

**HEALTH OVERVIEW AND SCRUTINY PANEL  
10 FEBRUARY 2011  
7.30 - 9.45 PM**



**Present:**

Councillors Leake (Chairman), Virgo (Vice-Chairman), Baily, Brossard, Harrison, Mrs Shillcock, Thompson and Ms Wilson (Substitute)

**Co-opted Representative:**

Terry Pearce, Bracknell Forest LINK

**In Attendance:**

Councillor Birch, Executive Member Adult Services, Health & Housing  
Dr William Tong, GP Consortia Lead  
Glyn Jones, Director of Adult Social Care & Health  
Richard Beaumont, Head of Overview & Scrutiny

**Apologies for absence were received from:**

Councillor Mrs Angell

**23. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting held on 7 October 2010 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 16: Royal Berkshire NHS Foundation Trust – It was reported that a site visit had been made to Brants Bridge and Councillor Thompson had attended along with the Chairman and some other members of the Panel.

Minute 17: Consultation on Mental Health Inpatient Facilities – It was reported that a response had been drafted in accordance with the views expressed by the Panel, supporting the option to centralise services at Prospect Park Hospital and had been sent to the Berkshire Healthcare Trust.

Minute 21: Work Programme 2011/12 – It was reported that the Panel's proposed work programme for 2011/12 had been submitted to the Overview and Scrutiny Commission alongside other scrutiny panels' work programmes and had been agreed by the O&S Commission and would now be considered by the Corporate Management Team and the Executive before being submitted to Full Council at the end of April 2011.

**24. Declarations of Interest**

Councillor Leake declared a personal interest in Item 5, as he knew Dr Tong as one of the doctors at Binfield surgery.

## 25. **The General Practitioner Consortium for Bracknell Forest**

Councillor Leake declared a personal interest in this Item, as he knew Dr. Tong as one of the doctors at the Binfield surgery.

The Chairman welcomed Dr Tong to the meeting and invited him to address the Panel on the progress of establishing the GP Consortium for Bracknell Forest.

Dr Tong thanked the Chairman for inviting him to talk to the Panel and stated that the report produced by Richard Beaumont for this item presented an excellent summary of the stage of development of the GP Consortium and wider development. Dr Tong made the following points:

- The GP Consortia in Bracknell Forest currently consisted of fifteen practices, this included the recent inclusion of three practices from Ascot. The patient base was now just under 150,000. The size of GP consortia had not been prescribed by the Government.
- The GP Consortia now had a Commissioning Board in place and had agreed that the Government's Community Interest Company model could be adopted if required.
- There were currently four doctors on the Commissioning Board and there was a need to recruit up to three non-executives. The Advisory Committee would be the decision making body, on which the Director of Adult Social Care would represent the local authority and Isabel Mattick would provide a patient representative input. The Board would be working towards bringing GP's into the consortia, it was important that the consortia operated from a grassroots level. Each GP practice would have one vote on the Commissioning Board.
- A Performance Review Committee would sit below the Commissioning Board, as well as a Commissioning Sub-Committee, which would be the engine for service redesign.
- The GP Consortia for Bracknell Forest was a designated pathfinder, this didn't mean any extra funding, but did provide opportunities to share ideas and experiences with other GP consortia. Dr Tong stated that there was a need for the Consortium to acquire skills and learning.

In response to members' queries, Dr Tong stated that GP's had for the past four years wanted greater control particularly over commissioning and driving the agenda, this could be achieved through a GP consortia. It was hoped that GP's could provide a local focus and make the process less bureaucratic. He envisaged that procurement would be a challenge.

Dr Tong agreed with members that it was important to get the public fully engaged; this process had been started with public participation groups. The GP Consortium would be keen to work with LINKs and the local authority on this. It was noted that the Government Bill prescribed that the membership of Health and Wellbeing Boards would include a representative of Healthwatch.

Dr Tong advised that currently a budget setting process was underway, funding would be distributed in accordance with a Government formula. Significant savings were required over the next two years. It was clear that Slough would qualify for a large sum, due to its deprivation index, however it was recognised that Bracknell Forest also had a baseline budget that would need to be funded. He was keen to ensure that frontline services would not be cut.

He stated that GPs were keen to change services, improve care and make the way in which GPs worked easier. At present, GP's spent too much of their time being an

advocate for the patient and chasing up results/appointments etc, this was not a good use of GP time.

Dr Tong advised that £30,000 funding had been provided to help get training underway and to begin building the structure required, the set-up stage being a huge challenge. He advised that the GP consortia was not big enough to employ a Finance Director or Chief Executive and that these roles would be shared between consortia, allowing the GP's to concentrate on their clinical role. There may also be other roles and staff that may be shared between consortia as well as a supporting administrative team. Due to budget reductions, the total staffing could not be as high as the current PCT structure and difficult decisions would need to be taken.

Dr Tong assured members that it was not intended to create a 'mini PCT' structure. In terms of the consortia's remit, Dr Tong advised that the consortia would be charged with delivering beyond primary care. The consortia would not be commissioning dental or ophthalmic services.

Dr Tong advised that the consortium had been supported well by the PCT. The actual needs of the Consortium had yet to be fully identified, but would include support on procurement. In terms of support from the Council, Dr Tong advised that a huge public information and education exercise was ahead of them, which would need to be delivered jointly with the Council. Dr Tong stated that the Health Overview and Scrutiny Panel could assist in developing relationships.

The Chairman thanked Dr Tong for his succinct presentation and clear responses to members' queries. The Chairman stated that the Panel looked forward to working with Dr Tong in the future to make the GP Consortium a success and that he was pleased that Dr Tong looked positively upon joint working.

## 26. **Progress Report on Health Reforms**

The Director of Adult Social Care and Health gave the Panel a presentation on the progress on the reforms to health arising from the Government's White Paper, 'Equity and Excellence: Liberating the NHS'. The Director stated that the Health and Social Care Bill 2011 provisions included:

- Dissolution of PCTs and Strategic Health Authorities,
- The establishment of a National Commissioning Body, GP Consortia and Public Health England,
- Creation of HealthWatch
- Transfer of Public Health to Local Authorities (top tier)
- Retaining Scrutiny role in local authorities

The Director reported that:

- The Council was supportive of the changes and was working to ensure their success.
- Arrangements for clusters would be in place by June 2011, PCT's would no longer exist by 2013.
- Option appraisals were being considered for Public Health, there was not yet clarity as to what funding would be available, however there would be some ring fenced funding.
- A statutory Health & Wellbeing Strategy would sit alongside the Joint Strategic Needs Assessment.

- Health and Well Being Boards would take on the functions of joining up the commissioning of local NHS services, Social Care and Health Improvement.

The Director asked if the Panel would find it useful if he provided regular reports to them on the progress of health reforms in the future.

The Chairman thanked the Director for his presentation and stated that regular updates from the Director would be essential.

In response to members' queries;

- the Director agreed to amend the wording on page 26, paragraph 5.4.6 of the agenda papers which described the membership of the Health and Well Being Board but referred to a scrutiny role, this paragraph wasn't clear.
- the Director stated that the role of volunteers would be prescribed by legislation that was yet to come into force, he understood the importance of the independence of volunteers and it was likely that a large volunteer community would be required.
- Engagement with patients was likely to come from working with both Healthwatch and Patient Participation Groups.
- In terms of a shared Public Health Director for the region, there were concerns around the amount of funding that would be made available for Public Health and it may not be cost effective to employ a Public Health Director for Bracknell Forest alone. The Director had been tasked by the Berkshire Chief Executive's group to develop a co-ordinated approach to public health by the local authorities across Berkshire. A decision could only be made once funding had been confirmed. More details of funding were expected in November 2011.

The Head of Overview and Scrutiny reported that the Government intended that overview and scrutiny did not necessarily have to be undertaken by a panel, it could be undertaken elsewhere in the local authority as each saw fit. Where an NHS organisation proposed to make substantial changes, this would need to be considered by the whole local authority and not just overview and scrutiny panels. The Health and Social Care Bill stated that scrutiny could be expanded to further areas if local authorities saw fit. He stated that the Bill was still in the early stages of its passage through Parliament and was therefore subject to change.

The Director added that under new legislation overview and scrutiny bodies could no longer submit reports to the Secretary of State, this could only be done through full council in the future.

#### **27. Report of the Review of Preparedness for Public Health Emergencies**

The Head of Overview and Scrutiny reported that the report of the Working Group had been adopted by the Overview and Scrutiny Commission and submitted to the Executive. The response from the Executive was provided in the agenda papers and had also been passed on to the Ambulance Service and considered by the O&S Commission.

The Panel were pleased to see the outcome of the Working Group's report.

#### **28. Joint East Berkshire Health Overview & Scrutiny Committee Minutes**

The Head of Overview and Scrutiny reported that there had been a meeting of the Joint Committee on 27 January 2011 and the following items had been considered by the Committee:

- The Chief Executive of the Strategic Health Authority (SHA) had attended and given a presentation on all the major reforms in the NHS. She had advised the Committee that the savings target for the SHA was £1.4 billion, for Berkshire East this translated to one hundred million pounds.
- A report on Children's Heart Surgery with proposals to reconfigure services to fewer larger centres. There would be a public consultation around the strategy for this.
- The Director of the Ambulance Service gave a presentation on how well this service was performing and the Committee agreed to support the Foundation Trust consultation exercise.
- The responses to the report of a Working Group on Hospital Car Park Charges.
- The Committee had resolved to cease further meetings unless the three councils decided to respond to a statutory consultation in future.

## 29. **Exclusion of Public and Press**

The Panel agreed that pursuant to Section 100A of the Local Government Act 1972, as amended and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of the following item which involved the likely disclosure of exempt information under the following category of Schedule 12A of that Act:

- (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information), provided that information in this category is not exempt if it is required to be registered under the Companies Act 1985; the Friendly Societies Acts 1947 and 1992; the Industrial and Provident Societies Acts 1965 to 1978; the Building Societies Act 1986; of the Charities Act 1993.

## 30. **Report of the Review of the Bracknell Healthspace**

The Chairman invited the Lead Member of the Working Group, Councillor Virgo, to introduce the report from the Working Group.

Councillor Virgo described the current status of the Healthspace, thanked officers and members for all the work they had contributed and explained the reasons for the publication of the report having been delayed.

It was reported that the Director of Adult Social Care and Health had provided some comments on the report and some were expected from the PCT. The Panel agreed that the Chairman be entrusted to agree the final changes to the report.

Members felt that the scrutiny role of the Panel was compromised if reports could not be published, when the Panel saw fit. The Head of Overview and Scrutiny stated that legislation did not allow anyone to prevent the Overview and Scrutiny Commission from publishing reports. This case was an unusual situation, the Commission's decision to not publish was taken after lengthy consideration and strong representations from the PCT, supported by the Council's management.

In response to members' queries, the Head of Overview and Scrutiny reported that the latest information on the proposal for an Urgent Care Centre was that the PCT

would be presenting a specification to the GP Consortium, before being agreed by the PCT. Whilst the specification had not been fully determined, it was envisaged that services just short of 'blue light' would be delivered.

The Head of Overview and Scrutiny drew members' attention to the legal advice given in paragraph 5.2 of the report in the agenda papers, which advised that publication be deferred until May 2011.

Following discussion, the Panel **AGREED** by a majority vote, that the report, as amended, should be submitted to the Overview and Scrutiny Commission with a recommendation that the report be published once the planning consent for the Healthspace had been granted. Councillor Thompson voted against this proposal.

31. **Date of Next Meeting**

Thursday 30<sup>th</sup> June 2011.

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The Chairman thanked members for their contributions to the work of the Panel over the past few years. He expressed his appreciation to members for electing him as Chairman of the Panel, a role he had very much enjoyed.

The Chairman stated that he liked to think that the Panel had made some impact, he expressed his personal thanks and gratitude to officers, members and partners.

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**CHAIRMAN**