chairman commented that if the Trust was confident of achieving a £50million saving it was good, but queried how long the turnaround would take. Ms Burgess said that some of the turnaround challenges had already started, and it was scheduled to take place over three years. Rationalisation to the smaller footprint would happen over the next year or so. The Chairman asked whether IT and systems were now fit for purpose; Ms Burgess assured the meeting that the Trust was making progress, and some new systems would be introduced. The Chairman reminded Ms Burgess that the Council wanted Heatherwood to succeed and to become a centre of excellence. The public wanted to see the hospital succeed and a clear strategic overview to be consistently promoted and understood. He thanked Ms Burgess for the presentation and for her frankness in answering the Panel's questions.

51. **Transforming Community Health Services**

David Williams told the meeting that the Transforming Community Services agenda had been subsumed into the Preventing Crisis, Supporting People agenda. Under this agenda, the PCT had two main responsibilities – health for the community, and mental healthcare. The agenda for the National Health Service was the plan to move the provision of community health services away from the PCT, leaving the PCT to concentrate on its commissioning role. Deadlines were very tight, and by the end of March 2010 the Board needed to decide who would host the community health services, and by March 2011 all services would need to be transferred. The PCT had looked at options for services, and groups had been invited to present on 18 March. This was a major organisational change for PCTs.

The Chairman thanked David Williams, and asked the Director, Adult Social Care and Health, to speak.

Glyn Jones told the meeting that as a unitary authority the Council had been involved in the process, but because the Council's boundaries were not co-terminous with those of the Berkshire East PCT, and because of the very constricted deadlines, the Council had not bid to take over the community health services.

In response to a question about whether the new commissioning host would be an NHS provider, David Williams told the meeting that this was not necessarily so, but that there were some suitable NHS providers bidding.

The Chairman asked Mr Williams to give reassurance that the level and consistency of service would be of the same or higher quality, remarking that although bids might look good on paper, the changeover might not necessarily be smooth or easy in practice. He also asked what would happen to patient records.

Mr Williams told the meeting that patient safety was most important to the PCT. Challenges would continue to exist, but the PCT would go through the due diligence process for the transfer of services. The national IT system would need to be sustained, and it was hoped that patients would see no substantial change. Essentially this was an internal NHS organisational change; the PCT would still be commissioning services, but would not be providing them.

One member expressed concern at the possible increase in managerial overhead costs from this organisational change.

The Chairman asked whether the PCT would remain operationally responsible for the service, asking how the PCT would ensure that the level of service provision would

be maintained and to whom representations should be made if it was felt that the system was failing. Mr Williams responded that the PCT contracted and commissioned services to run health services for the community, and the PCT would be responsible; this was just the separation of commissioners and providers. Glyn Jones told the meeting that in future the PCT would just be a commissioning service with community nurses and hospitals run by a different operation. The PCT would continue to have the responsibility for planning services for the population, and would hold the budget but they needed to procure providers economically. This was an opportunity for the PCT to change the way they did things as commissioners. Progress of this change had been very swift, with an impact on joint services, but it would be beneficial to have a joint presence at future Panel meetings.

The Chairman thanked Mr Williams for his presentation, and asked for an update report at the Panel's next meeting in June.

52. **Working Group Updates**

The report had been circulated for two working groups.

Preparedness for Public Health Emergencies Working Group

Councillor Burrows told the meeting that the last meeting of this group had been held recently, and a full report should be presented to the Overview and Scrutiny Panel in June.

Bracknell Healthspace Working Group

Councillor Virgo reported that the working group's review had been concluded, and the draft report circulated for comment, which generated some changes, and the report had now been sent to the PCT's Chief Executive and to the Council's Executive Member.

The Panel **AGREED**

- i. To note the update report
- ii. To continue to monitor the delivery of the Bracknell Healthspace and the Cancer and renal services site at Brant's Bridge, establishing contact with the Royal Berkshire Hospital Trust
- iii. To commission a Working Group to review the commissioning and delivery of services to be provided from the Bracknell Healthspace and the Cancer and renal services at Brant's Bridge once the latter have commenced.

53. **Overview and Scrutiny Quarterly Progress Report**

Richard Beaumont introduced the quarterly progress report of Overview and Scrutiny, telling the meeting that this was a standard report. The annual report would go to the April Council meeting. He drew attention to paragraphs 3.2 and 3.3 of the report concerning Partnership Scrutiny.

With regard to staff reduction (3.10) Mr Beaumont told the meeting that reductions in workload were currently being managed.

He then drew attention to paragraph 4.1 – Legislation – which was currently very active. A private members bill which the Government was supporting to extend Overview and Scrutiny powers had had its second reading in the House of

Commons. This bill, if enacted, would bring in the extension of overview and scrutiny to those providing public utilities.

The Panel **AGREED**

- i. To note the overview and scrutiny activity over the period November 2009 to January 2010
- ii. To note the developments in Overview and Scrutiny set out in section 4.

54. Joint East Berkshire Health Overview & Scrutiny Committee Minutes

The Chairman informed the meeting that following the next meeting of the Joint East Berkshire Health Overview and Scrutiny meeting at the end of March, Bracknell Forest would be taking over the chair and administration of this Committee.

Mr Beaumont told the meeting that the JEB Overview and Scrutiny Committee had a hospital car park working group, which had planned to complete its work before the next municipal year. Slough Council would continue to provide officer support to this group through to completion.

The Panel noted the minutes of the Joint East Berkshire Health Overview and Scrutiny meeting on 10 December 2009.

55. Date of Next Meeting

The next meeting of the Health Overview and Scrutiny Panel will take place on 17 June 2010.

CHAIRMAN

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