

**JOINT EAST BERKSHIRE HEALTH  
OVERVIEW & SCRUTINY COMMITTEE  
2 FEBRUARY 2011  
7.30 - 9.40 PM**



**Present:**

Councillor Ian Leake, Bracknell Forest Council  
Councillor Mrs Anne Shillcock, Bracknell Forest Council  
Councillor Alison Napier, Royal Borough of Windsor & Maidenhead  
Councillor Robert Plimmer, Slough Borough Council  
Councillor James Walsh, Slough Borough Council  
Councillor Cynthia Endacott, Royal Borough of Windsor and Maidenhead

**Co-opted Members:**

Madeline Diver, Bracknell Forest LINK

**In Attendance:**

Philippa Slinger, Berkshire Healthcare NHS Foundation Trust  
Kenny Naughton, South Central Specialised Services Commissioning Group  
John Divall MBE, South Central Ambulance Service  
Dr Lise Llewellyn, NHS Berkshire East  
Andrea Young, South Central Strategic Health Authority  
Olga Senior, South Central Strategic Health Authority  
Richard Beaumont, Bracknell Forest Council  
Sunita Sharma, Slough Borough Council  
Andrew Scott, Royal Borough of Windsor & Maidenhead

**Apologies for absence were received from:**

Councillor Tony Virgo, Bracknell Forest Council  
Councillor Sue Evans, Royal Borough of Windsor & Maidenhead  
Jazz Khan, Royal Borough of Windsor & Maidenhead LINK

The Chairman welcomed health partners to the meeting and thanked them for their attendance.

**64. Declarations of Interest**

Councillor Plimmer declared a personal interest in Item 6, Consultation on Children's Heart Surgery, as his step son had received care within this service area at Heatherwood Hospital.

**65. Minutes and Matters Arising**

**RESOLVED** that subject to changing Councillor Meadowcroft to Councillor Mrs Endacott in the apologies for absence, the minutes of the meeting held on 6 October 2010 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 56: It was reported that the three extra public meeting dates had been circulated to Slough members.

Minute 57: It was reported that the investigation team who would be undertaking an independent review had met with the Chairman and Mrs Shillcock. A report should be produced from the review.

Minute 60: A report from the Working Group had been amended and despatched since the last meeting of the Joint Committee and responses to this report were included in the agenda papers for this meeting.

## 66. **South Central Strategic Health Authority**

The Chief Executive of the South Central Strategic Health Authority (SHA), Andrea Young delivered a presentation on the implementation of the Government's proposals for NHS reorganisation and the national and regional priorities affecting East Berkshire. The key points included:

- There had been very good improvements in infection control at Heatherwood and Wexham Park Hospitals Trust;
- The savings target for NHS South Central was £1.4bn over four years. All Primary Care Trusts had plans to contribute towards this and NHS Berkshire East's element was £100 million, of which some 50% was to be delivered by the Hospitals Trusts.
- The move towards GP Commissioning was attracting a high rate of take-up in NHS South Central;
- There was good engagement with local authorities on the establishment of health and Wellbeing Boards;
- Very good progress was being made towards all NHS Trusts achieving Foundation Trust status;
- PCT's were being 'clustered' so as to assist resilience and the retention of key staff during the transitional period, whilst freeing capacity to allow secondments of staff to GP Consortia.

The Chairman queried why there was often a delay in stroke patients being admitted to stroke units within hospitals. The Chief Executive of the SHA reported that hospitals had been contacted about their performance in this area and that the SHA would continue to work with those hospitals that weren't meeting targets. It was quite often the case that patients would be admitted from an ambulance via A&E. These patients would often then visit the resuscitation unit and then await an assessment, this could take some time. It was proposed that if patients at the point of entry were immediately assessed and moved into a Stroke unit this would bypass the whole A&E process. This would involve liaison with the ambulance service and this work was already underway.

In response to members' queries around how savings would be achieved in the upcoming years, the Chief Executive of the SHA reported that there was a significant amount of care that could be provided in the community which was currently being provided by hospitals, this would lead to some significant efficiency savings. The SHA would be looking at how patients used and accessed care and at the ambulance service and paramedic care and how this could be utilised in different ways. The SHA would also be considering back office operations and how efficiencies could be made. In particular, the way in which procurement was undertaken could be made more efficient, the SHA were looking at creating a South Central wide procurement area, to maximise efficiency savings for all local trusts. In addition, pay freezes continued to be imposed in the NHS.

The Chief Executive of the SHA confirmed that all efficiency savings would be ploughed back into healthcare. The GP Consortia would receive their share of the PCT's funding on a capitation basis.

The Chief Executive of the SHA stated that a strategy and plan had been put into place for this year and that an Operating Plan for the upcoming years would be publicly available at the end of March 2011. She stated that PCT clustering would ensure that talented staff were retained. She advised the Committee that GP's would need to work together to deliver commissioning and that some GP's may take a very active role in commissioning and take a step back from practicing, whilst others choose to be involved in commissioning to a lesser extent.

Further issues which arose in questions from members included:

- The changes required to public health arrangements were still being worked through;
- Patient choice is important, but the quality of health services is more important;
- The SHA and PCT's were developing a support service for GP Consortia, in addition to the secondment of some staff.
- Further details of the new 'Healthwatch' were awaited, so it was not yet clear how the national and local Healthwatch would interact with local authorities.
- 'Shadow' Health and Wellbeing boards were expected to be established within the next year.

#### **67. Consultation on Children's Heart Surgery**

Councillor Plimmer expressed a personal interest in this item as his step son had received care in this service area at Heatherwood Hospital.

The Service Development Manager, Kenny Naughton, from the South Central Specialised Services Commissioning Group delivered a presentation to the Committee on Children's Congenital Cardiac Services in England.

He informed the Committee that change was required in this service area as services had developed on an ad-hoc basis across the Country. In some areas assessment and ongoing care was available locally, whilst in other areas families had to travel long distances for the same services. Standards of care also varied across the Country and there was also considerable variation between different surgical centres. Experts were concerned that smaller centres were not sustainable in the future. He advised the Committee that what was proposed was i) new national standards of care, ii) congenital heart networks and iii) fewer larger surgical centres.

In response to members' queries, the Service Development Manager stated that accommodation for families who would need to travel considerable distances would be considered carefully and would be included as one of the areas of consultation in the consultation exercise.

The Service Development Manager reported that most of the assessment and other treatment would take place at the child's local hospital, only the surgery itself would take place at a specialist centre.

The Committee felt it was important that families continued to have regular access to specialist consultants, who could then make the appropriate referrals for children.

The Committee noted that the consultation exercise would be undertaken at the end of February and that numerous paediatric groups would be involved in this consultation.

The Service Development Manager also reported that workforce implications would be carefully considered by the Joint Commissioning PCT.

The Committee noted that each local authority could make representations to the Joint Commissioning PCT as well as feed into the consultation exercise individually.

#### **68. South Central Ambulance Service**

The Committee received a presentation from the Foundation Trust Project Director, John Divall MBE, of the South Central Ambulance Service (SCAS), on the Trust's performance and progress towards Foundation Trust status.

The Project Director (SCAS) reported that ambulance response times varied across the region and between each PCT area, however response rates for the region were very good when measured against national targets and the Trust was confident of meeting all its performance targets for 2010-11. The Trust faced similar financial challenges to other public bodies, as well as significant growth in the demand for emergency assistance and he considered that there was scope for more joint working with local authorities. The Trust had improved efficiency through its telephone triage, through treating people at home and other means, all of which reduced the conveyance of people to hospitals. Good progress was being made towards achieving Foundation Trust status, involving a major public consultation and programme of meetings, though recruitment of the target number of members posed a difficult challenge.

The Chairman referred to a recent incident in Bracknell where there had been a delay of 22 minutes in an ambulance attending an emergency. Mr Divall acknowledged that this was an unacceptable response time and offered to investigate the case if details were provided.

In response to members' queries, the Project Director (SCAS) reported that the 111 number could be dialled to receive urgent care and advice. This number would take away pressure from the 999 emergency service which should only be used in an emergency and when an ambulance was required.

The Committee queried why only two local authority representatives were being sought for the FT Board. The Project Director advised that it was a statutory requirement that the majority of the Board was made up of public representatives, however councillors could take up public representative positions also, but must declare their status as councillors.

The Chairman stated that a response to the consultation would be sent on behalf of the Committee if members sent their proposed responses to Mr Beaumont for consolidation. Alternatively, each member could send individual responses to the consultation, if they preferred.

Councillor Endacott as the Lead Member on the Berkshire Healthcare Trust FT Board agreed to provide SCAS with contact details of 500 representatives in the Berkshire Healthcare Trust who may be interested in participating in the consultation exercise.

The Chairman stated that Bracknell Forest would also look into providing a link on their website to the consultation document and it would be useful if the other local authorities could also consider doing this.

69. **Overview and Scrutiny Review of NHS Car Parking Charges Across East Berkshire**

The Chairman invited the Lead Member of the Working Group, Councillor Plimmer to introduce the report. Councillor Plimmer stated that the report before members detailed the responses from NHS Berkshire East and Heatherwood and Wexham Park Hospitals NHS Foundation Trust, to the Working Group's report which reviewed car parking charges across East Berkshire.

Councillor Plimmer stated that he welcomed the introduction of the Green Transport Plan, as recommended by the Working Group, which would come into force in the upcoming week. It was hoped that this would be a success and improve some of the parking issues that were being experienced particularly around Heatherwood and Wexham Park hospitals.

Councillor Plimmer reported that NHS Berkshire East and Heatherwood and Wexham Park Hospitals NHS Foundation Trust had stated in their response that there were a number of inaccuracies in the Working Group's report. Councillor Plimmer advised that this on a number of occasions was due to the Working Group not having access to comprehensive information in some areas. He concluded that the recommendations put forward by the Working Group still stood and that he would continue to monitor over the next six months to see to what extent recommendations were adopted. The Committee noted that no further changes were needed to the Working Group's report.

The Assistant Director of Transport and Infrastructure, Greg Scott, was present and advised that he was keen to work with members' in the future and stated that whilst there had been some disagreements in some areas, in other areas there had been some excellent points made, particularly around publicity around concessions.

The Chairman thanked the Working Group for their work in this area and the Assistant Director of Transport and Infrastructure for his response and input.

70. **Updates on Health Scrutiny**

The Committee noted the minutes of the health scrutiny meetings at the three councils. The Chairman reported one of Bracknell Forest's O&S working groups had recently concluded their work on the Bracknell Healthspace and that this would be presented at the Health O&S Panel in the following week.

71. **Committee Work Programme**

The Head of Overview and Scrutiny (Bracknell Forest) reported that the work programme agreed by the Joint Committee at the beginning of the Municipal year had now been completed.

The Head of Overview and Scrutiny (Bracknell Forest) reported that Bracknell Forest's Overview and Scrutiny Commission had resolved to cease the Council's involvement in the Joint East Berkshire Health O&S Committee, only to be reactivated in the event of a statutory consultation requirement. Mr Beaumont referred to the reason for the creation of the Joint Committee having been the creation of the Berkshire East Primary Care Trust (PCT), together with the three local

authorities in East Berkshire deciding to form a joint committee to respond to the PCT's statutory consultation on 'Right Care, Right Place'. The Government had now announced the dissolution of PCT's and following on from that announcement, the South Central Strategic Health Authority had announced that the PCT's in the NHS South Central region would come together into three clusters, following a Department of Health requirement.

The Chairman advised that due to pressure on resources, particularly on officer and member time, Bracknell Forest had formally decided to cease their involvement in the Joint Committee, however should a statutory consultation arise that required joint working, a meeting of the Joint Committee should be convened.

It was also noted that health partners had commented that they were regularly presenting reports at the Joint Committee and then at each individual Health O&S Committee for each local authority.

It was noted that clustering of PCT's was likely to take place in the following week leading to a greater focus on Berkshire wide. Also, each local authority would probably wish to have a focus on the area covered by their GP consortia, rather than East Berkshire as a whole.

The Committee resolved to cease its meetings unless a clear need arose, agreed by the Health scrutiny representatives of all three councils. It was agreed that should a meeting of the Joint Committee need to be convened in the period to May 2012 that the Royal Borough of Windsor & Maidenhead would initiate the process, convene the meetings and provide officer and administrative support as well as chair the meetings.

## 72. **Date of Next Meeting**

It was agreed that should a meeting of the Joint Committee need to be convened, that the Royal Borough of Windsor & Maidenhead would arrange the meeting and provide officer support as well as chair the meetings.