

**HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 2011
7.30 - 9.50 PM**



Present:

Councillors Virgo (Chairman), Mrs Angell (Vice-Chairman), Baily, Mrs Barnard, Finch, Kensall, Mrs Temperton and Davison (Substitute)

Co-opted Representative:

Terry Pearce, Bracknell Forest LINK

Apologies for Absence were received from:

Councillor Thompson

In Attendance:

Richard Beaumont, Head of Overview & Scrutiny
Philippa Slinger, Berkshire Healthcare NHS Foundation Trust
Charles Waddicor, NHS Berkshire West PCT
Mary Purnell, NHS Berkshire East

1. Election of Chairman

On the proposition of Councillor Mrs Angell, seconded by Councillor Baily it was

RESOLVED that Councillor Virgo be elected as chairman for the municipal year 2011/12.

2. Appointment of Vice-Chairman

On the proposition of Councillor Virgo, seconded by Councillor Kensall it was

RESOLVED that Mrs Angell be appointed as Vice Chairman for the municipal year 2011/12.

3. Minutes and Matters Arising

RESOLVED that the minutes of the meeting held on 10 February 2011 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 30: Mrs Purnell explained that 'blue light' cases referred to potentially life threatening medical conditions. The Head of Overview and Scrutiny reported that the Report of the Review of the Bracknell Healthspace had been considered by the O&S Commission in March 2011, adopted and sent to the Executive Member and the Chief Executive of NHS Berkshire East.

4. **Declarations of Interest**

There were no declarations of interest.

5. **Progress Report on Health Reforms**

The Chairman welcomed the Chief Executive of NHS Berkshire West Primary Care Trust, Mr Charles Waddicor to the meeting.

Mr Waddicor gave a presentation to the Panel, updating them on the reforms to health arising from the Government's Health and Social Care Bill, he made the following points:

- *Clustering of PCTs:* The new Executive team for the 'clustered' NHS Berkshire was now in place, with Mr Waddicor as its Chief Executive, but further restructuring under the new Executive team was still in progress. The Cluster Board had been established, clusters would have a transitional presence until April 2013. The agreed priorities for clusters were; clinical safety, financial balance, development of clinical commissioning groups, a sustainable health economy and the development of commissioning support.
- *Financial Position:* The saving programme for NHS Berkshire was £37m for 2011/12, of which £21 million related to East Berkshire. £2.6 million management cost savings were required by March 2013. Savings were currently on course, major risks included acute trust over-performance and failure of demand management schemes. The outlook was difficult with high inflation, growing demand and a challenging programme of reforms. Mr Waddicor said that the Health economy in Berkshire was regarded by NHS leadership as intervening too much, and it was unaffordable.
- *Progress on Clinical Commissioning Groups (CCGs):* CCGs would operate across the local health system, they would have delegated budgets and information and would be supported by the PCT to develop and deliver projects. CCGs would play a role in managing clinical variation. The Bracknell and Ascot CCG was a pathfinder.
- *Public Health Transfer:* This transfer of responsibility to councils would be from April 2013. The budget allocation was still outstanding; Public Health arrangements were dependent on funding.
- *Increased Democratic Accountability and Public Voice:* Overview & Scrutiny Committees would continue in their roles. Details for Healthwatch and the role of Health & Wellbeing Boards needed to be confirmed.

The Chief Executive stated that the NHS Berkshire Board was fully supportive of the Bracknell Forest Healthspace subject to agreeing the rent with the developer, and the Section 106 agreement being agreed.

In response to members' queries, the Chief Executive reported that the clusters would work in a very similar way to the PCT and would be responsible for all healthcare in Bracknell Forest as well as the other five local authority areas in Berkshire. The cluster had a £1.2bn budget for 2011/12 and would also be responsible for commissioning aspects of care. Gradually these responsibilities would move to the emerging CCGs.

He reported that being a larger organisation it was always tricky to maintain existing close relationships but that he anticipated that an important relationship would begin to develop between the Council and the CCG.

The NHS nationally faced a challenging budget, with £20 Billion savings required nationally over the next three years, and a larger number of older people with increasing needs. He reported that consultation would be carried out with key stakeholders should any significant decisions need to be made around service provision. The budget for East Berkshire was currently £550m, and was likely to be some £20 million less in the following year.

Members' queried whether Heatherwood Hospital would be under threat as a result of the difficult budget situation. The Chief Executive reported that no decision had been made yet, though the financial position in Berkshire East was stretched and at present nothing had been ruled in or out. Discussions would begin from July onwards with key stakeholders. Once this was concluded, the PCT Board would agree a series of options to achieve financial balance and to recognise the significant changes in the health economy in recent years. These options would be brought to the Panel and other stakeholders for formal consultation. Responses to consultation would be used to shape recommendations, which would then be put to the CCG Board in January/February 2012.

The Chief Executive reported that the CCG Board would consist of GPs representing the local area, 1 qualified nurse, a hospital doctor, a doctor from a secondary care unit and possibly 1 lay member.

In response to members' queries, the Chief Executive reported that 40% of the Bracknell Healthspace would be utilised by current and new GP practices and diagnostic services such as x-rays and ultrasound. The remaining 60% would be made available for the Urgent Care Centre and other outpatient facilities. Frimley Park currently operated outpatient facilities from Skimped Hill. The specification for the Urgent Care Centre had not been concluded. It was noted that the car parking issues were the province of the Council's Planning Committee. In response to members' queries, the Chief Executive reported that he hoped that development on the Healthspace would begin at the end of the calendar year. If the Section 106 progressed in the way agreed, there should be no delay in development.

The Chief Executive reported that LINKs would continue until HealthWatch was established, the Government was likely to increase scrutiny on Public Health, and guidance on whether HealthWatch would have a direct seat on Health & Wellbeing Boards was yet to be published by the Government. He regarded public participation to be important, particularly in the design of new services, and he welcomed the increased emphasis on public accountability.

The Chief Executive reported that the Royal Berkshire Hospital's Brants Bridge clinic had opened and was providing first class cancer and renal services. There were no opportunities to use vacant space at the site for NHS purposes.

In response to members' queries, the Chief Executive recognised that the exercising of patient choice presented some hospitals, including Heatherwood and Wexham Park, with difficulties. He reported that Trusts may need to consider clustering the delivery of health services together more in the future to concentrate the skills of surgeons and ensure demonstrably better outcomes for patients.

The Chairman thanked the Chief Executive for his informative presentation and responses to the Panel's questions.

6. **Berkshire Healthcare NHS Foundation Trust**

The Chairman thanked Philippa Slinger, Chief Executive of the Berkshire Healthcare NHS Foundation Trust, for the briefing meeting which preceded the public meeting. The following points were made:

- *Transfer of Community Health Services:* The transfer of PCT staff had been completed successfully and the Trust now provided a much broader range of services, incorporating a range of diverse skills. A Bracknell Forest Locality Director would be appointed in July and the Chief Executive stated that she would bring the newly appointed Locality Director to the next meeting of the Panel.
- *Developments in mental health service delivery, including in-patient facilities:* The Chief Executive reported that it had been agreed that Option 1 (Prospect Park) should be further explored and a business case be outlined looking particularly to consider issues around the transport to and from Prospect Park. Option 3 (New purpose built facility) remained on the table should any new funding streams become available. Slough Borough Council had asked that a decision be deferred to allow them to undertake a task and finish group. The decision would therefore be taken in July and the Trust's Board would make recommendations to the PCT Board, who would then make a decision by the end of July.
- *Financial Outlook for the Trust:* The Trust had planned well for the difficult budget and as a result was managing adequately. The Trust had recently made 20 staff redundant.

The Head of Overview & Scrutiny informed the Panel that at the Joint East Berkshire Health O&S Committee the mental health inpatient facilities had been considered and each of the three local authorities had opted for differing options.

Members expressed concerns around travel arrangements to and from Prospect Park. The Chief Executive advised that it was envisaged that there would be very few long stay patients, the average length of stay at the facilities would be 13-14 days. Treatment services were in place that could visit a home 3 or 4 times in a day. Those that did need to stay longer than 13-14 days would be covered by the travel scheme that would be developed. Councillor Baily was providing an input to the development of the travel scheme.

Members' queried the recent inspection in February by CQC on Charles Ward at St Mark's Hospital and their findings. The Chief Executive reported that CQC had raised four areas of concern, two of these related to record keeping and the other two areas related to safeguarding. All concerns raised had been addressed.

The Chief Executive stated that the Trust had a very good working relationship with Bracknell Forest staff.

7. **Report of the Review of the Bracknell Healthspace**

The Head of Overview & Scrutiny reported that the O&S Commission had adopted the addendum report and had decided to defer the publication of the report until after the local elections in May 2011. The report had been sent to both the Executive Member and the Chief Executive of NHS Berkshire East in March 2011, for a response. The O&S Commission had asked that a formal response be received from NHS Berkshire East by the end of July. The Executive Member had agreed to give his comments once a response from NHS Berkshire East had been received.

The Chief Executive of NHS Berkshire West PCT gave a presentation on the background and purpose of the Bracknell Healthspace. He also made the following points about the current progress of the facility, current issues and next steps:

- There were no significant impediments and the scheme was well supported.
- Planning permission had been granted subject to S106/278 negotiations, plans were in place to commission services and detailed work was being undertaken on building design in collaboration with commissioners and service providers. The rent charges should crystallise once the S106 agreement was settled.
- Legal issues needed to be resolved including lifting the covenant on the Skimped Hill site and reaching conclusion on the CPO for land.
- Affordability and risks needed to be kept under review as the political and economic environment continued to change, the developer planned to commence construction in late 2011. Specifications for new services were being worked on by GP commissioners and would be tendered where necessary. The building was scheduled to open in mid 2013.

In response to members' queries it was reported that the Healthspace would provide services required by local people that were not provided by hospitals, however there would inevitably be small overlaps with services provided by Heatherwood Hospital. The Healthspace would potentially provide some of the following services; urgent care, GP services, Community Services, Outpatient Services, Diagnostics and Mental Health Services.

It was reported that a huge publicity campaign would be required to ensure local people understood what was available within the Healthspace.

The Chief Executive, NHS Berkshire assured members that he did not foresee any further delays to the progress of the development of the Healthspace. The Board was content to conclude negotiations on the condition that there would be no change to overall costs.

The Chairman thanked the Chief Executive for his presentation and asked that should any material changes be required to the Healthspace that he advise the Panel in the future, the Chief Executive agreed to do so.

8. Joint East Berkshire Health Overview and Scrutiny Committee

The Head of Overview & Scrutiny reported that this would be the last set of minutes from the Joint Committee at present as members of the Joint Committee had decided that meetings should be ceased unless a clear need for the Joint Committee arose in the future.

The Head of Overview & Scrutiny reported that it was possible that there would be a statutory consultation later in the year and that the Joint Committee may need to reconvene to consider it.

The Panel noted the minutes of the Joint Committee and queried whether the 111 emergency telephone number had been publicised; the Head of Overview & Scrutiny stated that this number was essentially beneficial to European visitors who may be accustomed to ringing 111 for emergency assistance in their own countries.

9. Work Programme 2011/12

The Panel considered its Work Programme for 2011/12.

The Chairman encouraged members to concentrate their attention on the key issues. The Chairman also proposed increasing public involvement and informed the Panel that the Buckinghamshire County Council Health O&S Panel had invested time in informing local people on how the new local health system would fit together and had undertaken activity to make the Health O&S Panel more accountable to local people. He suggested that it would be useful to meet with members from Buckinghamshire to explore this further.

In terms of the Work Programme, the Chairman felt that the Health & Wellbeing Strategy was a key strategy and that it would be useful to set up a working group to look at the Strategy. The Strategy would be submitted to the Director of Public Health and it was important that the Panel had an input.

Councillors Kensall, Finch, Virgo, Mrs Temperton, Baily and Terry Pearce agreed to participate in this working group.

The Head of Overview & Scrutiny queried if it would be useful to conduct this working group as a workshop and to seek the input of the Executive Member, the Director and others. The Panel agreed that this would work well.

Councillors Virgo, Mrs Angell, Mrs Barnard, Kensall and Finch agreed to participate on the working group: Monitoring the Implementation of the Major Changes from the 2010 NHS White Paper.

It was agreed that in order to keep the programme to a manageable size, the other working groups suggested in the proposed Work Programme should be deferred to a future date.

10. **Date of Next Meeting**

3 November 2011

CHAIRMAN