

Health Scrutiny Panel – Meeting held on Wednesday, 1st February, 2012.

Present:- Councillors Sharif (Chair), Davis, Grewal, Long, Munawar, Plimmer, Rasib and Strutton

Also present under Rule 30:- Councillor Walsh

Apologies for Absence:- Councillor Chohan

PART I

115. Declarations of Interest

None received.

116. Membership of the Panel and Election of Chair

Teresa Clark, Senior Democratic Services Officer, advised the Panel that Councillor P K Mann had resigned from the Panel following her appointment as Commissioner for Opportunities and Skills. Councillor Grewal had subsequently been appointed to fill the resulting Labour vacancy at Council on 31st January, 2012. It was necessary for the Panel to appoint a new Chair for the remainder of the municipal year and nominations were sought.

The nomination of Councillor Sharif was moved and seconded. There being no other nominations it was –

Resolved – That Councillor Sharif be appointed Chair of the Health Scrutiny Panel for the remainder of the 2011/2012 municipal year.

(Councillor Sharif in the Chair).

Councillor Sharif expressed his thanks to the Panel for supporting his nomination as Chair. He also placed on record the Panel's thanks to Councillor P K Mann, the outgoing Chair for the considerable work she had undertaken in relation to the Panel.

117. Minutes of the Last Meeting held on 8th December, 2011

The minutes of the meeting held on 8th December, 2011 were approved as a correct record.

118. Member Questions

No written Member questions had been received. A Member submitted a verbal question regarding the management of the car park at Wexham Park Hospital and whether personnel were licensed by Thames Valley Police or Slough Borough Council. Ms Philippa Slinger, Chief Executive, HWPH NHS

Health Scrutiny Panel - 01.02.12

Trust who was in attendance at the meeting provided the member with a response.

119. Order of Agenda

The Chair advised that the order of agenda would be amended so that agenda item 8, East Berkshire Mental Health In-Patient Services would be taken at the beginning of the meeting, followed by items 6, 7 and 5.

120. East Berkshire Mental Health Inpatient Services

Bev Searle, Director Joint Commissioning, NHS Berkshire and Charles Waddicor, Chief Executive, NHS Berkshire provided the Panel with an update regarding the provision of East Berkshire Mental Health Inpatient Services.

At its meeting on 24th January 2012 the NHS Berkshire Trust Board had approved the implementation of option 1, i.e. the provision of all mental health hospital beds at Prospect Park Hospital (PPH) in Reading, which would result in the closure of all beds on the current three sites in East Berkshire. It was highlighted that the decision had been influenced by comments received from a number of individuals including Health Scrutiny Panel Members and the importance of patient experience and outcome was at the forefront of the Board's mind when the decision was reached. It was noted that the issue had been recently discussed at the Slough Shadow Health and Wellbeing Board.

Members noted the update and raised a number of comments and questions in the ensuing debate including:

- How was the patient experience measured? Ms Searle advised that the question of patient experience was taken very seriously and she would be happy to include continued updates in future reports.
- A LINK representative commented that stakeholders were disappointed that their suggested options had not been explored properly e.g. the use of empty wards at Upton site. Also who would oversee the transition period for patients – it was felt that this should be conducted by an independent organisation. Ms Searle confirmed that specialist consultants had advised it was necessary to have a purpose built unit and the conversion of existing facilities would not provide satisfactory accommodation for mental health patients. A representative from the clinical group federation would be appointed to ensure that the transition was carefully monitored.
- The view was put forward that the outcome of the consultation was a foregone conclusion and had therefore been a waste of public time. Mr Waddicor responded that at no time had the PCT held a fixed view in this matter and that the Panel had at various times drawn attention to their concerns which had been taken on board. It was highlighted that specialist clinicians and all three CCGs in East Berkshire had supported the case for change. Mr Waddicor confirmed that Prospect Park Hospital (PPH) was purpose built for mental health provision and clinicians had focused on the best interest of patients at all times.

Health Scrutiny Panel - 01.02.12

- Members questioned the provision of £100K which had been set aside for transport. Ms Searle advised that this recurrent funding would be incorporated into contractual arrangements. She advised that at this stage it was difficult to assess what the demand for support would be but the importance of transport provision was accepted.
- In response to a further concern regarding the adaptation of existing accommodation, Ms Searle advised that when consulted patients had consistently indicated that they would prefer their own bathroom facilities. She had recently visited PPH and spoke to a number of patients who confirmed that they felt safer at night in their own private room and although there was some concern that transport issues were challenging for visitors this was outweighed by the provision of quality accommodation.
- A Member asked if the £100k available for transport was ring fenced and whether it would be linked to inflation. Ms Searle confirmed that the £100k was available to ensure that patients could receive visitors from family and carers and would possibly include a scheme for fuel reimbursements. Individual circumstances would be considered and Mr Waddicor confirmed that although a bespoke transport service would be provided, this would not be a regular bus service. It was agreed that the subject of transport to PPH would be considered at the Panel's next meeting within an update report.

The Panel once again expressed its concern at the decision which had been taken regarding the transfer of mental health inpatient beds to PPH. It was moved and seconded that the Panel's concerns regarding the Trust's decision to relocate East Berkshire Mental Health in patients services should be forwarded to Secretary of State.

Resolved –

- (a) That the Panel's concerns regarding the decision to relocate East Berkshire Mental Health in patients services to Prospect Park Hospital be referred to the Secretary of State subject to the findings of the Scrutiny Officer on the process and requirements for referral both internally and by the Department of Health; and
- (b) That an update on the current position including the Transport scheme be considered at the next meeting of the Panel.

121. Heatherwood and Wexham Park Hospitals NHS Trust: Operational Finance-Update

Ms Slinger, Chief Executive, HWPB NHS Trust, summarised the Trust's financial position for 2011/12 and the financial forecast for 2011/12. Members noted the Clinical Quality and Performance aspects of the Trust and the outcome of the unannounced inspection of the Wexham Park Maternity Unit on 1st October 2011 by the Care Quality Commission.

In the ensuing debate members asked a number of questions regarding the use of the agency staff, the quality of services provided, the management of fraud within the hospital and the level and nature of hospital complaints. Ms

Health Scrutiny Panel - 01.02.12

Slinger acknowledged a lot of money was spent on agency staff and it was important to reduce these levels and make the hospital an attractive place for prospective staff to work in. It was confirmed that pay level differentials between permanent and agency staff could be anywhere between 25% and 70% and for example a doctor working in Accident and Emergency on a Saturday night could cost 100% more than a permanent staff member. It was also highlighted that the Staff Agency received a premium payment when such staff were provided. In response to a question regarding the ability to collect non NHS income, Ms Slinger advised that the hospital did receive some private income and an overseas Charging Manager was responsible for recovering monies owed in this area.

It was agreed that Ms Slinger would send relevant data including the monies allocated as write-offs to the Panel via the Democratic Services Officer.

Resolved - That the current position be noted.

122. Membership of the Panel

The Panel discussed the option that a Member of the Slough LINK could be appointed to the Panel as a non-voting co-opted member.

Teresa Clark, Senior Democratic Services Officer reminded the Panel that in 2009 the Panel had received a report which considered working arrangements between the Panel and LINK and the possible cooption of a LINK Member to the Panel. At that time it was agreed that although there would be joint planning and co-ordination of work programmes, it was not considered appropriate that a formal co-option take place.

The Panel considered that it in view of the requirement to engage with the Slough LINK, particularly in view of impending changes to the Health Service and Public Health reform that it would be appropriate for a member of the Slough LINK to be co-opted to the Panel.

Resolved – That the Health Scrutiny Panel recommend to the Overview and Scrutiny Committee that a member of the Slough LINK be appointed to the Panel as a non-voting co-optee.

123. Stroke Services in Slough-Presentation by Dr McGlynn

Dr Jackie McGlynn made a presentation to the Panel providing an update on Stroke Services in Slough. Dr McGlynn reminded the Panel that a joint service had been set up between Buckinghamshire Hospitals and Heatherwood and Wexham Park on 1st June, 2011 to provide 24/7 care for the provision of thrombolysis. The Panel was advised that a Hyperacute trained stroke physician was available to make the decision as to whether to thrombolysed the patient. Once the acute phase was over the patient could be transferred to the Acute Stroke Unit at Wexham Park Hospital where an acute stroke service was available. Admissions to the Acute Stroke Unit were seen

Health Scrutiny Panel - 01.02.12

by a Consultant within 24 hours and continuous monitoring of patients was available where clinically appropriate.

Dr McGlynn was pleased to advise that this year, 100% of patients arriving at the Hyperacute Stroke Unit in High Wycombe Hospital had been treated within 24 hours.

In response to a number of questions Dr McGlynn advised that the vast majority of patients arrived at High Wycombe Hospital through a ambulance 999 call although sometimes the patient had gone to Accident and Emergency and was then transferred to High Wycombe (if this could be done within 3 hours). Dr McGlynn confirmed that stroke beds were ring fenced and kept exclusively for stroke patients. In response to a further question, Dr McGlynn confirmed that liaison with adult social services was the next challenge and it was felt that this was not as it could be at present. It was clear that the hospital had more success in discharging patients from hospital in some areas than others and a peer review was underway. It was also confirmed that preventative measures were available to patients through GP practices and ongoing health work.

Resolved – That the Panel thank Dr McGlynn for her presentation and congratulate NHS Berkshire on its success in the area of Hyperacute Stroke Services.

124. National Health Service and Public Health Reform

Jane Wood, Strategic Director of Community and Wellbeing, introduced a report and presentation to update the Panel on the Public Health Service changes within the NHS which formed part of the Health and Social Care Bill currently being considered by Parliament.

The Panel was reminded that the Bill had major implications for local health and in particular provided for the abolition of PCTs and the establishment of Clinical Commissioning Group (CCGs). It was noted that the responsibility for Public Health would be transferred to Local Government and that Councils would be required to establish Health and Wellbeing Boards (HWBs). The role of the Secretary of State would change to one of strategic direction setting and holding the NHS to account and GPs would have responsibility for the commissioning of a wide range of health care services (with some exceptions). A new Commissioning Board would set health outcomes, allocate and account for NHS resources and also commission specific services. It was highlighted that Strategic Health Authorities would be abolished from April 2002 and Primary Care Trusts from 2003.

The Panel was advised that Public Health England (PHE) would be the National Public Health Service and Directors of Public Health (jointly appointed by Councils) and PHE would have a leading strategic role in discharging local authorities public health functions and advising CCGs in commissioning functions. The PHE would perform a monitoring function and allocate funding. It was noted that one year earlier, it was thought that funds

Health Scrutiny Panel - 01.02.12

would be allocated to Slough on a needs basis but it was now known that funding would be allocated on a status quo basis.

The Strategic Director discussed public engagement and transparency and it was highlighted that the LINKs and PALS organisations would be replaced by a new organisation commissioned by the Local Authority (operational in April 2013). The Panel noted the responsibilities of the new HWBs which would have full public committee status. The Terms of Reference of the HWB would be considered by Cabinet. It was highlighted that the Boards would have a duty to produce the Joint Strategic Needs Assessment and shadow Boards would be in place from April 2012 to April 2013. The Panel noted that the full membership of the HWB would include at least one Councillor, the Directors of Adult Services, Children's Services and Public Services and a representative of each relevant CCG. The Director discussed Slough's HWB and the relationship between the Board and the Scrutiny Panel. It was not anticipated that the role of the Panel would change.

The Director recommended that the Panel invite the CCG to a future meeting of the Panel to discuss the work they were currently undertaking.

In the ensuing debate, the Director responded to a number of questions submitted by the Panel including the ability of the Council to deal with the changes in view of its current financial resources and whether Central Government would allocate funds. The Panel was advised that it was not known at this stage what funding would be transferred to Slough but its needs were high. Representations had been made to the Department for Health setting out strong examples of Slough's needs.

The Commissioner for Health and Wellbeing commented that the creation of the HWB was a radical change for Slough and it was important that the Panel played a key role in scrutinising the work of the Board and CCGs.

Members also questioned the ability of Slough BC to work together with other neighbouring authorities and the Director acknowledged that there were some synergies with West London Boroughs. It was also noted that there would be some discussion around commissioning joint health provision with Reading BC.

Resolved –

- (a) That the Panel note the reforms and their implication for Slough and endorses the Terms of Reference of the Shadow Health and Well-Being Board that will be considered by Cabinet on 14th February.
- (b) Requests Offices to provide a further report on the relationship between the Health and Well-Being Board and the Council's Cabinet and Overview and Scrutiny Committee, once guidance is received from the Government.

Health Scrutiny Panel - 01.02.12

125. Consideration of reports marked to be noted/for information

None received.

126. Forward Work Programme

It was agreed that the Panel would consider a report on Care Commissioning Groups early in the new Municipal Year.

Resolved – That the report be noted.

127. Attendance Record

Resolved – That the members attendance record be noted.

128. Date of Next Meeting- 20th March, 2012

Chair

(Note: The Meeting opened at 6.30 pm and closed at 10.10 pm)