

Date of issue: 5th July, 2011

MEETING	OVERVIEW & SCRUTINY COMMITTEE (Councillors M S Mann (Chair), Basharat, Davis, Haines, Minhas, Munawar, O'Connor, Plenty and Smith)
DATE AND TIME:	TUESDAY, 12TH JULY, 2011 AT 6.30 PM
VENUE:	COUNCIL CHAMBER, TOWN HALL, BATH ROAD, SLOUGH
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	TERESA CLARK (01753) 875018

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Items 6 and 8: Reports were not available for publication with the rest of the agenda.

PART 1

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
6.	Revenue Budget Monitoring to 31st May, 2011(Periods One and Two).	1 - 12	All
8.	Provision of Mental Health In- Patient Beds in East Berkshire- Report from Health Scrutiny Panel meeting held on 22nd June, 2011.	13 - 26	All

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SLOUGH BOROUGH COUNCIL

REPORT TO: Overview and Scrutiny Committee **DATE:** 12 July, 2011

CONTACT OFFICER: Emma Foy, Acting Head of Finance, (01753 875358)

WARD(S): All

PART I

FOR COMMENT AND CONSIDERATION

REVENUE BUDGET MONITORING REPORT TO 31st MAY 2011- (PERIODS ONE AND TWO)

1. Purpose

- 1.1 The purpose of this report is to inform O&S of the latest financial position as at the end of May 2011.

2. Recommendations

- 2.1 O&S is requested to:

- Note the current projected outturn position on the General Fund of an overspend of £632K.
- Note that the Housing Revenue Account (HRA) reported a projected overspend of £86.5K
- Note the identified areas of risk and emerging issues;
- Approve the content of this report for inclusion in Cabinet on 18th July 2011.

3. Background

- 3.1 The Council's net revenue budget for 2010/11 is £108.5m.
- 3.2 The Housing Services agreed net operating budget for 2010/11 is a surplus of £87K.

4. Projected Outturn Position as at 31st May 2011

- 4.1 There is currently a forecast overspend for the 2011/12 General Fund at the end of period two of £632K. This level of overspend relating primarily to the costs of our looked after children was anticipated and Members have already agreed a £600k contingency sum to be allocated to the area. Members have further requested a full review of all associated costs in the area to ensure adequate resources continue to be maintained. The only other forecast variance from budget reported at this stage is a small, £13k under spend within Resources and regeneration.

- 4.2 For the Housing revenue account there is currently a projected over spend position of £86.5k from the budgeted surplus position of £87k
- 4.3 The position is summarised in Table 1, on the following page, and detailed in Appendix A.

Table 1 - Projected as at 31st May 2011

Directorate	Base Budget	Current Net Budget	Actual YTD Net Spend	Projected Outturn	Variance Over/(Under) Spend
	A	B	C = B - A		
	£'M	£'M	£'M	£'M	£'M
Community and Wellbeing	39.139	40.386	4.424	40.386	0.000
Education and Childrens Services	27.789	28.134	-3.387	28.779	0.645
Customer and Transactional Services	5.206	5.399	9.704	5.399	0.000
Resources and Regeneration	33.724	33.980	3.914	33.967	(0.013)
Chief Executive	0.657	0.834	0.222	0.834	0.000
Corporate	(0.201)	(0.201)	0.014	(0.201)	0.000
Total Cost of Services	106.314	108.532	14.893	109.164	0.632
% of revenue budget over/(under) spent by Services					0.58%
Treasury Management	3.017	3.017	0.000	3.017	0.000
Contingencies & earmarked reserves	4.233	2.016	0.000	2.016	0.000
Early Intervention Grant	(7.140)	(7.140)	-1.812	(7.140)	0.000
Council Tax Freeze Grant	(1.187)	(1.187)	-0.239	(1.187)	0.000
New Homes Bonus Grant	(0.130)	(0.130)	-0.454	(0.130)	0.000
Local Services Support Grant			-0.102		
Sub Total	(1.207)	(3.425)	(2.607)	(3.425)	0.000
Total General Fund	105.107	105.107	12.286	105.739	0.632
% of revenue budget over/(under) spent in total					0.60%

5. Month on Month Movement in Variances

- 5.1 **Community and Wellbeing** are reporting a breakeven position. Further details can be seen in Appendix A.
- 5.2 **Education and Children's Services** are reporting a overall net over spend position of £645K. A provision of £600k has already been established agreed and a full review of all associated costs of our looked after children has been requested by members to ensure we continue to maintain adequate resources in this area. Further provision has been

made for the one off costs associated with formulation and implementation of the improvement plan following the recent Ofsted inspection.

- 5.3 **Resources and Regeneration** are reporting an under spend of £13K, this is primarily made up of increased income from cemetery and cremation services and the Enterprise contract offset against lost rent on Windsor Road.
- 5.4 **The Chief Executive's** department is forecasting a break even position.
- 5.5 **Commercial and Transactional services** are forecasting a break even position.
- 5.6 **Treasury Management** reports a breakeven position.
- 5.7 **Treasury Management - Impact of Capital re-programming.** As reported in the previous financial year of November, the re-profiling of the capital programme has identified revenue savings of £235k in the current year. However it is very important to bring to the attention of O&S and members that the overall size of the capital programme has not changed and this saving has only occurred because of the re-profiling of when schemes will be undertaken. This means that pressures will occur in latter years. An exercise is currently being undertaken to rationalise the capital programme.
- 5.8 **The Housing Revenue Account** is showing an over spend of £86,500 against a budget surplus of £87,000. This is due to lower forecast for anticipated rents and an increase in the forecast provision for doubtful debts due entirely to the current economic climate.

6. Emerging Issues / Risks

Introduction

- 6.1 It should be noted at this point that the 2011-12 PPRG process has not yet started and therefore savings will be identified to be delivered in the current financial year. These savings are not reflected in this report.

Directorate Specific

6.2 Community and Wellbeing:

No specific risks identified.

6.3 Education and Children's Services:

- There are some significant areas of development still in transition across the department including the implementation of the Integrated Youth Support Service (IYSS) and the allocation of the Early Intervention Grant (EIG) to various services as it has had to accommodate a significant reduction in the overall level of funding.
- Detailed work on these is in progress but until finalised an accurate assessment of their financial position cannot be completed.

- In addition to this work required in response to the recent Ofsted Inspection is being formulated and costed. Furthermore the Department's response to the Inspection findings will continue to be scrutinised. The detailed financial impact of this is not yet finalised or reflected in this report although provision has been made to accommodate any non recurring costs.
- The department are currently working alongside schools in the review of the centrally retained elements of the DSG which is expected to result in some significant changes in the way some services are shaped and delivered. It is unclear at this stage what impact this may have on services funded by the Local Authority.
- The Slough Schools Education Forum, which comprises representative head teachers from across Slough, have strongly endorsed the continuing implementation of the Authority's Inclusion Policy which is around capacity and capability building in schools to support as many pupils as possible within the community of Slough schools and within inclusive placements alongside their mainstream colleagues.

6.4 Resources and Regeneration:

- The economy remains a key risk for the directorate's income as outlined within 'Volatile Areas/Demand Led'.
- Government grants are a significant funding source for several of the Directorate's key services. The new Governments spending plans is having a significant impact on these services areas at a time when there are increasing demands.
- Climate change continues to impact on winter maintenance and subsequent repairs, flooding and grounds maintenance costs. Innovative measures to negate the impact are being sought utilising grant funding.

All of these risks will be closely monitored and the impact clearly identified and reported as and when it is clear they are likely to become a reality.

6.5 Chief Executive:

- As this financial year progresses, it is prudent to assume further government reductions particularly across specific grants will occur. This will be continually monitored so that directorates can react immediately and deliver savings required in the current year.

6.6 Commercial and Transactional Services:

- No specific risks noted

7. Emerging Opportunities

Directorate Specific

7.1 Community & Wellbeing

None identified at this stage.

7.2 Education & Children's Services

None identified at this stage.

7.3 Resources and Regeneration

- Maximise external grant funding opportunities by using 'Grant Finder' software to locate new grants, although on the 10th June the Government provided details relating to reductions in individual grants to local authorities and the removal of ring fencing from funding streams.
- Exceptional funding for Highways maintenance was announced on 23 February 2011 and the SBC allocation for 2011/12 is £197k.
- Option appraisals on shared service arrangements relating to regulatory services and building control.
- Discussions with neighbouring councils and our contractor Enterprise Ltd are taking place to develop initiatives to help bring down waste management costs.
- Developing the Highways Asset Management Plan will support whole life costing methodology on road and pavement resurfacing methodology and provide better value for money.
- A number of highways properties that had been leased to Co-op Homes were handed back in December 2009. Redevelopment plans and timescales are being examined by Housing services to determine if short term lets are feasible to offset the current loss of rent to the Authority.
- Transformation activities continue across the directorate.
- All miscellaneous dwellings in the Authority are being examined with a view to let them as temporary accommodation and offset existing risks of rent loss where ever possible.

7.4 Commercial and Transactional Services

- None to be noted.

7.5 Housing Services

- The recent announcement regarding potential reforms to the Housing Revenue Account Subsidy system indicate potential flexibilities in how the Council may spend housing income and set rents. The Department will continue to monitor

announcements in this area in order to quantify the effect on the HRA budget going forward.

8. Capital

- 8.1 The general fund council capital programme is £72.4m for the period 2011/12 to 2016/17. The programmed spend for 2010/11 is currently £37.4m pre any rationalisation of the capital programme.
- 8.2 The overall programmed spend for the HRA capital programme is £10.9m for 2011/12..

9. Staffing Budgets

O&S will be aware that as part of the exercise to implement Job Evaluation and Harmonisation all staffing budgets were re-calculated from a zero base. This approach eliminated the existing staff turnover targets and provided directorate budgets with 99% of the total cost requirement under their control. This comprised 98% which was allocated directly to service budgets and 1% held by each director to manage any staffing pressures and changes as they arose. The remaining 1% is held centrally within contingency balances.

10. Conclusion

- 10.1 The position as at the end of December 2010 leaves an overall headline under spend position of £632k against the General Fund revenue account.
- 10.2 The general fund capital programme is £72.4m for the period 2011/12 to 2016/17. The programmed spend for 2010/11 is currently £37.4m pre any rationalisation of the capital programme.

Summary Variance Analysis

For the Period Ended: 31st December 2010

Community & Wellbeing

Service Area	Total Variance £'000	Explanation
Community Services and Adult Social Care	0	New This month: On Target – Significant slippage on savings fully offset by alternative savings or the use of one off resources. However, there is still a shortfall on full year permanent savings.
Culture & Skills	0	New This month: On Target – some concern over saving item for £20k but this is confidently expected to be offset fully by higher income from community halls.
Personalisation, Commissioning & Partnerships	0	New This month: On Target - No significant variances identified as yet.
Public Protection	0	New This month: On Target – No significant variances identified as yet. Proposals for full year savings still to be identified.
Procurement	0	New This month: On Target - No significant variances identified as yet. Major recruitment underway, some savings resulting from vacant posts expected to be offset by the cost of recruitment.
Central Management	0	New This month: On Target
TOTAL	0	

Appendix A (Cont.)

Education & Children's Services

Service Area	Total Variance £'000	Explanation
Children and Families	679	In recognition of the pressures expected in the Children and Families budget a Corporate Contingency of £600k has been set aside to help alleviate these costs. Members have requested a full review of all budget allocation in this area to ensure the service continues to be adequately resourced.
Strategic Management, Information and Resources	-34	Information, Performance and Review: The level of schools buy back for the provision of EMS support has been greater than anticipated and has resulted in increased income of £34k.
	645	Total Variance

Appendix A (Cont.)

Commercial and Transactional Services

Service Area	Total Variance £'000	Explanation
Service Area	Change £'000	Explanation
Information Technology	0	No Variance reported this month.
Customer Service Centre	0	No Variance reported this month.
Benefits, Council Tax and NNDR	0	No Variance reported this month.
Transactional Finance	0	No Variance reported this month.
Transactional HR and Payroll	0	No Variance reported this month.
Strategic Management	0	No Variance reported this month.
	0	Total Variance

Appendix A (Cont.)

Chief Executive's

Service Area	Total Variance £'000	Explanation
Chief Executive's Office	0	New This month: No Variance reported this month. Previously Reported:
Communications	0	New This month: No Variance reported this month. Previously Reported:
Policy	0	New This month: No Variance reported this month. Previously Reported:
Total Variance	0	

Appendix A (Cont.)

Resources and Regeneration

Service Area	Total Variance £'000	Explanation
Management Unit	(40)	Transformation costs in the Investigations unit.
Finance and Audit	58	Investigations unit reorganisation is in progress and salary costs of £40k above budget are anticipated due to timing. Treasury management costs are likely to be £18k over budget to finance transitional advice services.
Professional Services & monitoring officer	0	Human resources staff costs likely to be £18k over budget due to timing of a planned reorganisation. Other minor savings are available in the area to offset this pressure.
Transport & Planning	58	Highways maintenance has received a £197k grant for additional remedial works which are programmed for completion over the summer months. Miscellaneous properties are managed by property services and reported in this area. As properties on Windsor road become vacant they are being boarded up awaiting redevelopment as part of a planned road widening scheme. Rent loss of £58k is anticipated this year.
Strategic Housing	0	Head of Housing strategy is an interim post which is currently planned to continue until March 2012 at an estimated cost of £100k.. All budgets in this area are being reviewed to generate local savings to finance the position.
Environmental Services & Quality	(89)	<p>Cemetery and cremation services and Registrars income trend improved in 2010/11 and this has continued into the new year. £47k and £42k respectively of increased receipts are anticipated at this early part of the year.</p> <p>Contracts with Enterprise are currently under review with all activity being examined. Indexation is likely to be 4.5 - 5% at a cost of £600k with a budget provision of £300k. Profit share income reported as part of the 2010/11 out turn is likely to contribute a further £200k this year leaving £100k as a saving to be identified. The contract with Lakeside limited in respect of the waste to energy plant was set up in 2010/11 and is an important part of the disposal policy going forward. In the short term incineration costs will be lower than Land fill costs and are expected to provide the necessary saving to cover indexation but additional carbon taxes are being mooted by Government which will negate this position in the medium term.</p>
Property Services	0	Major savings targets are present in all budgets and are currently being examined to ensure they can be delivered this year. These include £600k from the Corporate repairs costs of which £447k was delivered in 2010/11 as an ongoing saving.
Total	(13)	

Report title: **Future of Mental Health inpatient facilities in East Berkshire**
Report to: Overview and Scrutiny Committee
From: Naveed Mohammed, Scrutiny Officer,
Tel: 01753 875657
Naveed.mohammed@slough.gov.uk
Date: 12th July 2011
Wards affected: All

1. Purpose

This paper provides a summary of the findings of the recent task and Finish Group review of the consultation carried out by Berkshire Healthcare Trust into the future of mental health inpatient facilities in East Berkshire.

The paper also details the recommendations made by the Health Scrutiny Panel and next steps.

2. Recommendations

The Committee is asked to consider the contents of this paper and:

- (a) Consider the suitability of the recommendations made by Health Scrutiny Panel
- (b) Advise on next steps and any further actions

3. Task and Finish Group Review Background

3.1 Berkshire Healthcare NHS Foundation Trust (BHFT) launched a Public Consultation in August 2010 on the future of Inpatient Mental Health services in East Berkshire. The background advised by the Trust was as a result of financial savings it needed to make. Three options were put forward for consideration:

- Option 1** All beds to be relocated to Prospect Park Hospital in Reading
- Option 2** Beds for older people to be at St Mark's Hospital in Maidenhead and for working age adults in Prospect Park
- Option 3** To continue with the decision reached in 2008 of a new purpose-built unit on the existing Upton Hospital site

3.2 The results of the Public Consultation were published in February 2011 with the Trust recommending Option 1 for final ratification by the Board.

“That decision has now been made with both Boards having first had sight of the outcome of the Public Consultation and the opportunity to consider other information pertinent to a decision. Both Boards understand that Option 3 is unaffordable in the current and future economic environment.”

3.3 Following the Trust's announcement on 21 March 2011, Slough Borough Council's Health Scrutiny Panel resolved that further detailed scrutiny was required. The recommendations from the Panel were:

- (a) That the Health Scrutiny Panel rejects the decision of the Board and recommends that it does not proceed with the Trust's preferred option to progress the Outline Business Case on Option 1 (i.e. that all beds be relocated to Prospect Park Hospital in Reading),
- (b) That an Independent Working Group (Health Scrutiny Task and Finish Group) be set-up which should include appointed Panel Members, representatives of the Slough Local Involvement Network (LINK) and other similar parties. That the Group should seek the views of local people and other relevant stakeholders (including GPs) and whether the evidence used by the Board in reaching its decision was fair and accurate.
- (c) That subject to the findings of the Task and Finish Group, the matter may be referred to another person or body which may or may not include The Secretary of State for Health, Andrew Lansley MP.

4. Membership of the Review Group

4.1 The Task and Finish Group ('the Group') was established on 19 April 2011.

Membership of the Panel comprised

Councillor Julia Long (Chair)
 Councillor David MacIsaac (who assumed co-optee status after 5 May 2011)
 Councillor Roger Davies
 Colin Pill (Slough LINK)
 John Kelly (Slough LINK)

4.2 Policy support was initially offered through Andrew Millard and Sunita Sharma of Slough Borough Council and subsequently Naveed Mohammed, Slough Borough Council's Scrutiny Officer.

5. The Scope

5.1 To ascertain whether the Public Consultation, during which it is felt BHFT had clearly favoured Option 1 (moving to Prospect Park), was conducted in the best interest of patients and the local community or whether BHFT had pursued another agenda which may suit their own strategic long-term aims.

5.2 It was suggested that the Group focus on the rationale and financial reasons behind the Public Consultation and the resulting proposals as opposed to some of the minor detail.

6. Type of Review

6.1 The review opted for a short, sharp focused approach with the aim of presenting its final findings by 22 June 2011. The study used both a quantitative and qualitative research methodology.

7. Findings

Having carried out the review over the period 19th April 2011 – 31st May 2011, the findings of the task and Finish Group were as follows;

- (a) That there were fundamental discrepancies in some of the funding assumptions made by Berkshire Healthcare Foundation Trust. Further that some of the financial arguments posited by BHFT to justify a move to Prospect Park, lacked coherence and failed to address some of the specific concerns being raised by the group.

- (b) That the Group raised serious concerns regarding the status and nature of the clinical advice being received by Berkshire Healthcare Foundation Trust. In particular the independence and objectivity of the clinical advice remained questionable.
- (c) Concerns remained regarding the quality of GP engagement and whether views received were factored into the discussions/decisions.
- (d) A number of substantive concerns were raised regarding the timeline and origins behind the decision to vacate Heatherwood and Wexham Park Hospitals Trust.
- (e) The Group also raised fundamental doubts regarding the efficacy of the transport plans which would accompany any move to Prospect Park. Of particular concern was the impact this would have on patients, their families and carers – an issue that had not been adequately considered by BHFT.
- (f) Finally, whilst the Group appreciated that an impact assessment had been carried out, there were lasting questions on the findings of these assessments and what changes, if any, had been made to mitigate any impact.

8. Recommendations from the Panel

8.1 Based on the above and following a lengthy discussion the Panel resolved the following

- (a) That the Health Scrutiny Panel do not accept the findings of the Public Consultation regarding the provision of Mental Health In patient provision in East Berkshire.
- (b) That in the event that the Trust decides to relocate Mental Health in patient provision to Prospect Park Hospital, Reading, that the Panel recommend that the Overview and Scrutiny Panel refer the matter to the Secretary of State for review.
- (c) That the Panel request that Berkshire Healthcare Foundation Trust seek independent advice on the cost of a new purpose built facility and that the resulting detail submitted to the Panel at the earliest opportunity.
- (d) That in the event the independent advice determines that a new facility is unaffordable, that the Panel recommends that an improved and enhanced service in conjunction with HWP is the preferred option.
- (e) That the Panel recommend that once concluded, the outcome of the transport business case be presented to the Panel at its next meeting in September 2011.

9. Next Steps

9.1 Formal notification of the recommendations of the Health panel have been delivered to the PCT, Heatherwood and Wexham Hospitals Trust and Berkshire Healthcare Foundation.

9.2 The PCT are due to consider the evidence, including the findings of the review, at a meeting in July (possible date of the 12th). Following notification of the decision, the Committee will need to consider next steps.

9.3 The Health Panel are scheduled to consider this issue further in September with a particular focus on the business plan for the Transport options.

Background papers

- Berkshire Healthcare Trust Inpatient Services – a review of the Public Consultation held between August 2010 and December 2010 - A report produced by the Slough Borough Council Task and Finish Group (appendix A)

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Appendix A

SLOUGH BOROUGH COUNCIL

Title: Berkshire Healthcare Trust Inpatient Services – a review of the Public Consultation held between August 2010 and December 2010 - A report produced by the Slough Borough Council Task and Finish Group

To: Health Overview and Scrutiny Panel

Date: 22 June 2011

From: Naveed Mohammed, Scrutiny Officer, on behalf of the Task and Finish Group

This paper forms the formal response of Slough Borough Council's task and Finish Group regarding its investigation into the consultation on the proposed re-location of mental health inpatient services.

The paper begins with an brief summary of the background to the formation of the Group, its terms of reference and it's broad intention. The second half of the paper details the process of the investigation including the key areas of focus and the direction of inquiry. The paper finishes with the formal response and judgement of the Group.

1. Background

- 1.1 Berkshire Healthcare NHS Foundation Trust (BHFT) launched a Public Consultation in August 2010 on the future of Inpatient Mental Health services in East Berkshire. The background advised by the Trust was as a result of financial savings it needed to male. Three options were put forward for consideration:

- Option 1** All beds to be relocated to Prospect Park Hospital in Reading
- Option 2** Beds for older people to be at St Mark's Hospital in Maidenhead and for working age adults in Prospect Park
- Option 3** To continue with the decision reached in 2008 of a new purpose-built unit on the existing Upton Hospital site

- 1.2 The results of the Public Consultation were published in February 2011 with the Trust recommending Option 1 for final ratification by the Board.

"That decision has now been made with both Boards having first had sight of the outcome of the Public Consultation and the opportunity to consider other information pertinent to a decision. Both Boards understand that Option 3 is unaffordable in the current and future economic environment."

- 1.3 Health Scrutiny members have followed this issue closely over the last two years and find a lack of transparency and detail in the Public Consultation paper. Further, the impact upon and benefits to the community have not been made clear. A full justification for the removal of services in Slough and East Berkshire and how BHFT would manage proposed changes in order to ensure minimal impact to service users and their carers has not been made

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clear including the exact impact on the number of beds and the displacement of associated transport arrangements. Once the outcome of the Public Consultation was advised, it has not been made clear why, when the results of the Dr Foster Intelligence proved that option 3 was the favoured option amongst the population of East Berkshire, this was not considered to be one of the main and overriding factors.

- 1.4 Following the Trust's announcement on 21 March 2011, Slough Borough Council's Health Scrutiny Panel resolved that further detailed scrutiny was required. The recommendations from the Panel were:
- (a) That the Health Scrutiny Panel rejects the decision of the Board and recommends that it does not proceed with the Trust's preferred option to progress the Outline Business Case on Option 1 (i.e. that all beds be relocated to Prospect Park Hospital in Reading),
 - (b) That an Independent Working Group (Health Scrutiny Task and Finish Group) be set-up which should include appointed Panel Members, representatives of the Slough Local Involvement Network (LINK) and other similar parties. That the Group should seek the views of local people and other relevant stakeholders (including GPs) and whether the evidence used by the Board in reaching its decision was fair and accurate.
 - (c) That subject to the findings of the Task and Finish Group, the matter may be referred to another person or body which may or may not include The Secretary of State for Health, Andrew Lansley MP.

2. The Task and Finish Group

2.1 Membership

The Task and Finish Group ('the Group') was established on 19 April 2011.

Membership of the Panel comprised

Councillor Julia Long (Chair)
Councillor David MacIsaac (who assumed co-optee status after 5 May 2011)
Councillor Roger Davies
Colin Pill (Slough LINK)
John Kelly (Slough LINK)

Policy support was initially offered through Andrew Millard and Sunita Sharma of Slough Borough Council and subsequently Naveed Mohammed, Slough Borough Council's Scrutiny Officer.

2.2 The Scope

- 2.2.1 To ascertain whether the Public Consultation, during which it is felt BHFT had clearly favoured Option 1 (moving to Prospect Park), was conducted in the best interest of patients and the local community or whether BHFT had pursued another agenda which may suit their own strategic long-term aims.
- 2.2.2 It was suggested that the Group focus on the rationale and financial reasons behind the Public Consultation and the resulting proposals as opposed to

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some of the minor detail. The actual scope of the investigation sought to investigate amongst other things

- 1) The actual income BHFT received in both 2009/10 and 2010/11 as this was not clear in the Public Consultation document?
- 2) How BHFT forecast (and whether they have accurately projected) their income for the next three years as outlined in the Public Consultation document particularly as these were made before the Comprehensive Spending Review in October 2010?
- 3) Whether the projected savings outlined in the Public Consultation document still need to be made?
- 4) How much spending BHFT made in 2009/10 and 2010/11 on mental illness services and their projected spend over the coming three years?
- 5) Whether the rationale put forward for the Public Consultation is sound in the light of announcements made by the Government and, in particular, The Chancellor of the Exchequer.
- 6) Whether the extent of the impact of relocating services to Prospect Park was clearly explained and considered fully in the Public Consultation response by BHFT?
- 7.) To explore the rationale behind BHFT's preference of Option 1 as favoured by BHFT's board and a BHFT appointed Professional Advisory Committee in the consultation findings. The Group aimed to explore what clinical, local and independent guidance had been sought.
- 8.) Whether, as a result of recent announcements made by The Chancellor of the Exchequer and subsequent detail from HM Treasury, there is any validity in the outcome of the Public Consultation?
- 9) Whether in the light of all of the above, the outcome be accepted, rejected, changes proposed or whether the Group is unhappy about the whole fundamental principal and refers the matter to another party, most likely The Secretary of State for Health,

2.3 Type of Review

- 2.3.1 The review opted for a short, sharp focused approach with the aim of presenting its final findings by 22 June 2011. The study used both a quantitative and qualitative research methodology.

The evidence gathering process comprised

- Submission of direct questions to Berkshire Healthcare Trust via a Freedom of Information Act 2000 request submitted on 26 April 2011.
-
- Analysis of Berkshire Healthcare Trust's Quality Accounts for 2009/10 and 2010/11.
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- The submission of a letter to Philippa Slinger, Chief Executive of Berkshire Healthcare Trust dated 12 May 2011, seeking answers to specific questions.
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Appendix A

- The submission of a letter to Dr Jim O'Donnell, (at the time Practice Based Commissioner for Slough now a member of the Slough GP Consortium) on 16 May 2011.
- Utilising Evidence uncovered and supplied by Slough LINK and other parties

The Group held its first meeting on 19 April 2011. Two further meetings were held on 17 May 2011 and 31 May 2011 to progress, monitor and complete the Review.

2.4 The health related aims of Scrutiny

The Health and Social Care Act 2001 scrutiny provisions allow Local Authorities via their scrutiny committees/panels to review any matter relating to the planning, provision and operation of health services within the area.

3. The Findings

- 3.1 A key thrust of the investigation focused on the funding assumptions inherent within the BHFT position, the rationale and choices put forward in the Public Consultation document provided and whether the true extent of the impact on local service users had been considered and made clear in that document. In response to a question on funding and the requisite efficiency savings needed, BHFT's response cited the following

'The Trust estimated a 4% p.a. efficiency saving requirement...The Comprehensive Spending Review subsequently confirmed that NHS service providers need to generate minimum efficiency savings of 4% p.a. to contribute to the £15-20bn NHS funding gap'

- 3.2 Further in responding to the question on where funding was to be drawn from to pay for any new build at the Upton site, BHFT confirmed that this was to be funded via a new Private Finance Initiative (PFI).

- 3.3 The Task and Finish Group fully appreciate the fact that efficiencies have to be made. However, despite this, a discrepancy in the argument put forward by BHFT remains. Whilst the Group notes that Option 3 (new build at Upton) would require entering into a PFI agreement, the relocation of all services to Prospect Park would itself require a £4.9 million injection of money. The use of these resources would arguably have a much greater short-term impact on BHFT's finances. Further, whilst the Group appreciates the need to factor in a number of other considerations before formally entering into a PFI arrangement, the Group remains convinced that Option 3 is a suitable option at the present time, particularly as, in the current economic climate, there is a strong possibility that a PFI agreement could be reached which has preferential terms than would have been enjoyed previously in 2008. Further, the Group suggests that the need to make efficiencies could be considered in the under-utilised Prospect Park Hospital rather than concentrating the need to make efficiencies savings by removing services from the east of the county.

- 3.4 In response to the Professional Advisory Committee assertion by the Trust that "Option 3 would not be the best option for the Trust or users of our service because of the potential impact on community services", the Group remains unconvinced also. As any funding for Option 3 would be drawn via a PFI arrangement, the anticipated impact on existing community services would be of limited impact, of any at all.

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- 3.5 The outcome document advises that one of the key reasons BHFT reached the decision it did was due to advice received by the 'Professional Advisory Committee'. BHFT states that at the Committee's meeting on 2 November 2010 the following response was received
- "We are required to give a collective response from the Professional Advisory Committee (PAC) to the Trust Board on the three options...Option 1 is the preferred choice of the PAC group. This gives the Trust the best Clinical Option"
- 3.6 However whilst not challenging the integrity of the PAC or any of its members, the Group does question the impartiality of the PAC in this matter and the general clinical advice received. BHFT's response makes clear that a substantial proportion of the clinical advice received was either from in-house clinicians drawn from BHFT's services for older people or from the PAC whose status itself was not made completely clear in the Public Consultation process. This is particularly so when there is a distinct possibility that an individual responding would be confused regarding the objectivity of the advice being made.
- 3.7 Whilst earlier responses received from BHFT make clear that engagement of the GPs would be pursued via the PCT route (and feedback reported in the Public Consultation response), the responses received to the Freedom of Information Act 2000 requests made is unclear as to what efforts were made towards GP engagement as well as the exact position and preference of GPs. This former point was reinforced by a response received subsequently from Dr Jim O'Donnell at a public Slough LINK meeting. The Practice Based Commissioner for Slough asserted that the GPs clinical point of view was not sought during the Public Consultation at all. Further, and arguably more importantly, the preferred option of those clinicians appears to be contrary to statements made by the Trust when they portray clinician's views. What the clinicians actually suggested, in order of preference, was:
1. A new purpose-built facility at Upton Hospital
 2. A new and/or revamped facilities at Heatherwood or Wexham Park Hospitals
 3. Another provider of the services (other than BHFT)
 4. The last option was to relocate to Prospect Park
- 3.8 Therefore, it would appear that the Trust has misrepresented the views of clinicians.
- 3.9 Of the first two options put forward by local clinicians, these were based on the needs and views of Slough patients. Dr O'Donnell has made it clear that if these were not financially viable, then the third option of another provider other than BHFT would be the most suitable alternative. The option to relocate to Prospect Park was the least preferred of any option. This alternative clinical perspective also sits in stark contradiction to that of the limited number of in-house clinicians BHFT consulted.
- 3.9 The Slough LINK received information from the CEO of Heatherwood & Wexham Park NHS Trust (H&WP) that stated that they made plans post 2013 to close wards at H&WP after BHFT gave notice they would be vacating wards after their 2008 inpatient consultation. The CEO at H&WP publicly

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stated that her trust never issued notice to BHFT to vacate premises leased from H&WP. What has, therefore, effectively transpired post 2008 is that, having received notice from BHFT, H&WP sought to re-use the soon-to-be-vacated premises in Wexham thus effectively precluding the possibility of BHFT retaining services there long-term. The further question this raises is why, having undertaken another Public Consultation in 2010, BHFT had not approached H&WP, prior to the Consultation, to explore the option of newly revamped facilities at localities provided by H&WP. After all, this is the favoured option of Slough GPs but was not considered in the ensuing Public Consultation. It appears, therefore, that the exclusion of Option 4 (which was a continuance at the H&WP sites) was, arguably, a pre-emptive move by BHFT when it formally gave notice in 2008 to vacate premises. The omission of Option 4 from the Public Consultation is further complicated by the fact that a significant investment will need to be made to Prospect Park to make it suitable for taking patients from East Berkshire. If £4.9m will be needed as an investment into Prospect Park, why cannot BHFT use this money to invest in and provide high quality services at H&WP?

- 3.10 We believe the Dr Foster Intelligence Transport Survey was not considered properly or portrayed accurately in the Public Consultation. Although the Trust did engage in a transport survey, this was not until the public consultation was underway. The findings of which were detailed in the Public Consultation findings in 2011 but not in the original consultation document in 2010. The revised findings have never been considered or made available publicly. So, a further question remains as to why the Public Consultation was not delayed and the results of the second survey not made available for the public to consider. There have been and remain serious concerns raised by the people of Slough and East Berkshire generally regarding the travel time and cost by car to Prospect Park. Carers and families wanting to visit patients would be effectively prohibited especially via public transport. Those driving would also face the issue of limited parking *and associated parking charges (BHFT have stated the parking is currently free so I don't think this should be included as its easily shot down)*. Whilst a sum of money was put aside for transport reimbursement, no details were put forward on how this money would be used for the public to consider in the Public Consultation. Although this has since been minuted through a subsequent investigation, those involved in the Public Consultation are no wiser. In fact, the process of reimbursement itself was potentially complicated given its means tested nature and the problem of transport has been further accentuated by the steep rise in fuel costs and the failure to adequately consider issues surrounding carbon footprint and wider sustainability targets which have to be met.
- 3.11 Finally, the response also questions what arrangements were made for the conducting of the requisite Equalities Impact Assessment ("EIA") and how it is not clear what the outcomes are. The Group recognises that an EIA was conducted but it was not fully considered and detailed in the Public Consultation response document, which it should. More importantly, the Group questions what measures the Trust took to mitigate the potential impacts of each of the options in the Public Consultation, which has not been answered satisfactorily.

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4. Conclusion and Recommendations

- 4.1 The intention of this Review undertaken by the Group and the points made in this paper have focussed on three crucial concerns, namely
- assumptions made regarding the future funding situation faced by BHFT
 - the timing and genesis of the decision to vacate the Heatherwood and Wexham Park premises
 - the impartiality of advice being received by BHFT and from how wide a pool such advice was sought
- 4.2 In all three regards, the Group remains wholly dissatisfied by the responses received by BHFT. Whilst the future funding faced by BHFT and the NHS more broadly remains challenging, the financial arguments posited for relocating services to Prospect Park lack persuasiveness. In particular, NHS budgets have risen and continue to rise and are not being cut plus the current Government has stated that one area where it requires Trust's to focus on clinical excellence is mental health services. This contrasts with the Trust's assertions that cuts need to be made and in this area. Therefore, although a new purpose-built facility at Upton Hospital would require a PFI arrangement to be agreed, this is certainly not unfeasible and does not appear to have been investigated fully. Secondly, and perhaps more importantly, the very fact that a move to Prospect Park would require an outlay of some £4.9 million means that, at least in the short-term, the Trust would have to incur considerable cost over and above any money that could have been diverted into improving facilities at the Heatherwood and Wexham Park sites.
- 4.3 The Group has neither seen nor received any firm, clear evidence that a move is a requirement. Also, there is no evidence to suggest that a move is being 'forced' upon BHFT. Indeed, quite the opposite, as it would appear that BHFT served notice on H&WP thus pre-empting the possibility that inpatient mental health facilities could not be retained on the existing sites over the long-term. Once notice was served and H&WP set about with the process of re-allocating their own facilities internally, the wheels for an eventual and inevitable move to Prospect Park were, effectively, set in motion. Although we recognise the need to improve the existing services and facilities at Wexham Park Hospital no attempt has been made by BHFT, prior to the consultation, to investigate improving facilities at Heatherwood or Wexham Park.
- 4.4 Finally, the Group remains concerned regarding the non-use of truly impartial and independent clinical advice. Advice received and used to justify the move has primarily been sought from in-house BHFT clinicians. Whilst the Group makes no comment on their views, the Group feels that in an attempt to conduct a robust, meaningful and transparent Public Consultation, BHFT should have sought input and advice from a wider sphere of clinicians and, in particular, those associated with local patient.. Ironically, such an important exercise was not undertaken. Further, where independent clinical advice was obtained, for instance via local GPs, this does not appear to have been actively pursued and eventually inaccurately portrayed. In the absence of such advice, it is felt the decision making process is fundamentally flawed and remains in doubt.
- 4.5 Without hesitation, the Group finds and recommends

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1. The Slough Borough Council Health Scrutiny Panel and the overarching Overview & Scrutiny Committee **rejects** the findings and outcome of the Public Consultation and **suggests** that, at the very least, requests a new independent, impartial Public Consultation be undertaken that contains a full and open range of options particularly as:
 - a.) The choices for the public to consider were not the full extent of options really available to BHFT
 - b.) Local and a wider sphere of impartial clinicians have not been consulted during the process of the Public Consultation particularly as it would appear that neither NHS Berkshire East nor BHFT have considered such GP feedback
 - c.) The arguments put forward in the consultation are potentially misleading and outdated
2. That Slough Borough Council's Health Scrutiny Panel **recommends in the strongest terms that the Council's Overview & Scrutiny Committee refers this matter to The Secretary of State for Health, Andrew Lansley MP**, advises him of the severe misgivings the Group has and requests a thorough investigation is launched as to whether those who conducted the Public Consultation did so in the best interests of the public, in the best interests of clinical excellence, in the best interests of spending public money most effectively and in the spirit of and guidance subsequently received from HM Treasury. .
3. That BHFT is **requested formally** to seek independent advice regarding the exact costs of a new purpose-built facility at Upton Hospital.
4. That if cost of a new purpose-built facility at Upton Hospital is independently assessed as unaffordable, that it is **formally placed on record** that an improved and enhanced service provided in conjunction with Heatherwood and Wexham Park Foundation Trust be considered.
5. That an independent body **investigates further** the transport impact of any moves and/or relocations including the extra financial, practical and environmental (e.g. carbon emissions) and the difficulties these pose for patients.
- 4.6 Finally, as **serious questions remain** surrounding the whole of the conduct from beginning to end of the Public Consultation, the Group stresses the outcome remains **fundamentally flawed**.
- 4.7 Throughout this whole process, the key consideration for the group has been on protecting the interests of Slough patients. It remains the case that given the diversity and demographic profile of Slough, the mental health needs of Slough resident's remains considerably greater, both in absolute terms and relative to its Berkshire peers. Whilst considerations on finance are always important, especially in the current climate, it is the needs of patients that should be the foremost concern. It is the view of the group that these considerations have not been foremost in this consultation. Indeed many of the arguments for moving services from East Berkshire cut against the grain of the NHS Constitution and the government's policy on Patient Choice.

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- 4.8 Finally, with question marks surrounding the conduct of the consultation, whether this relates to the choice of options being pursued, the advice used to inform the public and decision making process or the extent to which views garnered in the consultation were factored into any final considerations, the whole premise of the consultation remains flawed.

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