Health Scrutiny Panel – Meeting held on Thursday, 23rd September, 2010.

Present:- Councillors Walsh (Chair), Davis, S K Dhaliwal, MacIsaac, P K Mann, Plimmer and A S Wright

Apologies for Absence:- Councillors Long and Rasib

PART I

17. Declarations of Interest

Councillor MacIsaac declared a personal interest in that his wife and daughter work for the NHS.

18. Minutes of the Last Meeting held on 2nd September, 2010

The minutes of the meeting held on 2nd September, 2010 were approved as a correct record.

19. Change to order of Agenda

With the agreement of the Panel, the order of agenda was varied and item 4 was taken first.

20. Externalisation of PCT Provider Arm

John Pullin (JP), Deputy Director, Strategy and Planning, NHS Berkshire East, outlined a report and presentation on the Externalisation of Community Provider Services.

JP advised that "High Quality Care for All" (DH2008) had set a clear vision for patient safety, patient experience and the effectiveness of care. The transformation of Community Services would require PCTs and GPs as commissioners to focus on developing more services in a community setting. It was recognised that there was tension in the programme of transformation and the PCT was required to review the best options for the most appropriate and separate organisational form for a future community service that best suited local needs and circumstances. It was noted that the Coalition Government had confirmed that this separation must be achieved by April 2011.

JP discussed the externalisation options, which included integration with an NHS Acute or Mental Health provider or continued direct PCT provision. The Panel was advised that NHS Berkshire East and West had undertaken a similar process and both had concluded that the Berkshire Health Care Foundation Trust (BHFT) should be invited to provide community health services for Berkshire. The two PCTs had then agreed to work together to produce a joint business case to support the application to transfer their community services to the BHFT.

The Panel noted that the outcome of provider separation would crucially support the delivery of key objectives, quality, innovation, productivity and prevention. It was also a key vehicle to deliver the care for the future programme. The benefits of having a new merged organisation would include the provision of a model of care that enabled people to access good information on health issues, and a system of care that made provision for the majority of the individuals to have treatment at home or as close to home as possible. It would also provide integrated care that brought together all of the professionals a person would need in one pathway to ensure that organisational boundaries did not impair health outcomes. Further benefits would include the reduction of costs, greater efficiencies and the sharing of clinical and managerial infrastructures.

The Panel was advised that the joint business case would be reviewed by the SHA as part of the assurance process and the case would also be forwarded to the Competition and Co-operation Panel for their assessment. Staff engagement events were scheduled over the next few months and regular progress reports would be provided to each PCT board and the joint strategic commissioning board.

The Panel thanked Mr Pullin for his report.

In the ensuing debate Members raised a number of questions/comments including the following (responses shown in italics):-

- A concern was expressed regarding the movement of mental health beds from East Berkshire to West Berkshire.
  An ongoing consultation was being carried out regarding this issue.

- Were any objections lodged during the negotiation for the merger?
  There were no objections but some concerns were submitted from a variety of sources regarding further imposed management changes. It was highlighted that the NHS was familiar with change. There were some issues surrounding how a set fixed management structure could be merged with others but both PCTs had reflected on this and assessed the best way forward.

- What did the future hold for Upton Hospital in terms of mental health bed provision and the new building?
  The development of the Upton site was part of the PCT's plans and there was a single stream of work on this. The Upton site was still crucial to the strategy of the PCT.

- What impact would externalisation have on staff cuts and resources?
  There would be some synergy in this area; for example it was unlikely that there would be a requirement for three Heads of Human Resources or three Chief Executives. There would also be back office savings.

- Had there been a consultation carried out with staff?
  Yes – a consultation was ongoing and staff had been fully engaged in the process. It was highlighted that the terms and conditions of staff would fall under the transfer of undertakings.

- Would the enactment of market interventions result in having monolithic providers?
  The management of market interventions fell within JP's brief. He was looking to commission high quality services and he assured the Panel that there would not be a monopoly situation.

Resolved- That the report be noted and that the Panel be updated and appraised of progress on a regular basis.

21. Heatherwood and Wexham Park Hospitals Trust - Financial Position and Turnaround Plan

Satish Mathu (SM), Commercial Director, Heatherwood and Wexham Park Hospitals NHS Trust (HWPHT) and Paul Robinson (PR), Chief Finance Officer, HWPHT outlined a report setting out the current position regarding the Trust's Strategic Plan "Getting Better Together" and summarising the Trust's financial position to the end of August, 2010.

PR discussed the statement of comprehensive income and advised that the reported in month deficit was in line with Plan. In year the Trust had reported a deficit of £8.5m which was £600,000 behind the Plan. There were clearly pressures within income pay and non-pay and the elements driving this related to the resolution of data quality issues following the implementation of PRP in late April. There had been an £0.2m overspend on pay and it was noted that medical pay expenditure had increased steadily. Long term sickness costs had driven up locum cover costs and there was a continued dependence on higher cost agency staff in midwifery. The development of detailed plans would ensure that the current adverse position was recovered across the remainder of the year and there would be focus on areas such as maximising income recovery for work undertaken for the PCT.

SM outlined a report on ,'Getting Better Together' and reminded the Panel that in June 2009, HWPHT had identified a £20m deficit in its budget and financial forecasts for the current year. Cost improvements had already been realised but the Trust still ended the financial year 2009/10 with a deficit of £9.9m. The Trust was now in a position to proceed with the Strategic Plan which was refreshed in May 2010 and supported by 'Monitor', and which if successfully implemented would return the Trust to full financial viability and stability over next three years. The strategy would realise a saving of £46.3m over three years and would place the Trust in a position of achieving a small surplus at the end of the period.

It was anticipated that approximately 470 positions within the Trust would no longer be required as a result of cost efficiencies, restructuring, and process improvements that would be necessary to bring the organisation back to

financial viability. Measures in place to achieve these included tight management, the removal of bank and agency staff, the control of permanent and non-permanent recruitment and the approval of appointments to vacant posts. The Trust would seek to minimise compulsory redundancies and redeploy staff where possible. It was anticipated that the number of employees potentially displaced without roles in 2010 would be significantly lower than 470. Consultation on the Turnaround Plan would last for 90 days and each proposed organisational change within the consultation would have a template showing the before and after proposals where there was an impact on permanent roles inside the Trust.

Preventative measures had been put in place in July which included the cessation of all unnecessary spending across the Trust and for example, non-essential training had been stopped. It was highlighted that there had been a freeze on clerical and admin staff since the beginning of the year.

The Panel thanked Mr Mathur and Mr Robinson for the updates provided. In the ensuing debate Members raised a number of comments / questions as follows (responses in italics):-

- Of the potential 470 displaced staff, how many of these positions were administrative or managerial?
  SM advised that he was unable to disclose the numbers until the process had been completed.

- What percentage of the staff employed were from agencies?
  SM did not have the figure to hand and this fluctuated on a daily basis. He would provide a response and this would be circulated to Members.

- There was anecdotal evidence that there was sometimes a conflict between the amount of medication the hospital provided on release and the amount GPs provided. Also an example was cited where a person had been asked to visit their GP for a blood test rather than have this at the hospital. SM was asked to comment on this.
  SM advised that he was very surprised if any such measures would be taken to save costs and the hospital was obliged to provide a number of days medicine when the patient was discharged. He advised that he would look into this matter and provide the Panel with a response.

- In what way had a large saving been made on drugs?
  PR advised that the income was lower by £600,000 because less drugs had been prescribed.

- How many vacancies were there within the 470 positions.
  SM did not have this information to hand and would be forward it to the Panel.

- Of the 470 displaced positions, how many related to lower paid staff and how many to managers?

SM was unable to disclose this information because although the positions had been examined, the process was at a sensitive stage.

- How many vacancies were there amongst the 470 redundancies?
  This figure was not available but it was not anticipated that 470 redundancies would be made.

- Within the paragraph on mitigation, what was meant by non-essential training?
  A lot of training was mandatory particularly nursing training. An example of blocking non-essential training would be external courses provided for admin staff where the subject was not mandatory to deliver services. Essential training covered areas such as health and safety where there was no option other than to provide the training.

- How would the Trust respond if the government made further cuts in future years and what provision had been made for this?

  SM advised that the aim of the Turnaround Plan was not only to eliminate the existing deficit but also to tie in with future required expected savings. PR advised that the aim was to bring the organisation into balance and present a sustainable organisation at a reasonable cost. Measures had been included in the Plan going forward so that income in future years would be stable.

- Of the 470 positions that had been identified as no longer being required as a result of cost efficiencies – what percentage was this number of the total number of employees?
  There were 3,500 full time equivalent employees; 470 equated to 12% (13.4%).

- There was evidence that a costly antiseptic wash was being used for patients – what was the related cost of this?
  SM advised that he would forward the response to this question.

- There was evidence that Wexham Hospital employed agency porters – why was this necessary?
  SM was unable to respond to this question as he did not have the detail to hand but would forward his response to the Panel.

- How far short was the Trust in meeting its savings for this year?
  PR advised that the unmet savings would be recovered in the latter part of the year.

- It had been disclosed that a number of Consultants were initially unhappy about the changes that would be implemented through the Turnaround Plan – were the Consultants still of the same opinion?
  It was evident that some Consultants still had some concerns but it was felt that their reservations were not as strong as they were six months previously. It was highlighted that the Trust was not closing beds and

that of the 558 total bed stock, the beds would be opened and closed depending on demand. Traditionally in summer months the demand reduced and beds would be closed in these circumstances.

- What mechanisms were there in place to act in response to Clinicians concerns?
  SM advised that there was an open approach with all stakeholders and a monthly meeting was held with Clinical Directors. There was a continual two way discussion to review key issues and the Chief Executive and Chairman of the Trust were available to staff at any time to discuss matters of concern. It was reported that the Secretary of State had visited the Trust on that morning and met Consultants. The visit had gone well.

- It was hoped that where people expressed a desire to not continue working that this would be facilitated?
  It was confirmed that this would be the case.

Resolved - That the Panel notes the update provided and requests that the Commercial Director provide a written response to the following questions, some of which remain outstanding since the June Panel meeting:

a) How many of the proposed 470 posts at risk are vacancies and how many of the 470 posts are being covered by agency staff?

b) How many agency porters are being used by the Trust and what percentage is this of the total number of porters on-site?

c) How many staff are likely to be affected by redeployment?

d) What is the agreed procedure for the taking of blood tests and the provision, timescale and analysis of those results?

e) Are sufficient quantities of drugs being supplied to patients at the time they are discharged so that they are not required to seek additional top-up supplies of those drugs from their local GP?

f) To give a written assurance that patients are not being and will not be discharged earlier than medical advice recommendations.

g) How many patients are readmitted within 30 days following discharge?

h) What is procedure relating to the locating of sterilising hand scrub bottles and the Trust's subsequent policy and method of the discharge of bottles and at what point are they replenished (i.e. when each bottle is 50% empty, 75% empty, etc)?

22. Proposal to re-site Slough Inpatient Mental Health services to Prospect Park Hospital, Reading (Update by Andrew Millard, Scrutiny Officer)

Andrew Millard (AM), Scrutiny Officer, updated the Panel on the situation regarding proposals to re-site Mental Health beds. He reminded the Panel that the Berkshire Healthcare NHS Foundation Trust (BHFT) wrote to the Council on 7th July 2010, seeking input into and comments on the proposed public consultation. AM collated responses from Councillors and these were forwarded to the Trust on 27th July, 2010.

The Panel noted that no response was received and the Trust's consultation was launched on 16th August, 2010. AM forwarded a letter to the Trust again on 17th August, setting out Members' views.

Philippa Slinger, had replied on 25th August, 2010 but a number of points remained unanswered. (Responses where available shown in italics):

- Scrutiny had twice questioned the accuracy of the Travel Survey (including some specific points) being used for and referred within the consultation. It was therefore questioned how that survey could be used within the consultation.
  The Trust had not accepted deficiencies in the original Travel Survey but had agreed that a new one would be commissioned.
- The Panel had requested to view the 'independent market research', that was referred in the consultation as this had not been provided.
- It was requested that the detail of the end bed numbers relating to the three options (particularly before and after) be spelled out clearly as this was not clear within the proposed consultation document.
  The Trust had still not answered clearly and in writing about the before and the after bed numbers under each scenario.
- Was the proposed £100,000 for the travel assistance a one-off amount or would it be funded to this level each and every year and how, in reality, would this work?
  The Trust had not answered the key questions relating to the notional £100,000 allocation re the Travel Arrangements.
- How would relocation admission delays be handled?
- Had travel times between the different sites been considered?
- Under Option 1, a 27% reduction in East Berkshire bed numbers would occur and how this should be made clear?
- What was the outcome of discussions with the emergency services?

- How would each of the three options affect Adult Social Care integration in the future?

- Importantly, there appeared to be two formats of response questionnaire in circulation. The first was biased towards one end of the response spectrum and was accepted as such by the Trust. How would the Trust therefore deal with such responses and if this was unsatisfactory, would the consultation be scrapped altogether and recommence at a future date? If not, then surely this could leave the Trust open to a possible legal challenge as the responses must be invalid?

The Trust had not answered how they would deal with the fundamental problem relating to the two different response questionnaires.

Julian Emms (JE), Deputy Chief Executive, BHFT, in attendance at the meeting, stated that some inaccurate comments had been made especially regarding bed numbers and that the consultation document was clear on this point. AM reminded JE that after the last Health Scrutiny Panel meeting JE had spoken to himself and to Jane Wood, Director Of Community & Wellbeing and conceded that the document was unclear. JE had given an assurance that he would ensure the exact numbers would be advised at each public consultation meeting.

In the ensuing debate, a number of questions/comments were raised by Members including the following (responses by JE shown in italics):-

- The consultation questionnaire had now been re-issued. Would the Trust re-issue the second questionnaire to those individuals who had already completed the first one?
  JE advised that he would forward a response to this question once he had discussed this matter with the organisation that was responsible for the running of the questionnaire process.

- Would the number of beds allocated to Berkshire East be guaranteed at Prospect Park Hospital if there was an excessive demand for beds required by Berkshire West?
  There were 10,000 service users in Berkshire East and there would be a reduction from 80 beds to 64 but some home treatment would be provided. The Board would have to satisfy itself that it was providing enough beds for the demographic area. Beds in the older people's ward had been under-occupied and there were currently 70 in use in Berkshire East. The number of beds stipulated would be provided.

- It appeared that some individuals who had attended consultation meetings were not happy about the proposals. Was it true that the decision on the re-siting of mental health beds had already been taken?
  JE stated that it was absolutely not true that the Board had already made its decision. He also stated that there was no pressure for the Trust to make the decision and that current tenants would be able to

remain on existing sites until the position forward had been established.

- Under option 2 what was the position regarding other mental health patients – would they also go to Prospect Park Hospital?
  Under option 2 all inpatients would go to Prospect Park other than cases where older people would be offered the option to go to St Mark's Hospital (20 beds) which would remain open.

- It was felt that current population figures in Slough were inaccurate and had not been reflected in the previous census. Was the Trust's plans based on accurate population figures?
  JE advised that hidden population had been reflected in the figures. He emphasised that the Trust was financially stable and there were no issues with the Trust's current financial position. The project had been driven by the external economic situation and the Trust was required to make savings by Government.

- It was felt that the consultation document gave more emphasis to Prospect Park rather than to other options and JE was asked to comment on this.
  The propositions that had been put forward were clear and all three options were feasible although they had different outcomes.

- If the responses to the consultation indicated that the majority of Consultees would prefer to have a hospital at Upton Park, how would the Trust deal with this.
  The Board would have to decide which option to take and provide an explanation for its decision. If the Upton Hospital option was chosen then the Trust would need to plan for finances and then return to scrutiny.

- Could a guarantee be given that the number of beds at Prospect Park for Berkshire East could be fixed?
  Prospect Park Hospital was built to replace Fairmile Hospital but there were now free beds due to the provision of successful care in other settings. The number of beds could not be guaranteed because bed usage would fluctuate and there were peaks and troughs in demand. Flexibility was required between the East and West and beds would be managed in a sensible way.

- Would the £100,000 allocated for transport assistance to Prospect Park be increased every year?
  Focus groups had been organised and organisations such as Links and the local authority would discuss how transport could be organised. JE was confident that £100,000 was acceptable as an initial outlay.

- When would the consultation end?
  The consultation would run until the end of November, 2010.

- It was highlighted that whilst the proposals may be acceptable to some people who lived in Bracknell or Windsor and Maidenhead, the proposals were totally unacceptable for someone who lived, for example, in the Colnbrook area.
  The comment was noted.

Resolved- That the update be noted and that the Deputy Chief Executive be requested to provide written detail to the following points:

a) How many of the first and of the second style consultation response forms were printed and are in circulation?

b) What will happen to the first style response forms when returned?

c) Would the response element of the consultation be recommenced in its entirety if an acceptable solution cannot be found to point b)? This is of particular importance as the distribution of two distinctly different style forms would appear to invalidate any responses received.

d) What are the exact number of beds being provided in the East and the West at present and what would be the resulting number both in the East and West that would be provided under each of the three options being considered.

23. Full Annual Report of the Slough Safeguarding Vulnerable Adults Partnership Board - April 2009 to March 2010

Derek Oliver (DO), Assistant Director, Community and Adult Social Care, outlined the first full report of the Slough Safeguarding Vulnerable Adults Partnership Board and gave a presentation, detailing the work of the Board between April 2009 and March 2010 and the context in which the Board was operating.

DO advised that adult social services operated within a clear eligibility framework for access to social care support. In response to the Department of Health's document, 'No Secrets', Berkshire Councils and related agencies revised and updated local procedures into a single Berkshire-wide document and established two multi-agency Safeguarding Boards, East and West, to oversee the workings of the procedures and to develop and improve local multi-agency safeguarding practices.

The Slough Safeguarding Vulnerable Adults Partnership Board came into being in April 2009 and had worked in particular on improving partnership working and awareness across the many agencies in Slough and East Berkshire. The work had included shared strategic priorities that promoted the health and wellbeing of vulnerable residents, and support for the local crime reduction and community safety agenda. There had also been improved working frameworks for frontline staff and a targeted campaigns for public awareness including a bus advertising campaign.

The Panel noted that 'No Secrets' had set out the requirement for local Safeguarding Boards to publish an annual report, to be endorsed through each statutory agency's governance committee. In addition the constitution of the Slough Board stated that the Board would report to Health Scrutiny Panel twice a year to discuss safeguarding issues.

DO advised that the first year of the Board had been busy and its full report set out matters such as progress against priorities, case examples of good practice and the statistical profile of safeguarding reports to Adult Social Care services. The Panel noted that residential domiciliary care and other services were required to be registered with the Care Quality Commission (CQC) in accordance with the Care Standards Act 2000. This included services which Slough Borough Council commissioned and some which it provided. The Panel also noted that the it would receive the Annual Report on an annual basis and that an annual half yearly progress report would be provided.

The Panel congratulated the Officer on his comprehensive report.

In the ensuing debate Members raised a number of comments / questions as follows (responses in italics):-

- How would the reduction in the number of Social Workers within SBC impact on Safeguarding?
  The cut in posts was within Children's Services and posts would be realigned to accommodate the reduction.

- The Officer was asked to comment on the fact that the largest single abuser group was to be found within residential care staff.
  This issue had been considered and Officers worked closely with the Police to investigate cases when necessary. The Panel was advised that a number of cases had progressed through the Courts. worked closely with the police.

- Would a person who had been accused of abuse be allowed to continue to work in the same care environment while their case was being investigated?
  This would depend on the nature of the accusation- where for example it was felt that the error was made due to ignorance or inadequate training and not due to malicious intent, then in

some cases the person would be allowed to continue in their role.

- A Member attending under Rule 30 highlighted that there was currently a Board Member vacancy and this was noted.

Resolved-

a) That the report be noted.

b) That the legal framework for regulated social care changes on 1st October 2010 with the implementation of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009, be noted.

24. Adult Social Care Commissioning Priorities-Overarching Strategy

Mike Bibby (MB), Assistant Director, Personalisation, Commissioning and Partnerships, outlined a report and presentation setting out the draft Adult Social Care Strategy and seeking the Panel's views.

The Panel noted that there were significant developments in the way that adult social care services would be delivered following the implementation of 'Putting Me First', the strategy for the implementation of personalised adult social care services in Slough. The type of services that would be commissioned and the resulting contracts would need to support the delivery of more person-centred services.

MB advised that the draft Commissioning Strategy for Adult Social Care identified the key priorities for commissioning in coming years to support the delivery of 'Putting Me First'. It was highlighted that the challenging financial climate and the reduction in resources available to local authorities made it more important than ever that robust, coordinated and effective commissioning arrangements were in place to ensure the availability of high quality and cost effective services which delivered improved outcomes for residents while making the best use of available resources.

Commissioning of new services and the termination or extension of existing contracts would be carried out in accordance with relevant legislation and guidance including the council's constitution. It was noted that contracts and service level agreements would be put in place for all commissioned services. Commissioning priorities included the provision of advice and information across all care groups and respite for carers. Delivering the strategy would involve a complex programme of work over the next two years and there would be a significant impact on current provider organisations as the range of services commissioned would change. There would also be changes to the nature of contracts for service provision.

The Officer highlighted that the Council would promote, develop and commission care and support that was flexible and responded to the needs and risks of the most vulnerable residents. There would be no workforce implications for the Council arising from the implementation of the commissioning strategy as the necessary work would be undertaken within existing staffing arrangements. It was noted that the local authority commissioned services from a range of provider agencies in the private, voluntary and community sectors to deliver adult social care services. The type of services that would be commissioned and the resulting contracts would need to change to support the delivery of more person-centred services.

It was anticipated that the major part of the programme would be delivered in the next 18 months, with completion by April 2012. As many of the Councils contracts would normally expire in the next year, it would be necessary for some existing contracts to be extended while new arrangements were put in place in line with the detailed programme.

The Commissioning Strategy would be presented to Cabinet in October 2010 with a recommendation that Cabinet resolve to agree the identified priorities and the commissioning and tendering of these services.

In the ensuing debate Members raised a number of comments / questions as follows (responses in italics):-

- A Member commented that it was important that the strategy provided the right service and this should not be determined by economy only. *The Officer acknowledged this view and accepted that the quality of service must be met and business would not be done with companies who did not provide this.*

- Would there be costs incurred when moving from the old system to the new?
  Services had been commissioned for some time now and this included the provision of nursing care through spot contracts. There would be no start up costs as the commissioning team was already in place. The programme would take 2 years to put in place and priorities would be addressed in bite size chunks.

- Were discussions with Voluntary Organisations progressing well to achieve a 4% reduction in funding?
  Negotiations were progressing well and contact had been made with all such organisations. Responses were awaited from some. A Member attending under Rule 30 reported that she had received feedback from voluntary organisations who had said that the process was being carried out in a fair way.

- Had there been any problems in negotiating contracts with block purchase organisations?

It was possible that there would be some problems but it was hoped that the majority of organisations would work with the Council.

The Panel congratulated the Officer for his comprehensive report.

Resolved- That the report be noted and that the Panel endorse the draft commissioning strategy and recommend that it be approved by Cabinet.

25. Member's Attendance Statistics

Resolved- That the report be noted.

26. Forward Agenda Plan

Resolved- That the Forward Agenda Plan be noted.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.50 pm)