

**HEALTH OVERVIEW AND SCRUTINY PANEL
3 NOVEMBER 2011
7.30 - 10.05 PM**



Present:

Councillors Virgo (Chairman), Mrs Angell (Vice-Chairman), Baily, Finch, Kensall, Mrs Temperton and Thompson

Also Present:

Councillor Leake

Co-opted Representative:

Terry Pearce, Bracknell Forest LINK

Apologies for absence were received from:

Councillors Mrs Barnard and Ms Wilson.

Councillor Birch, Executive Member for Adult Services, Health & Housing

In Attendance:

Richard Beaumont, Bracknell Forest Council

Philippa Slinger, Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Mary Purnell, NHS Berkshire

Glyn Jones, Bracknell Forest Council

Will Hancock, South Central Ambulance Service

Keith Boyes, South Central Ambulance Service

Dr Kittel, GP Clinical Commissioning Group

David Townsend, Berkshire Healthcare NHS Foundation Trust

11. Minutes and Matters Arising

RESOLVED that the minutes of the meeting held on 30 June 2011 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 7: It was noted that the parties involved in the Bracknell Healthspace project were still in discussions, but the Section 106 agreement had not yet been signed.

Minute 9: The Head of Overview & Scrutiny reported that two working groups had been set up, the first to look at the Health & Wellbeing Strategy and the second to monitor the progress of the implementation of the Government's health reforms. Both working groups had met once.

12. Declarations of Interest

There were no declarations of interest.

13. Urgent Items of Business

Pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decided that the following issue should be considered as a matter of urgency at the meeting:

The Chairman advised that the birthing unit at Heatherwood Hospital had been temporarily closed and this had led to an increase in women giving birth at Frimley Park. He asked for an update on the future of maternity services locally.

Mary Purnell advised that Dr Jackie McGlynn could attend a future meeting to speak to the Panel about the shift in women wanting to give birth at Frimley Park as opposed to Heatherwood, as well as the proposed move of community midwife services from Heatherwood to Frimley Park hospital and the future of maternity services locally.

14. **South Central Ambulance Service - Ambulance Quality Indicators**

The Chairman invited the Chief Executive of the South Central Ambulance Service, Mr Will Hancock to speak to the Panel about the Trust's performance against the new Ambulance Quality Indicators.

Mr Hancock made the following points:

- **New National Approach:**
 - There was a move from focus on time targets to a culture of continuous improvement in clinical care
 - There was a broader range of indicators rather than a few targets
 - Indicators would be based on best available evidence and the involvement of clinicians
 - Feedback from patients would be a key indicator of quality
 - Each Trust would provide information, comparative data for other ambulance trusts and explanatory narrative – so that the public could judge for themselves.
- **National Indicators included: Access, Response times, Treatment, Disposition and Outcomes.** The 'time to treatment' target was a particular challenge in remote areas.
- **Areas for improvement included, some aspects of access and response times.** Only some 60% of patients needed to be taken to hospital.
- **Areas in which the Service was performing very well included:**
 - **ACCESS:** Emergency response on scene within 8 minutes of call being received for patients with life or limb threatening conditions.
 - **STROKE CARE BUNDLE:** Proportion of stroke patients who received all elements of the optimal care package.
 - **FREQUENT CALLERS:** Proportion of callers for whom there was a locally agreed care plan in place (particularly relevant for frequent callers).

In response to queries from Panel Members', Mr Hancock made the following points:

- The new 111 Urgent Care number would become active in April 2013 and it was hoped that it would take some pressure away from the 999 number.
- More recently the Ambulance Service had been reliant on private providers, as over 300 staff needed to be recruited in a short time span to improve response times, this couldn't have been achieved without drawing from the private sector. Over the next two years NHS staff would increasingly replace

private providers. He advised that private providers were subject to the same stringent standards as NHS staff.

- It was reported that staff on board a particular ambulance would decide where the patient would go, however a patient's views would also be taken into account.
- It was reported that the Patient Transport Service had in some cases left patients waiting for transport for up to 4-5 hours. Mr Hancock stated that this service was not a bespoke service and was commercially competitive, he was happy to look into any cases highlighted. A survey of patients would be taking place soon and he was happy to share the results of this survey with members. The Panel suggested the Trust adopt a maximum waiting time target.
- It was reported that ICE buses were being used to deal with drunk and disorderly individuals on Friday and Saturday evenings. This kept these people away from A&E and the buses were run by Police and wardens and allowed people to cool off and recover from the effects of alcohol, without disrupting hospital patients and services.
- It was reported that the CQC Inspection which had highlighted that the transfer of data for Safeguarding Adults had been untimely, had now been rectified.
- It was reported that SCAS was in the process of applying for Foundation Trust status, this would give them more local accountability.

15. **Progress on Establishing the Clinical Commissioning Group**

The Chairman welcomed Dr Kittel to the meeting and invited him to address the Panel, Dr Kittel made the following points:

Progress so far:

- The Group had been on a steep learning curve and had made solid progress. Their self-assessment was 'green', indicating that the group was on target with its development.
- Clinical Commissioning Group (CCG) had a very strong governance structure: Terms of Reference for the Board, GP council and practices had been established. There was an excellent and experienced senior management team supporting directors.
- Achievement of QIPP for this year:
 - Forecasted savings were currently £325,000 and continued to rise
 - Progress was being made to reduce variation in referrals between practices
 - Very strong Patient Participation Groups (PPGs) were actively involved.
 - All practices now had a PPG and a PPG lead sat on the GP Council and had excellent contacts and knowledge of the local community. PPGs were intricately involved in a wide variety of areas and ways.

National Pioneering in Several Areas:

- Primary Care Led Urgent Care
- Self Care
- GP Education
- Liaison with Local Hospitals
- Outcome Focus

Arising from members' questions, Dr Kittel stated that;

- The CCG's Directors were elected for a three year term.
- There is a forecast significant increase in older people in Bracknell Forest to 2025, requiring more treatment of long-term conditions.

- The Healthspace would be unique and likely to attract national interest, any urgent care given at the Healthspace would be primary care-led, and immediately communicated to the local practice ensuring joined up services. The provision of urgent care at this facility would also take away pressure from local hospitals and lead to huge savings which could be ploughed back into services.
- The CCG had decided to work with Ascot and this had been very successful, the cohesiveness locally had created many opportunities.
- It was accepted that there was a conflict of interest for GPs as providers and commissioners, and this needed to be carefully managed.
- Dr Kittel confirmed that he and his colleagues were still making referrals to Heatherwood Hospital. Bracknell GP's are supportive of Heatherwood hospital, despite the cessation of acute medicine there.
- Self-care is very important, and many people attending A&E do not need to be there.
- It was reported that the CCG would be publicly accountable through Board meeting minutes, that would be available to the public. In addition, PPG representatives were already a part of the process and the Board were keen to ensure transparency.

It was reported that the CCG would choose for itself where to access commissioning support

The Director of Adult Social Care stated that the Council was closely involved with the CCG and the Health & Commissioning Strategy would need to be submitted to the newly established Health & Wellbeing Board.

16. **Heatherwood & Wexham Park Hospitals Foundation Trust**

The Chairman welcomed Philippa Slinger, Acting Chief Executive at Heatherwood & Wexham Park Hospitals NHS Foundation Trust and invited her to address the Panel.

Mrs Slinger made the following points:

- Julie Burgess the former CEO, had recently resigned on ill health grounds.
- Mrs Slinger was keen to rid the organisation of its insular relationship with stakeholders and to make the organisation as transparent as possible.
- Mrs Slinger stated that the Birthing Centre at Heatherwood Hospital had been closed a few weeks ago due to long term staff sickness. Heatherwood delivered around 30-35 babies a month, this low number of births at the hospital meant that there wasn't a bank of staff to draw upon. At present the plan was to reopen the birthing unit at Heatherwood at the end of January 2012, however the clinical safety and efficiency of the unit needed to be considered when only 30-35 births were taking place each month. A decision would need to be made on the future of the birthing unit.
- Mrs Slinger could not guarantee that the birthing unit would reopen at the end of January 2012, further discussions with GPs and the PCT were still necessary.
- Mrs Slinger said that her top four priorities were: celebrating the high level of health services being delivered; improving the morale of staff, who are committed and dedicated; stabilising the Trust's finances, which is challenging; and constructing the vision for the future.
- In response to members' queries, Mrs Slinger stated that she was not able to issue a public statement to say that the future of Heatherwood Hospital was safe. She stated that Heatherwood Hospital currently carried out a

considerable amount of outpatient work, urgent care and diagnostic work as well as elective surgery on hips and knees. A decision needed to be made as to whether this could continue with financial viability. It was likely that there would be some estate rationalisation and continue to be a health facility of some form at Heatherwood Hospital and that in any event, all these services would remain locally available.

- Mrs Slinger stated that the ultimate decision as to the future of Heatherwood Hospital would rest with GP commissioners. A rough draft of a business case would be available in mid December and there would be a consultation exercise in early March 2012, based on 'Shaping the Future' – this would consider the local health system and how to balance Heatherwood Hospital, the Healthspace, Brants Bridge, Wexham Park Hospital and Frimley Park Hospital. It was hoped that consultants from the Foundation Trust would stand alongside GP commissioners and work in collaboration. Formal consultation on proposals was likely to be held in March 2012.
- Mrs Slinger stated that she felt confident that finances could be stabilised this year, further discussions were necessary with the PCT on this. Currently the Trust was experiencing more work than it was contracted to provide, leading to funding issues. The estate also needed significant investment, as well as investment being needed in IT systems.

The Chairman thanked Mrs Slinger for her openness and input, the Panel valued her transparent approach.

17. Progress Update - Transfer of Public Health Functions

The Director of Adult Social Care & Health gave a progress update on the transfer of public health functions from the PCT to the Local Authority, he made the following points:

- As part of the Health & Social Care Bill, public health functions would become the responsibility of local authorities. The finance attached to this work had not yet been disclosed, but was expected to be published by the Government before Christmas. Some £20 million was currently spent on public health annually in Berkshire.
- The Berkshire Chief Executive's Group had commissioned some work to look at the future arrangements for the Director of Public Health, Bracknell Forest did not currently have a Director of Public Health as a result of the PCT not being co-terminus, this was a concern. The Health & Social Care Bill permitted that a Director of Public Health could be shared between local authorities, more detail on this could be provided at the next meeting of the Panel.
- Five papers were expected to be published by the Department of Health in the autumn, the Panel would be kept informed of transition arrangements.

18. Report of the Review of the Bracknell Healthspace

The Panel considered the responses by the Executive and NHS Berkshire to the addendum to the Overview and Scrutiny report resulting from the Overview and Scrutiny review of the Bracknell Healthspace project.

The Head of Overview & Scrutiny reported that the Panel had set up a working group on the healthspace, which had produced a report. The publishing of this report was delayed as there were concerns that the report may compromise the delivery of the healthspace at that time. He also stated that the responses attached to the agenda

papers from the Executive Member and Charles Waddicor had also been submitted to the O&S Commission.

Members expressed frustration around the continued delay in the agreement of the Section 106 and 268 agreements. Mary Purnell accepted that this was an area of frustration, the Strategic Health Authority was currently in transition and as they had a role to play in the disposal of land this was creating delays.

It was noted that the Council's planning department had worked hard to ensure that their role in the S106 agreements did not delay the process, the delays had been created elsewhere.

Mary Purnell stated that she was confident that the issues between Ashley House and the Council had now been resolved on both the Section 106 and S268. She agreed to report back to members on this.

The Chairman asked that an update on progress be provided at the next meeting of the Panel.

19. **Overview and Scrutiny Bi-Annual Progress Report**

The Panel noted the Bi-annual Progress Report of the Assistant Chief Executive.

The Head of Overview & Scrutiny reported that the report summarised overview and scrutiny activity during the period March to August 2011 and detailed significant national and local developments in overview and scrutiny.

The Chairman advised that as a result of the upcoming Berkshire wide consultation in March and other emerging issues, the chairmen of the Joint East Berkshire Health O&S Committee would be meeting to discuss issues and whether it was necessary to convene a meeting of the Joint Committee.

20. **Date of Next Meeting**

2 February 2012

The Chairman asked members to contact him if they had any thoughts on key people that should be invited to the next meeting. He suggested the Chief Executive of Frimley Park Hospital and a representative from the PCT be invited.

CHAIRMAN