# HEALTH OVERVIEW AND SCRUTINY PANEL
# 26 APRIL 2012
# 7.30 - 9.45 PM

Bracknell Forest Council

**Present:**
Councillors Virgo (Chairman), Mrs Angell (Vice-Chairman), Baily, Finch, Kensall, Mrs Temperton, Thompson, Ms Wilson and Blatchford (Substitute)

**Co-opted Representative**: Terry Pearce, Bracknell Forest LINK

**Also Present:**
Councillor Birch, Executive Member for Adult Services, Health & Housing

**Apologies for absence were received from:**
Councillor Mrs Barnard

**In Attendance:**
Richard Beaumont, Head of Overview & Scrutiny
Glyn Jones, Director of Adult Social Care, Health & Housing
Mary Purnell, NHS Berkshire
Dr Pat Riordan, Director of Public Health
Philippa Slinger, CEO, Heatherwood & Wexham Foundation Trust
Dr William Tong, CCG Chairman

31. **Minutes and Matters Arising**

**RESOLVED:** that the Minutes of the Panel held on 2 February 2012 be approved as a correct record and signed by the Chairman.

Matters Arising

*Minute 22: Views of Member of Parliament*
The Chairman agreed to investigate if Dr Phillip Lee MP's model of healthcare for the local area had been published and if so, to circulate it amongst members of the Panel.

*Minute 26: Frimley Park Hospital NHS Foundation Trust*
The Head of Overview and Scrutiny confirmed that a visit to Frimley Park Hospital had now been arranged for members of the Panel on 15 May.

32. **Declarations of Interest and Party Whip**

Terry Pearce declared a personal interest in Item 10: Heatherwood Hospital Birthing Unit as chairman of 'Defend Our Community Services', which was running a campaign concerning Heatherwood Hospital.

33. **Public Participation**

There were no items submitted under the Public Participation Scheme.

The Chairman encouraged members of the public to submit questions under the Scheme if they wished. The public could submit questions under the Scheme if they gave three clear working days notice and met the other requirements of the Scheme.

34. **Bracknell and Ascot Clinical Commissioning Group**

Dr William Tong, Chairman of the Bracknell Forest & Ascot Clinical Commissioning Group(CCG) gave a presentation to the Panel on the process for gaining authorisation of the CCG. In this, and in response to Members' questions, Dr Tong made the following points:

- The Bracknell and Ascot CCG comprised 15 practices, this incorporated 140,000 patients. 12 practices covered the Bracknell Forest area and in addition three practices were included in the Ascot area. There were 7 CCGs in Berkshire.
- All CCG's needed to be authorised by April 2013, this presented quite a challenge, a number of steps towards authorisation were required and there were six domains that had been specified by the Department of Health that would need to be addressed in order for CCG's to be authorised.
- The CCG had made good progress in its creation. Links had been built with Patient Reference Groups, the LINKs and the third sector. A 'federated' approach was being followed on various issues with other CCGs in Berkshire
- Dr Tong stated that authorisation would be a process and would not end in April 2013. The CCG needed to show it was fit for purpose by April 2013, and they were confident of doing so.
- The status of the CCG at present was that it was in shadow form and a sub committee of the PCT Cluster.
- Domains one and six demonstrated a requirement for clinical engagement, which included appointing a consultant from the local area. The CCG would be challenging this as it was felt that there could be advantages of appointing an external consultant as they would then be unbiased. A nurse and two lay people would also need to be appointed.
- The Health & Wellbeing Board and Healthwatch would need to demonstrate strong engagement with the public, to address domain two.
- Dr Tong stated that QIPP (Quality, Innovation, Productivity and Prevention) was at present the CCG's biggest challenge. The CCG were currently overspent.
- Domain five required the CCG to show how they were working collaboratively to deliver change, a good example of this was the Bridgewell Project.
- The Health O&S Panel would have a role in 360 degree stakeholder review and the CCG would be asking the Panel to contribute to this process. The turnaround time for this would be around eight weeks.
- Within Berkshire, all CCG's had agreed to attempt to gain authorisation in the first wave, however it was uncertain if this was possible and so the Bracknell Forest and Ascot CCG would be preparing for wave one, but likely to gain authorisation in wave two. There were advantages of being authorised in wave two as lessons could be learned from those authorities that had been authorised in wave one.
- Dr Tong confirmed that the CCG was absolutely committed to the screening of breast cancer and had increased the age range of women who qualified for screening.
- Dr Tong confirmed that the CCG would always seek the best provider and this would include providers in the private sector.

- Dr Tong apologised that the LINK representative felt that engagement had been poor to date and that this would improve under the auspices of the Health & Wellbeing Board.
- Dr Tong assured members that there was not a conflict of interest around the CCG being a provider and a commissioner as the CCG would only be commissioning services that it did not provide, it would not be commissioning its own primary care services.

The Chairman thanked Dr Tong for his informative presentation. Dr Tong agreed to attend a future meeting of the Panel to report the CCGs progress.

35. **Joint Strategic Needs Assessment**

The Director of Adult Social Care, Health and Housing reported that there was a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA), as a partnership endeavour. Work this year had identified a range of priorities; this included particular aspects of children's services. The Council had also been required to produce a Child Poverty Strategy.

A wide range of staff had been involved in identifying sources of information. The information now needed to be made more widely available.

The Director of Public Health, Dr Pat Riordan reported that it was important to recognise the importance of the JSNA and how it linked with the Health & Wellbeing Board and Health & Wellbeing Strategy. It would identify joint intelligence and define the health and wellbeing of the local population taking into consideration factors such as where you live, where you were born, your parents, education and life opportunities.

It was reported that the JSNA would be web based and interactive and provide information at Berkshire level, down to neighbourhood level. The JSNA would be used to define priorities in the Health & Wellbeing Strategy. The challenge would be to translate the issues in the JSNA into priorities. This would involve considering what needed to be achieved in Bracknell Forest over the next 3-5 years to bring about real changes in health and wellbeing of the local population.

In response to member's queries, the following points were made:

- Sources of information that would feed into the JSNA would include; GP registers of patients, QUAFF data, information relating to housing, education, the environment and the economy. Child poverty information would also be required. The JSNA was intended to provide a holistic view of an issue. It was acknowledged that the data sources would inevitably contain a degree of error.
- With regard to the data that had been produced to show an issue with asthma in the Binfield area, it was reported that each separate source of data should be subject to scrutiny.
- The Director of Public Health reported that the Health & Wellbeing Board would be responsible for commissioning in terms of public health and so any issues or concerns should be fed into it.
- The Executive Member for Adult Services, Health & Housing reported that if members wanted to raise issues concerning health and wellbeing there would be a number of ways of feeding these into the system and being dealt with.

- Dr Tong stated that the H&WB Board would have to take tough decisions going forward, and it was important that these were well informed,. He was keen to hear the views of all groups in terms of concerns or innovation; this would be a key part of the Health & Wellbeing Board's work as well as the CCG. A Health and Care Network would also provide a means of engaging the community and feeding into the work of the Health & Wellbeing Board.
- It was noted that there were currently gaps, possibly around Children's Services, but that these would be addressed and would have to be addressed as part of the CCGs authorisation process.

The Director of Adult Social Care, Health & Housing reported that the Panel's working group had already had a detailed briefing on the JSNA. The Long-Term conditions strategy was being re-visited, with Health partners. Once a draft of the Health & Wellbeing Strategy was complete, it would be submitted to the working group for comment and consideration. It would also be submitted to the Adult Social Care & Housing O&S Panel.

The Chairman thanked officers and the Executive Member for their contributions and stated that he was delighted that the Panel would be able to play a part in the process and have a say in policy and direction.

36. **Health and Wellbeing Board**

The Executive Member for Adult Social Care & Health reported that the Health & Wellbeing Board would become statutory in April 2013; it was currently operating in shadow form. The H&WB agenda is huge, and there was a great deal of work that would need to be completed before April 2013, in particular the Panel may be asked for its input on various aspects of work, but that a short response time would need to be given.

He reported that the Health and Social Care Act had received Royal Assent on 27 March, which required local authorities to set up Health & Wellbeing Boards. The Health & Wellbeing Board would be responsible for developing a joint Health & Wellbeing Strategy. The Council was well placed to achieve this, having produced an H&WB strategy in 2007, and in having an Executive portfolio which included all key elements for Health and Wellbeing.

The shadow Board had met three times to date; these meetings had been used to set up the Board's terms of reference and devising a work programme. A draft Health & Wellbeing Strategy was also being developed and an officer working group had been set up. Other tasks included determining governance issues such as whether meetings should be held in public.

The Board still needed to define the ambition behind the Health & Wellbeing Strategy and the Executive Member invited the Panel to propose a one page document around what they believed should be the vision of the Health & Wellbeing Board. This would need to be fed back to the Executive Member within the next few weeks.

Local Healthwatch would also need to be set up; this would be a much broader organisation than the LINK, which was to be abolished. A member of Local Healthwatch would then become a key member of the Board. A Health and Care Network would also need to be set up to support Healthwatch. This required widely drawn input, including from the Youth Parliament. The Director of Social Care, Health & Housing reported that Healthwatch would be a new organisation with new governance, constitution and members. Healthwatch although tendered by the Council would be independent from the Council.

Communicating to the public would be a key task for the Board and from April 2013 the Board would hold its meetings in public.

The Executive Member saw the Boards role as:

- Achieving and maintaining clear understanding between partner organisations
- Ensuring priorities were right
- Ensuring focus was on local needs
- Finding gaps in provision and resolving them
- Joining up all health and care services
- Driving quality improvement
- Resolving conflicts in commissioning
- Ensuring the patient voice is respected.

In response to questions, the Executive Member said that the H&WB had a meaningful and empowered role. Its membership should not be too large to prevent it making good progress, and its ethos was based on partnership.

The Executive Member stated that whilst the Borough had always made effective and best use of the resources available, he would continue to lobby for a fairer health funding allocation from Central Government for Bracknell Forest. Dr Riordan added that a recent letter jointly sent by the Chief Executives of both the Council and the PCT to the Department of Health challenged what was viewed as too small a budget allocation for public health.

37. **Transfer of Public Health Functions**

The Director of Adult Social Care, Health and Housing reported that a Berkshire-wide commissioning group had been established which comprised representatives from the six unitary authorities in Berkshire as well as the PCT Cluster Chief Executive. This Group had developed a model for Berkshire which comprised one Director of Public Health for Berkshire and local leaders for Public Health from each unitary council.

The main concern expressed by the Regional Director of Public Health was the time it would take to get to the transition model. The six unitary authorities were making progress and were in agreement in principle.

The Director of Public Health reported that the funding allocation from the Government would be ring-fenced and was likely to fund all current activity. She stated that the allocation would be based on a needs based weighted formula and consultation would be undertaken in the spring. To achieve the formula amount within a reasonable time, there may be a ‘pace of change’ element. She stated that it was important to get the allocation right, going forward from year one, the Department for Health would be calling to identify spend for 2012-13. Expenditure on public health varied from some £15 per head to over £100. Initially, all three boroughs in east Berkshire were due to receive £21 per head. In order to manage with fixed budgets and demand-led services, there may be a need for the councils to operate a form of risk sharing.

The Director of Adult Social Care, Health & Housing reported that currently work around the transfer of Public Health was being done within existing resources. The Berkshire unitary councils were collaborating to minimise costs, for example the

Director was taking the lead on Human Resources issues, and Reading BC on finance and contracting issues.

It was reported that there had been an exponential increase in sexually transmitted diseases, outstripping some of the contracts in place. Sexual health would be one of the major areas that would be transferring to local authorities. It was noted that data around sexual health was difficult to obtain, however the Council would have responsibility for new services and contracts and would need to manage this.

The Director of Social Care and Health reported that one of the opportunities that existed was to be creative around health promotion and consider how all Council services could contribute to the agenda. Leisure centres, health centres and other services could play a part in this. Every contact with the Council could have a public health dimension.

The Chairman highlighted mental health as another major area that needed consideration given the current economic climate. It was acknowledged that dementia diagnosis required improvement, and this was being attended to. Representatives of Berkshire Healthcare Foundation Trust reported that they were working with the CCG to make links stronger. The Memory Clinic had proved to be busy and was being invested in.

38. **Heatherwood Hospital Birthing Unit**

The Panel received an update from the Heatherwood & Wexham Park Hospitals NHS Foundation Trust on the closure of the Birthing Unit at Heatherwood Hospital.

Ms Slinger stated that it would not be possible to reopen the Heatherwood Birthing Unit for the reasons set out in the report before the Panel. In response to members' queries, she made the following points:

- Given the low demand for the service, fewer than 200 women a year were choosing Heatherwood as a birthing unit, the service had become unsustainable and unsafe. Further, there was a national shortage of midwives and it had become difficult to sustain staffing levels at Heatherwood. In addition, standards of care had massively increased leading to the need for much more qualified staff. All of these factors led to the birthing unit at Heatherwood becoming unsustainable.
- The decision to move community midwife services to Frimley Park had been based on patient choice and the hospital at which women were choosing to give birth.

In terms of the general health of the Trust itself, Ms Slinger reported that the Trust had ended the financial year at its re-forecasted level. This had included savings. There was now recognition that simply limiting expenditure did not always lead to overall savings.

Mrs Slinger reported that the Trust had significantly reduced the number of agency staff it used. An IT system was also now in place to allow more effective monitoring of patients.

Ms Slinger stated that she recognised that the Trust was more costly than other local hospitals for the same services and that this was being addressed.

39. **Working Group Updates**

The Head of Overview and Scrutiny reported that the Health Reforms Working Group and the Health & Wellbeing Strategy Working Group had not met since the last Panel meeting. He stated that now the Health & Social Care Act had received Royal Assent, a briefing could be arranged for members.

The Working Group on Health Reforms was focussing on the transfer of Public Health functions to local authorities. A draft of the Health & Wellbeing Strategy would be available in May, a detailed review would be made probably in a workshop format .

The Head of Overview and Scrutiny stated that the PCT consultation on Shaping the Future was due to take place in the autumn.

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

The Panel noted the Overview and Scrutiny activity over the period September 2011 to February 2012, as set out in Section 5 of the report and appendices 1 and 2. The Head of Overview and Scrutiny reported that the annual report of Overview and Scrutiny had now been submitted to full Council.

41. **Date of Next Meeting**

14 June 2012.

**CHAIRMAN**

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