HEALTH OVERVIEW AND SCRUTINY PANEL
18 APRIL 2013
7.30 - 9.40 PM

Bracknell Forest Council

Present:
Councillors Virgo (Chairman), Baily, Finch, Kensall, Mrs McCracken, Ms Wilson and Ms Brown (Substitute)

Apologies for Absence were received from:
Councillors Mrs Angell, Mrs Temperton and Thompson

Also in Attendance:
Richard Beaumont, Head of Overview and Scrutiny
Sarah Bellars, CCG Nurse Governor
Zoë Johnstone, Chief Officer: Adult Social Care Health & Housing
Dr Martin Kittel, CCG Clinical Director
Lisa McNally, Public Health Consultant
Angela Snowling, NHS Berkshire East
Mathew Tait, Thames Valley Area Team Director, NHS England
Alan Webb, CCG Accountable Officer

35. **Minutes and Matters Arising**

The minutes of the Panel held on 24 January 2013 were approved as a correct chairman and signed by the Chairman.

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

There were no declarations of interest.

37. **Urgent Items of Business**

There were no items of urgent business.

38. **Public Participation**

There were no submissions from members of the public.

39. **New National Health Service Structures**

The Chairman welcomed Mathew Tait, Alan Webb and Dr Martin Kittel to the meeting.

Mathew Tait, Director Thames Valley Area Team, NHS England made the following points:

- NHS England previously known as the NHS National Commissioning Board, was responsible for effectively overseeing the commissioning of all health

services across England and this included primary care. More specifically, NHS England was responsible for:
  - specialist commissioning
  - supporting, developing and assuring the commissioning system
  - emergency preparedness
  - partnership for quality, this was a key role for NHS England and involved the work of quality surveillance groups. These groups would bring together commissioners and providers to assess services in their area and intervene where necessary. All local authorities would be invited to sit on these groups.
  - clinical and professional leadership across each area
  - strategy, research and innovation for outcomes and growth, an example of work in this area was the Friends and Family Survey.
  - world class customer service: information, transparency and participation.
  - developing Commissioning Support Units
- The Thames Valley Area Team – one of 27 area teams for England - was responsible for Berkshire, Buckinghamshire and Oxfordshire and had a direct budget of £523m for 2013/14. This included ten clinical commissioning groups (CCGs), who were all now fully authorised. There were also four Strategic Clinical Networks who would provide a commissioning overview for every proposed service reconfiguration. In addition there was an Academic Health Science Network, which was important in terms of learning and played a key role in terms of NHS growth.
- NHS England was keen to focus on quality and patients and in terms of measuring progress, the following measures would be used:
  - satisfied patients
  - motivated, positive NHS staff
  - outcome framework progress
  - promoting equality and reducing inequalities
  - NHS Constitution rights, pledges and standards
  - becoming an excellent organisation
  - high quality financial management
- In terms of priorities, the following were given:
  - safe transition, the transition had been complicated and there was still work to do.
  - establishing effective partnership working particularly with health and wellbeing boards would be crucial. Currently good relationships existed across the region with Health and Wellbeing Boards and NHS England was represented on all of them.
  - reconfigurations – Shaping the Future, Frimley/Heatherwood and Wexham Park.

Alan Webb, Chief Officer for the Bracknell and Ascot CCG, described the governance arrangements for the CCG, stressing the value of it being clinically led and reported that there were a number of posts that were shared across CCG's in Berkshire. This included his post as well as the CCG Nurse Governor, Chief Finance Officer and two other support officers.

In terms of current issues, he reported that the proposed merger between Frimley Park and Wexham Park would provide opportunities for the local authority to contribute to CCG discussions on this.

The CCG had held its first Governing Body meeting in public and there had been numerous questions from the public.

The CCG would also have a role to play alongside NHS England to promote quality in primary care.

Dr Martin Kittel, CCG Clinical Director reported that the trajectory of learning for GP's had been immense. The CCG had created a cohesive unit for GPs and was working well.

Lisa McNally, Public Health Consultant reported the positive impression of cohesiveness being generated and said that the priorities for Public Health in Bracknell Forest were:

- health improvement
- tackling risky sexual behaviour
- reducing excessive drinking and smoking

The Public Health team would also be working towards health protection for example, dealing with concerns around a care home and they also had a mandate of responsibility to offer commissioning support to CCGs and inform commissioning decisions. The team would also work towards using levers such as housing and adult social care to improve public health.

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

- The new health structure was much more complex with numerous organisations responsible for numerous roles. In terms of overview, NHS England would be the organisation responsible for this function, where previously primary care trusts had undertaken this role. Quality Surveillance Groups would bring all organisations together to highlight quality risk and how these risks would be addressed. Local Clinical Leadership would also ensure that there was a drive towards improving quality continuously.
- Patients could choose which CCG commissioned services they wished to take up, however there would be some limitations. Dr Kittel acknowledged that the Memorandum of Understanding concerning services at Heatherwood Hospital was one such limitation, which was seen to be necessary so as not to destabilise the Trust. It was noted that it was crucial to include public participation groups at all stages to ensure the patient voice was heard.
- The advantages of localised commissioning would be that the performance of local providers would be well known and referrals would only be made by GPs to good quality providers. If good services were commissioned locally, local people would not choose to take up services elsewhere.
- NHS England would be leading a transparency of information campaign; outcome data on ten surgical processes would be published. It was noted that whilst data was important, so too was soft intelligence. The point was made that data could be interpreted differently as had happened at Leeds Hospital recently, careful evaluation work needed to be completed to avoid this.
- Dr Kittel reported that within 3-5 years there would be an opportunity to change provision offered at Brants Bridge. A number of IT issues needed to be overcome and developed to work towards achieving this.
- The issue of how complaints around commissioning would be dealt with needed to be established by the CCG. In terms of patient complaints, a national number for NHS complaints was due to be launched. In addition, NHS England would support and direct people.
- Dr Kittel advised that if individuals did have concerns around any NHS service, they should inform their GP. GP's used a network called 'Clinical Concerns' where they were able to report concerns raised, if a story began to emerge around a particular service area this would be investigated.

40. **Changes to the Vascular Services Pathway**

Dr Kittel reported that vascular services were for people with disorders of the arteries and veins excluding diseases of the heart and vessels in the chest. Evidence showed that if individuals were treated within an hour (the golden hour) of a vascular problem arising, this was likely to lead to a much better outcome for the patient. The longer the patient waited for treatment, the more likely it would be that the outcome would be less successful for the patient.

This clearly demonstrated that the travel time for patients to receive vascular treatment was critical. Wexham Park Hospital currently provided diagnostic day surgery and outpatient services for vascular conditions. The service did not however have enough clinicians to run a 24/365 emergency service and the use of locums often led to a decline in the quality of a service. Emergency and planned inpatient surgery on complex arterial conditions was currently carried out at the John Radcliffe Hospital in Oxford.

The clinical commissioning groups (CCG) in Windsor, Ascot and Maidenhead, Bracknell and Ascot and Slough had agreed collectively that they would like to review the complex emergency and planned surgery pathway. They had engaged with local providers of services to consider a proposal for future delivery of complex vascular care at Frimley Park as the main arterial centre. Whilst Frimley Park was a closer service than Oxford for the majority of East Berkshire patients, any changes to the pathway was likely to have implications for the sustainability of local vascular services and would need to be considered carefully, it was crucial not to destroy quality services currently provided locally.

CCGs could not commission vascular services as they were specialist services and as a result would be commissioned by NHS England; however the CCG could influence and negotiate decisions around the provision of these services.

In response to members' questions, Dr Kittel reported the rationale behind different clinical screening arrangements for males and females.

The Chairman thanked Dr Kittel for his presentation.

41. **Working Group Update**

The Head of Overview and Scrutiny reported that all three working groups that had been established in the work programme for 2012/13 had now concluded their work. The recommendation in the report proposed that a working group be established to consider the recommendations of the Francis report and specifically those recommendations that related to Overview and Scrutiny.

He reported that Francis had made some very critical comments about health scrutiny at both district and county mid Staffordshire Councils. He had sent members of the Panel a summary of the issues and deficiencies that existed in health scrutiny in mid Staffordshire.

Members felt that the findings were shocking and created a platform for radical change throughout the health service. 492 people had died unnecessarily, appalling failures were either not being reported to health scrutiny or were not being investigated.

The Panel noted that one of the recommendations from the Francis report advocated that health scrutiny should be considering detailed patient complaint information;

members were keen to carry out this recommendation. If this required confidential material to be discussed, this could be done by the Panel with the exclusion of the public and press. It was agreed that the working group consider how complaints could be best tackled by the Panel and make recommendations.

It was agreed that councillors Kensall, Mrs McCracken, Mrs Temperton, Baily, Virgo, Finch and Ms Wilson constitute a working group to consider the Francis report and its recommendations in terms of the role of health scrutiny. It was noted that patient groups should be involved in this work wherever appropriate.

The Head of Overview and Scrutiny agreed to provide GP Patient Survey results for all local practices for the next meeting of the Panel.

42. **'Shaping the Future' Consultation**

Alan Webb, Chief Officer for Bracknell & Ascot CCG reported that the Board of the NHS Berkshire PCT met on 26 March and agreed the following recommendations:

a) Enhance the service model so that the Minor Injuries Unit be integrated with primary care in an Urgent Care Centre (UCC). Subject to certain caveats, the UCC was to be located at the Brants Bridge NHS clinic. The Minor Injuries Unit at Heatherwood Hospital would then close.
b) To close Ward 8 at Heatherwood Hospital and replace it with the following range of services in east Berkshire:
    - Eight additional stroke rehabilitation beds at Wexham Park Hospital
    - An early supported discharge service for recovering stroke patients
    - Community based packages of care for general medical rehabilitation.
c) The Ascot Birth Centre at Heatherwood Hospital be permanently closed.

The Chief Officer reported that the UCC Implementation Group was now established, he would need to confirm that there was appropriate representation from local authorities on the Group.

It was hoped that the UCC would open early in 2014, however if there were any legal challenges to the recommendations agreed above, this could delay the opening of the UCC. There would be regular reports to Overview and Scrutiny as well as other committees and the CCG to inform them of progress on this.

In response to members' queries, it was confirmed that if there was a challenge to the closure of the MIU at Heatherwood Hospital, the development of the UCC would still continue, however there may be a number of issues to work around, as this would impact financial arrangements as it had been envisaged that the service would move from Heatherwood Hospital to Brants Bridge not be duplicated.

The Chief Officer acknowledged concerns about 'cost shunting' on stroke and general rehabilitation and stated that partners would need to work together jointly to ensure that funding of health services locally was maintained.

The Chief Officer recognised that communicating the purpose of the UCC to the public would be a large piece of work. Members reiterated that they strongly felt that there should be a constant GP presence at the UCC.

It was confirmed that physiotherapy services would continue to be delivered at Heatherwood Hospital, only the services that were the subject of consultation were being reviewed.

43. **Quality Accounts**

The Head of Overview and Scrutiny reported that each NHS Trust was required to produce a quality account. The Health Overview and Scrutiny Panel had the opportunity to comment on these accounts and if the Panel did comment, the Trust was obliged to publish comments. There were a number of statistics in the Heatherwood and Wexham Park Trust Quality counts which were of concern. For example:

- 52% of staff said that they would not recommend services provided by the Trust to friends and family, this did not compare favourably to the national average of 24%.
- The Trust also featured very high nationally in terms of their record of risk.
- Medication errors had risen from 121 to 433.

The Chairman stated that it was important that members read the Quality Accounts if they were to undertake appropriate scrutiny of these accounts. It was agreed that the Head of Overview and Scrutiny would resend the Quality Accounts to all members of the Panel as well as the associated draft letters.

Panel members should then forward any comments they wished to make to the Head of Overview and Scrutiny before the Trusts' deadline.

44. **Executive Key and Non-Key Decisions**

The Panel noted the Executive Key and Non-Key Decisions relating to health attached to the agenda papers.

45. **Date of Next Meeting**

11 July 2013

CHAIRMAN