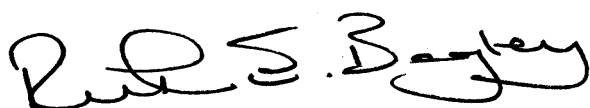


Date of issue: Monday, 12 January 2015

| | |
|---|---|
| MEETING: | HEALTH SCRUTINY PANEL (Councillors Pantelic (Chair), Bains, Cheema, Chohan, Davis, Dhillon, M Holledge, Rana and Strutton) NON-VOTING CO-OPTED MEMBER Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative |
| DATE AND TIME: | TUESDAY, 20TH JANUARY, 2015 AT 6.30 PM |
| VENUE: | MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP |
| DEMOCRATIC SERVICES OFFICER: (for all enquiries) | NICHOLAS PONTONE 01753 875120 |

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

Apologies for absence.

APOLOGIES FOR ABSENCE**CONSTITUTIONAL MATTERS**

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Minutes of the Last Meeting held on 19th November 2014 1 - 6

SCRUTINY ISSUES

3. Member Questions

(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).

4. Update on Frimley Park Hospital NHS FT acquisition of Heatherwood & Wexham Park Hospitals NHS FT 7 - 12 All

5. Better Care Fund Plan 2015/16 13 - 20 All

6. Public Engagement About GP Out of Hours 21 - 34 All

ITEMS FOR INFORMATION

7. Forward Work Programme 35 - 38

8. Attendance Record 39 - 40

9. Date of Next Meeting - 23rd March 2015

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Health Scrutiny Panel – Meeting held on Wednesday, 19th November, 2014.

Present:- Councillors Strutton (in the Chair), Bains, Cheema, Chohan, Davis, M Holledge and Rana

Also present:- Councillor Hussain

Apologies for Absence:- Councillors Pantelic and Dhillon

PART I

31. Declarations of Interest

No declarations were made.

32. Minutes of the Last Meeting held on 6th October 2014

Resolved – That the minutes of the last meeting held on 6th October 2014 be approved as a correct record.

33. Member Questions

There were no questions from Members.

34. The Care Act 2014 - Reforming Care and Support

The Assistant Director Adult Social Care introduced a report which provided a summary of the Care Act 2014; updated Members on the current status of the Act's regulations and guidance; and outlined the potential implications for Slough.

The Act brought together care and support law into one statute and set out a long term agenda to meet the social care needs of vulnerable adults. The promotion of wellbeing and prevention of need was central to the Act and the key aspects of the Act, as detailed in paragraph 5.3 of the report, were summarised. The implementation was staged with the majority of provisions of the Act coming into force in April 2015 with the funding reforms coming into effect in April 2016, following consultation early next year.

There would be significant financial implications for the Council arising from the implementation of the Act with the estimated cost of £0.9m to £1.2m in 2015/16 depending on the rate at which additional carers present for assessment/support. The amount of additional funding Slough would receive would not be announced until December, however, early indications suggested that it would be circa £440k. The Panel also noted that the national context of rising demand and reduced spending on adult social care – of 26% over the past four years – was forecast to create a budget gap of £4.3bn by the end of the decade.

Health Scrutiny Panel - 19.11.14

The Panel discussed a number of key aspects of the Act and the implications for Slough which can be summarised as follows:

- The impact that funding pressures would have on services locally was questioned. The Assistant Director responded that significant savings would need to be made next year and in future years but that the starting point was assessing people's needs and then working with the market to deliver the right care.
- Members asked what steps were being taken to promote integration with other Council services such as planning and housing to ensure more people had the necessary support and modifications to stay in their homes. The Assistant Director stated that there was a significant focus on delivering care in the home, partly through the Better Care Fund, and work was ongoing with other departments. In terms of planning, whilst the Council would look into individual circumstances to make modifications to people's homes, planning regulations would need to be followed.
- The need for good relationships with the provider market would be necessary and the Panel considered why most providers for supporting people at home were not currently based in Slough for various historic reasons. The Assistant Director confirmed that the Council wanted to further develop relationships with the provider market based in Slough and also commented that there were likely to be more framework contracts paying providers by results. It was also noted that more people would be using direct payments in the future and would purchase their own care and support and this would have a significant impact on the market.
- The process for deferred payments so that people would not have to sell their home at a point of crisis was discussed. The Assistant Director stated that such a system had already been running in Slough so it was likely to have less impact than elsewhere. Members commented on the need for robust systems to recoup deferred payments and it was confirmed that appropriate systems were in place.
- The Panel asked whether the Council provided the appropriate advice to recipients of direct payments. It was noted that this was not currently provided as the service previously provided had not worked as well as hoped, however, the community team were currently looking to provide new direct payment advice and support services.

At the conclusion of the discussion, the Panel thanked the Assistant Director for the report and agreed to receive a further update on the implementation of the Act at the meeting on 23rd March 2015.

Resolved –

- (a) That the report be noted.

- (b) That a further report updating the Panel on the progress in implementing the Act in Slough be received in March 2015.

35. Progress Report on Diabetes Strategy 2013-15

The Panel received a report on the progress made on the Diabetes Strategy for Slough from Dr Onteeru Reddy, Public Health Programme Manager, and Dr Nithya Nanda, Clinical Lead for Diabetes and CVD Networks at Slough Clinical Commissioning Group (CCG).

The Strategy had been approved in 2013 and significant progress had been made in the intervening eighteen months. Diabetes posed a major health problem in Slough as its prevalence was above the national average and levels of physical activity were relatively low. In 2012/13 there were 8,604 patients in Slough diagnosed with diabetes and across Berkshire East it was forecast that the rate would increase by 80% by 2030. Diabetes had therefore been identified as a priority for Slough and the Council and CCG were working closely in partnership to improve the outcomes for patients. Members were briefed on the performance data relating to the key care processes targets, such as blood pressure and total cholesterol, and the number of diabetes related hospital admissions. The CCG had achieved substantial improvements in terms of diabetes management, offer for care processes and value for money which would be reflected in national results to be published in December.

Progress was outlined on the key themes in the strategy, as detailed from paragraph 6.6 of the report, which included increased Healthcheck delivery and targeted activity for high risk groups. It was considered that the short, medium and long term action plans set out in the strategy were delivering substantial improvements to services.

The Panel discussed a wide range of issues which are summarised as follows:

- There were very significant costs to the NHS arising from diabetes and related conditions, estimated at £10bn nationally, and these were more pronounced in Slough due to higher prevalence. The approach being taken in the strategy was early intervention and support and advice to promote healthy lifestyles. Good management of people's condition would help to limit costs and it was noted that the number of people whose conditions were categorised as well controlled in Slough had risen significantly over the past two years from 4,000 to 5,700.
- Members emphasised the importance of ensuring that the key themes of the strategy were properly integrated to related plans such as leisure, transport and licensing. Officers recognised this and confirmed that progress was being made in this regard, however, the Panel noted some of the practical barriers such as the fact that public health was not a licensing objective under the Licensing Act 2003.

Health Scrutiny Panel - 19.11.14

- The different types of diabetes were discussed and Members asked what support was available for people with pre-diabetes. It was noted that good diet and exercise were most effective in controlling the condition and a range of support services were provided to promote healthy lifestyles. It was also felt that public health information campaigns on diabetes could be more hard hitting and prominent.
- Education and awareness raising on public health issues was considered to be vital and the Panel asked what engagement mechanisms were being used. Officers outlined the wide range of activities including engagement and screening GP practices, in the community and public health awareness in schools. Members asked for more information about the role of the Silver Star Diabetes charity in Slough and it was confirmed that their Mobile Diabetes Unit offered an inclusive service and would have a launch event in the High Street in the coming weeks. The Panel agreed that such activity needed to be well promoted to raise awareness of the free checks that were available.

The Panel thanked Dr Reddy and Dr Nanda for their report and agreed to receive a further update in the future on the progress being made.

Resolved –

- (a) That the progress on the diabetes strategy for Slough and the action plan detailed in section 6.6 of the report be noted.
- (b) That it be noted that national comparator data would be published at CCG and practice level in December 2014 which would show the detailed performance improvements as highlighted in the report.
- (c) That it be noted that the strategy was predominantly focused on adults and included the themes of: early identification, patient and clinical information, improved clinical management and monitoring of clinical outcomes.

36. Child and Adolescent Mental Health Services (CAMHS tier 2) Engagement Update

Dr Angela Snowling, Consultant in Public Health, introduced a report updating the Panel on the engagement that had taken place to address the recommendations of the Child and Adult Mental Health Services (CAMHS) engagement survey in relation to tier 2 and tier 1 services.

The Panel were informed that good progress was being made in responding to the issues raised by the CAMHS engagement survey, which included the understanding, timeliness and transparency of the service. Significant changes had been made to the service design following the feedback and delivery would commence in January 2015. Eight pathways had been

Health Scrutiny Panel - 19.11.14

identified including eating disorders, Autism Spectrum Disorder, self-harm and anxiety and depression, with varying approaches for each pathway. Specific activities included a new app designed by and for young people and the wellbeing programme would be piloted in two schools (Wexham and Baylis Court) and two colleges (Haybrook and East Berkshire).

The Panel welcomed the progress that had been made and discussed a number of specific aspects of the pilot. It was agreed to receive a further report on the outcomes after the conclusion of the pilot in June 2015.

Resolved –

- (a) That the update be noted on the Five Ways to Wellbeing (tier 1 and 2) service to be piloted in Slough from January to June 2015.
- (b) That the results of the pilot would inform CCGs future plans as commissioners of Child and Adolescent Mental Health Services.
- (c) That the Panel consider a further report on the outcomes of the pilot in summer 2015.

37. Public Engagement About GP Out of Hours

Consideration of the item was deferred until the next meeting. Members were invited by the Scrutiny Officer to submit any specific comments or questions on the proposed move of GP Out of Hours service from Herschel Medical Centre to Wexham Park Hospital.

Resolved – That the item be deferred and any immediate comments or questions be forwarded to the CCG via the Scrutiny Officer.

38. Chair's Visit to Wexham Park Hospital - 24th October 2014

Councillor Pantelic was not present to provide a verbal update to the Panel but had indicated that she would update Members directly on her recent visit to Wexham Park Hospital.

Resolved – That the Panel be updated on Chair's visit to Wexham Park Hospital following the meeting.

39. Forward Work Programme

The Panel considered the Work Programme for 2014/15. It was noted that an update on Frimley Health NHS Foundation Trust was expected in January 2015. It was agreed to add updates on the Care Act for March 2015 and CAMHS in June or July 2015.

Resolved – That the current work programme for the 2014/15 municipal year be noted, subject to the amendments noted above.

Health Scrutiny Panel - 19.11.14

40. Attendance Record

Resolved – That the record of Members' attendance in 2014/15 be noted.

41. Date of Next Meeting - 20th January 2015

The date of the next meeting was confirmed as 20th January 2015.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.25 pm)

Health Scrutiny Panel
Slough Borough Council
20 January 2015

**Frimley Health NHS Foundation Trust:
Frimley Park Hospital NHS FT acquisition of Heatherwood & Wexham
Park Hospitals NHS FT: UPDATE**

Purpose of the report: For information

Following Monitor's approval of Frimley Park's (FPH) acquisition of Heatherwood & Wexham Park Hospitals (HWPH) the Committee wishes to receive an update on progress of the integration of Frimley Health NHS Foundation Trust.

Introduction:

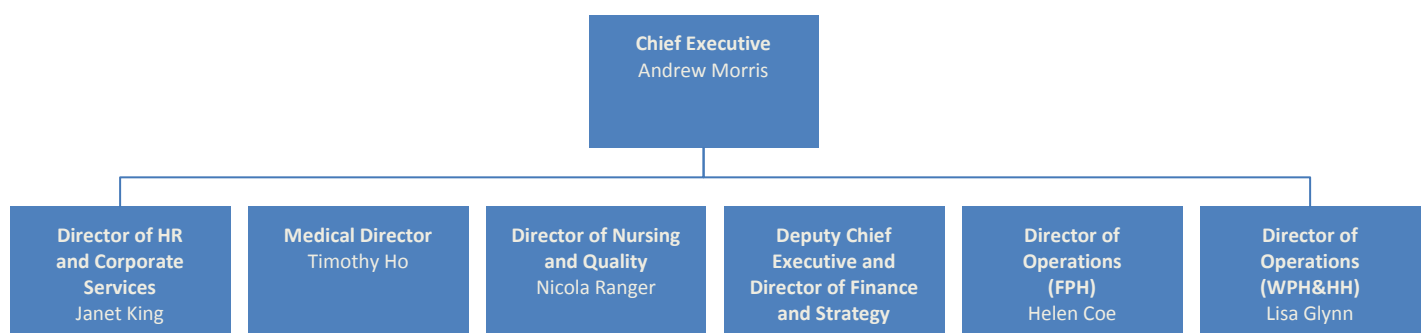
1. HWPH was facing significant financial, operational & clinical challenges. In the absence of the transaction, ongoing financial and operational challenges may have risked FPH's sustainability in the medium term.
 - 1.1 Increasing financial and operational pressures are being placed on acute Trusts. FPH was facing declining surpluses over the coming years and HWPH was in a continuing unsustainable financial position.
 - 1.2 There is a continued drive for high quality sustainable care in the NHS. FPH was at risk of becoming clinically subscale in certain areas as the NHS consolidates to preserve and improve quality care. HWPH already had areas of poor quality in patient care and had lost certain services.
 - 1.3 Both trusts were facing a growing and ageing population, coupled with a forecast increase in chronic diseases, which will put additional strain on local services .
 - 1.4 The combined organisation provides the opportunity to achieve critical mass in clinical services and achieve a sustainable financial position.
 - 1.5 Options appraisal has shown that acquisition offered the best opportunity for FPH to maintain medium term sustainability.
2. The acquisition of HWPH by FPH and the resulting increased population served of between 800,000 and 1,000,000 people creates the organisational scale necessary to establish robust, sustainable services for the people of Berkshire, Buckinghamshire, North East Hampshire and Surrey.
3. The acquisition enables a platform for change, driving forward clinical service changes where appropriate and providing the impetus to create new services to serve the growing and ageing population. The enlarged trust is better placed to recruit and retain high quality clinical staff and to offer excellent training

opportunities. Back-office and operational consolidation will help release resources for front-line services.

4. The enlarged organisation is committed to significantly improving the quality of care and delivery of performance on the Wexham Park and Heatherwood Hospital sites while maintaining and improving all aspects of care on the Frimley Park site. The longer term goal is to achieve the same standards of quality, performance and financial efficiency across the whole organisation.

Governance arrangements for Frimley Health NHS Foundation Trust:

5. FHFT is a single foundation trust incorporating Frimley Park Hospital, Heatherwood Hospital and Wexham Park Hospital. The foundation trust has a single Board of Directors, made up of the Board of FPH plus two additional positions, one executive and one non-executive.
6. The structure for the executive team (given below) includes a dedicated operations director for each acute site, to ensure that there is sufficient focus on maintaining and improving performance and delivery on each of the Frimley Park and Wexham Park sites:



7. Reflecting the successful governance structure of FPH, the clinical services are organised into 10 directorates, each headed by a Chief of Service, who is an experienced consultant. These Chiefs of Service have responsibility across all sites and report directly into the Chief Executive. They are supported by associate directors who also work across the sites, in order to promote strong clinical leadership and aligned managerial support that will drive integration and best practice improvements. The only exception is the medical/emergency department associate directors, who each work on a single site to support the need for good local integrated working and timely operational responses.
8. The trust has established an organisation-wide clinical and corporate governance structure that supports the Board, executive team and the clinical and corporate leadership team. This is based on the most successful elements of the FPH approach to governance, with modifications to make it scalable and appropriate for a multi-site organisation. For example, there are two quality committees for the first year at least, to ensure that there is adequate focus on the different needs for improvement on each site.

9. The FPH management has successfully embedded their vision and principles among the staff at FPH through significant communication activities and leadership engagement. Following work to ensure the values are relevant to staff on the Wexham Park and Heatherwood hospital sites, the executive team have been leading engagement work with teams, explaining the imperative for change and cascading a single set of core values across all sites through the local management teams and face to face meetings with the Executives.
10. An integration programme board is overseeing the work plans that will deliver the required changes across the organisation, and give the Board and our regulators assurance that the benefits of the integration will be achieved. Both Monitor and the Care Quality Commission will work alongside our local commissioners to monitor progress, share learning from other acquisitions and mergers and provide assurance that patients will benefit from improved quality, performance and financial viability.
11. The trust is also committed to working with its partners on transformation across the broader health and social care system, and will achieve this through joint transformation initiatives with health and social care partners.

Commissioning and contracting arrangements for Frimley Health Foundation Trust:

12. The acquisition of HWPH by FPH to form Frimley Health NHS FT impacts on how the local Clinical Commissioning Groups (CCGs) will work together to commission and contract for high quality and safe services for local people.
13. There are six main CCGs that commission services from Frimley Health Foundation Trust. Currently the CCGs work together in two systems; the FPH system and the HWPH system. The FPH 'system' includes Bracknell and Ascot CCG, North East Hampshire and Farnham CCG and Surrey Heath CCG. The HWPH 'system' includes Bracknell and Ascot CCG, Chiltern CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG (please note Bracknell and Ascot CCG works with both 'systems').
14. The CCGs recognise that currently HWPH and FPH have different quality and performance standards and different contracting arrangements in place. The CCGs agree that changes to the commissioning and contracting structures and processes (e.g. to one Frimley Health NHS FT-wide contract) needs to be implemented at an agreed pace to ensure that quality, performance and activity and finance can be appropriately contracted and monitored.
15. A Joint Strategic Commissioning Forum, encompassing all six CCGs, is established. This strategic forum brings together the two existing commissioning systems (as described in 13) providing strategic oversight and leadership to the services commissioned from newly formed Frimley Health NHS FT.

16. It is proposed that in the short term (e.g. for 2015/16) the current arrangements for commissioning and contract monitoring remain the same as they currently are. This will mean two contracts for next year; one for FPH site and one for WPH/HH sites. In relation to quality this will ensure that commissioners can monitor and lead quality improvements at each site, focusing on specific areas of development for local services and local people. The establishment of a Joint Strategic Commissioning Forum will ensure there is strong commissioning clinical leadership and the sharing of best practice and lessons learnt.

Benefits for Slough residents:

17. FPH has been rated as 'outstanding' by the Care Quality Commission, the first trust in England to receive this rating. The acquisition provides a way forward to improve services for both legacy organisations, ensure equity of services and parity of access for the population served by HWPB and FPH. The proposed clinical model will bring the following specific benefits:
 - 17.1 Improve the quality at Heatherwood Hospital and Wexham Park Hospital through a common culture based on FPH leadership through robust clinical governance.
 - 17.2 Improving existing services and developing new services for patients based on sharing expertise and developing improved interfaces with community healthcare. The scale of the new organisation will allow for greater subspecialisation.
 - 17.3 Investment in the infrastructure and buildings at Wexham Park, including a new emergency/acute assessment department, refurbished maternity facilities and upgrades to medical equipment.
 - 17.4 New model of elective care including a new centre of excellence for elective care at Heatherwood and enhanced patient centred models of care, for example 'one stop shop' services.
 - 17.5 Improved flexible capacity and ability to develop and transform services to meet the increasing demands on the system, particularly for frail elderly patients and those with multiple underlying conditions.
18. Key specific changes envisaged within the proposed clinical model include:
 - 18.1 Changes in care of the elderly (CoE): proactive management of higher risk patients, provision of front-door CoE physicians, and greater integration with local health providers will create treatment pathways specifically for older adults and lead to both improved hospital care and early supported discharge;
 - 18.2 Changes in the ED model: excellent quality of care (in all 5 quality indicators) will be achieved through streamlined patient flows, 24/7 Consultant-delivered care, and closer integration with community services;
 - 18.3 Maintain hyper acute services such as stroke, heart attack and vascular services on the Frimley Park site;
 - 18.4 Changes in the urology and cancer networks to ensure that more local services are available for patients, including access to highly specialised services where possible.

19. Bringing together two Trusts with important complementarities will deliver improved clinical outcomes through larger clinical teams and improved access to services for patients. The ability to attract and retain high quality staff will support the delivery of these benefits across all sites.
20. Implementation of the clinical model will be carried out to ensure that the existing excellent quality of services is maintained or enhanced, new services are developed and the clinical pathways are transformed over a pragmatic timeline so that senior leaders are able to devote adequate time to the integration. The focus will therefore be on delivering the short-term changes to 'business as usual' that address current clinical issues and preparing the medium- and long-term changes that will drive patient benefits.
21. The clinical model assumes that the mix of services currently offered to patients in their local area will remain locally. Should the enlarged organisation wish to make any substantial service changes in the future, it would follow an appropriate process of involving all local stakeholders in shaping plans and giving formal feedback on those plans.

Conclusions:

22. The formation of Frimley Health through the acquisition is required to provide both legacy organisations with a sustainable future, given the challenging external environment.
23. Frimley Health is maintaining its successful governance structure of strong clinical leadership and an empowered and engaged culture to ensure the success of the enlarged organisation.
24. The governance structure has been developed to ensure that there will be high quality services improvement on both acute sites while integration is achieved.
25. There are clinical benefits to being a larger organisation, able to provide more local services with greater sub-specialisation, and these benefits will be available to the residents of Slough.
26. The six CCGs that commission services from Frimley Health NHS FT will work together, bringing together the collaborative strength of commissioning clinical leadership to drive improvements whilst ensuring local focus on the quality of local services.
27. The organisation will also be better able to engage in the transformation agenda with its health and social care partners, including commissioners and the local authority. This will drive improved care for patients with more care intended to be delivered closer to home, and only the sickest patients being admitted to hospital for their care.

| |
|-------------------------|
| Recommendations: |
|-------------------------|

28. The Health Scrutiny Panel is asked to note the update provided.

Report contact:

Jane Hogg, Integration and Transformation Director, Frimley Health NHS Foundation Trust

Contact details:

Jane Hogg: T: 01276 522620, jane.hogg@fph-tr.nhs.uk

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 20 January 2015

CONTACT OFFICER: Alan Sinclair, Assistant Director Adult Social Care
Commissioning and Partnerships

For all enquiries 01753 875 752

WARD(S): All

PART I **CONSIDERATION AND COMMENT**

BETTER CARE FUND PLAN 2015/16

1 Purpose of Report

- 1.1 This report updates the Health Scrutiny Panel on progress of the Better Care Fund (BCF). It also outlines the national assurance process for sign off of the plan following submission to NHS England on 19th September 2014 and the preparations for implementation including establishing the pooled budget from 1st April 2015.

2 Recommendation

The Panel are asked to note the report and the current progress to implementation and future planned activity and receive a further progress report after April 2015.

3 The Slough Wellbeing Strategy, the JSNA and the Corporate Plan

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

3.1 Slough Wellbeing Strategy Priorities

The actions the local authority and CCG will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities as set out below.

3.1.1 Priorities:

- Economy and Skills
- Health
- Regeneration and Environment
- Housing
- Safer Communities

- 3.1.2 It will do this by promoting people's wellbeing, enabling people and families to prevent and postpone the need for care and support, and putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility. The longer term impact of improved wellbeing will be visible, thus contributing positively in improving the image of the town.
- 3.1.3 The BCF plan addresses a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The plan seeks to address key cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

4 **Other Implications**

(a) Financial

- 4.1 The development of the BCF has financial implications for both the Council and the CCG for the following reasons:
- the ongoing financial and demographic pressures facing Councils and the NHS
 - the combining of CCG funds and SBC funds into a pooled budget and the changed status this brings for the governance and risks related to the identified funds
 - the implications of implementing elements of the Care Act for new health and social care responsibilities
 - The releasing of funding from the hospital sector over the 5 years to support the implementation of the BCF
 - The risk the fund carries if agreed outcomes measures are not delivered
 - Costs arising from the escalation of non-elective admissions into the acute sector hospitals
- 4.2 Change in policy and the late release of guidance for the BCF meant little time to carry out a more detailed analysis of financial implications ahead of the submission date. Building the evidence case for financial benefits of each of our proposed schemes is now part of producing detailed business cases and the project planning work. Financial risks are identified within the project planning process and will be managed within the overall Pooled Budget (section 75) agreement by the Joint Commissioning Group with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

The BCF Plan has identified £1.158m contingency monies within the pooled budget to cover areas of risk including failing to achieve the target of 3.5% reduction of non-elective admissions (the 'Payment for Performance' element within the BCF) together with a further £483k for additional protection of social care services.

(b) Risk Management

4.3 The BCF plan has a stand alone risk register to monitor any associated risks.

| Risk | Mitigating action | Opportunities |
|------------------------|--|---|
| Legal | Section 75 and/or 256 agreements will be agreed. | Improved joint working and better value for money. |
| Property | None | None |
| Human Rights | Engage residents and service users in BCF development. | Improved wellbeing for residents. |
| Health and Safety | None | None |
| Employment Issues | Consultations will be carried out with staff if necessary. | Improved joint working and better value for money. |
| Equalities Issues | EIA to be carried out on proposed changes. | Improved wellbeing for all residents. |
| Community Support | Engage community services in BCF development. | Improved joint working and better value for money. |
| Communications | Utilise communication functions to keep stakeholders up to date. | Better understanding of BCF and health and wellbeing in Slough. |
| Community Safety | Engage community safety services in BCF development. | Improved joint working and better value for money. |
| Financial | Robust risk and project management in place. | Improved joint working and better value for money. |
| Timetable for delivery | Timetable agreed with SWB, CCG and SBC. On track to meet all deadlines. | Improved joint working. |
| Project Capacity | CCG have recruited BCF Programme Manager for Slough | Improved joint working and better value for money. |
| Acute Sector. | Ensure that Acute Health Sector are part of planning and delivery of BCF priorities. | Improved joint working and better value for money. |

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

There are legal implications arising from the establishment of a Pooled Budget under section 75 of the NHS Act 2006. The Slough legal team are providing support with this.

The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities to be made mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

(d) Equalities Impact

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and

urgent health demand. Impact assessments will be undertaken within project planning to ensure that there is a clear understanding of how various groups are affected.

5 Supporting Information

5.1 National context

In the 2013 Chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (BCF).

The purpose of the BCF is to create a health and social care pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users.

The funding of the Care Act 2014 will also form part of the responsibilities of the BCF. It was announced as part of the Spending Round that the BCF would include funding for some of the costs to councils resulting from care and support reform.

5.2 Key outcome measures for the BCF are:

- Reducing emergency admissions;
- Reducing delayed transfers of care;
- Increasing the effectiveness of re-ablement;
- Reducing admissions to residential and nursing care;
- Improving patient and service user experience;
- And one further locally agreed outcome measure from a pick list provided by NHS England. Slough's chosen measure is *improving the health-related quality of life for people with long-term conditions*.

5.3 Key conditions to be met as part of the BCF plan are:

- A jointly agreed local plan approved by each areas Health and Wellbeing Board
- Protection for social care services (not spending);
- 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;
- Improved data sharing between health and social care, using the NHS patient number;
- Joint assessments and care planning;
- One point of contact (an accountable professional) for integrated packages of care;
- Risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
- Agreement on the consequential impact of changes in the acute sector.

6. Local Context

6.1 In the final BCF plan Slough has agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England.

| Organisation | Contribution 2015/16 (£000's) |
|---|--|
| Slough Borough Council | £694 |
| Slough CCG Includes funds to social care £5,122 other £2,946 | £8,068 |
| TOTAL | £8,762 |

6.2 These budgets have been agreed to deliver the Slough BCF vision of:

“My health, My care: Slough health and social care services will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”

6.3 Slough’s BCF delivery will centre on the following four priority areas:

6.3.1 Proactive Care

Identifying those people in our community who are most vulnerable and supporting them through care planning and providing access to an accountable professional. Also will include the targeting of effective intervention and support to those who most benefit and most at risk of ill health.

Outline and progress update

A falls project is underway which is using GP data to identify people who may present risk factors that could mean they are at risk of a fall. High risk groups are being reviewed and assessed for that risk and if necessary referred on to the Falls clinic or other appropriate service. A risk register is developed to monitor on an ongoing basis.

The ‘Adjusted Clinical Groups’ (ACG) tool is being used to support case finding and risk stratification activity. This takes GP practice data and is able to carry out disease and risk profiling of patients so as to give predictive models of the probability of an admission to hospital in the next 12 months. We are identifying both the practices and prevalent conditions (and co-morbidities) to where the greatest impact could be made through revised care pathways and remodelling community based support through for example a ‘virtual ward’.

A community paediatric respiratory service is being designed with a specific focus on asthma which will be supported by two specialist nurses. This will support newly diagnosed children in the community or follow up after an in-patient stay. It will also support long term management plans and provide education and support to GP practices.

A similar project is being scoped and planned for addressing gastrointestinal disorders in children and young people as this is also a cause of a significant number of unplanned admissions.

6.3.2 A Single Point of Access into Integrated Care Services

Establishing and running a single contact point (with a single phone number) for accessing a range of short term health and social care services that will support those in crisis and direct them into the right services in a co-ordinated and timely way. Through this there will be greater co-ordination of the range of services locally that support people in crisis or short term need. This will lead into the integration of local care teams and services where appropriate and will bring greater benefit.

Outline and progress update

These two workstreams are being brought together with the creation of a Single Point of Access being the first phase in the integration of services. A working group is now established to start to scope and plan the work. Initially this will be focusing on accessing urgent assessment and care through professional referral and then extended to include non-urgent/short term. This will bring together the two main points of entry currently within SBC Reablement, Rehabilitation and Recovery service and the Berkshire Health Foundation Trust Health Hub.

6.3.3 Strengthening Community Capacity

Greater utilisation and development of the voluntary and community sector through a more co-ordinated and integrated commissioning approach under a potential prospectus based approach to help deliver better outcomes for vulnerable people by supporting them within the community. This will encourage contribution from the community and voluntary sector to integrated care services locally and improving and maintaining the health of Slough residents.

Outline and progress update

This workstream is being designed and scoped but will be managed in two phases. The first of which will be:

- Developing information and advice services (linked to new Care Act responsibilities)
- A 'Connecting' service navigating to local voluntary sector services, peer support networks (linked to Single Point of Access above)
- Greater support for people with Personal Budgets and Direct Payments
- Making greater use of volunteers in recruiting, matching and capacity building

Phase two is a wider recommissioning project with the voluntary and community sector under a prospectus model through which the sector will be invited to bring forward ideas and costed proposals of ways in which it can help meet local health and social care needs and priorities.

This workstream also includes commissioning a range of support for Carers which enables them to continue in their caring role and maintaining health and wellbeing.

7. Outcome of the National Assurance Process

- 7.1 Following submission of the Better Care Fund plan on 19 Sept 2014 it was then subject to a National Consistent Assurance Review process whereby the quality of the plan and the risks to delivery were assessed.
- 7.2 Judgements on these indices were then brought together to place each Health and Wellbeing area's plan into one of four categories: - 'Approved', 'Approved with support', 'approved subject to conditions' or 'Not approved'. Slough's plan was 'approved with support'. This gave approval for us as a local area to take full responsibility for the BCF budget.
- 7.3 With the 'approval with support' further time-bound actions were required to provide further clarification and evidence on some areas within the plan to increase confidence that the plan will be delivered without further support being required. This evidence was subsequently submitted on 28 November following which the plan was finally classified as 'approved' on 19 December 2014.

8 Conclusion

The updated BCF plan and its approval by the National Programme provides us with assurance and confidence that our plan is a clear and ambitious programme which will transform local services and improve the lives of local people. We have now a strengthened opportunity for improved partnership working, jointly delivered services and improved outcomes for service users. It enables SBC, Slough CCG, the acute sector and the community healthcare sector the opportunity to meet the increasing health and social care needs of the residents and patients of Slough in a more integrated and cost effective way.

9. Appendices Attached

None

10. Background Papers

[Better Care Fund Planning Guidance, Templates and Allocations](#)

[Slough Better Care Fund Plan](#)

[NHS Mandate 2015-16](#)

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REPORT ON PUBLIC ENGAGEMENT ABOUT GP OUT OF HOURS

1. Purpose of Report

This report sets out the findings from engaging the public on a proposed move of GP Out of Hours Service from Herschel Medical Centre to Wexham Park Hospital. A briefing document was previously circulated and is provided at Appendix A setting out the case for change. The key areas of support and concerns raised are highlighted below and recommendations made for addressing these. A timeline is proposed for next steps.

2. Recommendation

The Panel is requested to recommend progressing with the proposed move of GP Out of Hours services from Herschel Medical Centre to Wexham Park Hospital.

3. Introduction

Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG commission East Berkshire Primary Care, to provide urgent out-of-hours medical care when GP surgeries are closed. The service operates between 6.30pm and 8am weekdays and from 6.30pm on Friday until 8am on Monday. It also operates during Bank Holidays, and occasionally at other times so surgeries can take part in educational study days.

The service has previously operated from three Primary Care Centre locations:

- Heatherwood Hospital
- Herschel Medical Centre
- St Mark's Hospital

Plans have been in place for some time to move the service from Heatherwood to Brants Bride in Bracknell and this move took place in early September 2014. Further proposals have been developed that would affect the service based at Herschel Medical Centre in Slough. No changes have been proposed that would affect the service based at St Mark's Hospital in Maidenhead. These can be summarized below:

| | |
|-------------------------|---|
| Heatherwood Hospital | Moved to Brants Bridge in Bracknell to be co-located with the Urgent Care Centre |
| Herschel Medical Centre | <ul style="list-style-type: none"> Proposed to move to Wexham Park Hospital to co-locate with A&E Proposed to open a new Primary Care Centre for GP Out of Hours at King Edward VII Hospital in Windsor |
| St Mark's Hospital | No changes proposed |

The Windsor, Ascot and Maidenhead CCG were keen to establish a Primary Care Centre in Windsor without delay and the new service opened in September 2014.

4 How does the service work?

With the introduction of NHS 111, the majority of patients who use the service, do so when they are directed there after calling NHS 111. In addition, all GP practices direct patients to call NHS 111 when they are closed (via posters and answer-phone messages). When a patient calls NHS 111 they are triaged over the telephone for the most appropriate care.

When a patient is directed to the GP Out of Hours service they will be assessed and

- provided with medical advice over the phone;
- invited to attend one of the primary care centres to see a GP; or
- a home visit is arranged.

5. Current Activity

The number of patients being supported by the GP Out of Hours service has reduced since the introduction of NHS 111 and it is anticipated that with the introduction of the new Urgent Care Centre in Bracknell and extended availability of primary care across all CCGs, this will continue to be the trend.

During the past four years, contacts to GP out of hours are illustrated below:

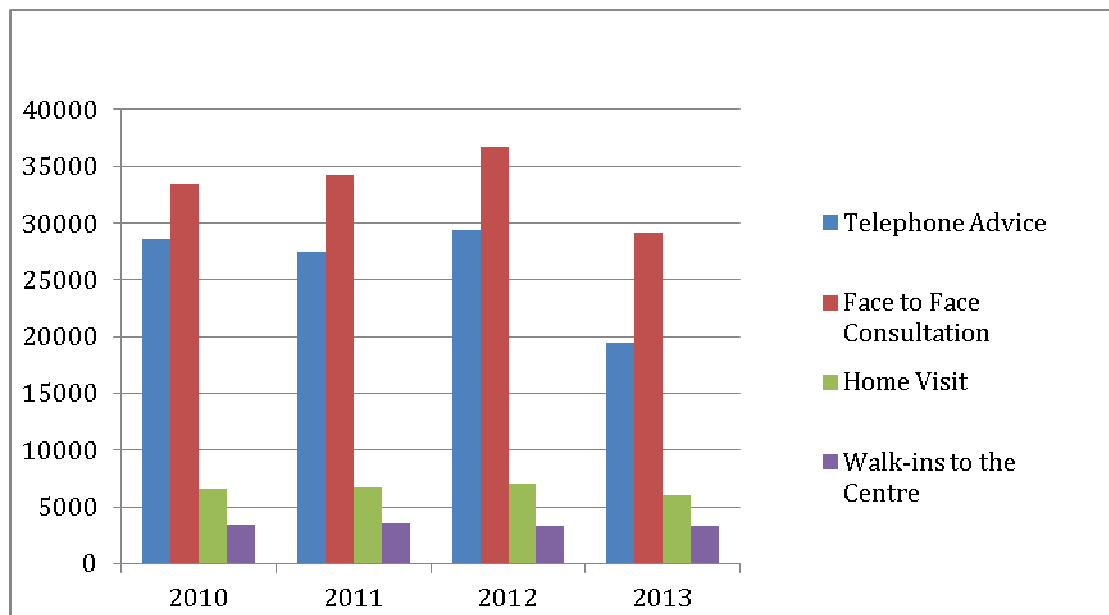


Figure 1 – Patient contact with GP Out of Hours Services for Bracknell, Maidenhead and Slough

Of those contacting the service, on average:

30% will receive advice over the phone only

41% will be asked to attend their nearest Primary Care Centre to see a GP

8% will have a home visit arranged

21% are appropriately redirected to another service

6. Primary Care Centre at Herschel Medical Centre

Currently the service runs from the same building as the GP Medical Centre. However, in recognition of the evidence that demonstrates patient benefit of co-location of out of hours services with emergency departments, Slough CCG is undertaking a feasibility study of moving the Primary Care Centre from Herschel Medical Centre to Wexham Park Hospital.

Potential benefits being explored are:

- Improved patient experience for patients who need to see a GP out of hours.
- Improved patient experience for patients attending A&E during the out of hours times with fewer people waiting to be seen as more people can be seen through the GP Primary Care Centre.
- A&E patients will see the most appropriate clinician for their condition.
- Allows for more integrated working.

It was recognized that if the above move were to be undertaken in isolation, there would be a cohort of patients (in Windsor and south Slough) who would have to travel further than previously to attend a primary care centre. This deterioration in access has been addressed by opening an additional primary care centre for out of hours at King Edward VII Hospital in Windsor. This has ensured improved access to a primary care centre for all east Berkshire patients prior to any of the moves.

There is also the option to leave the Primary Care Centre at Herschel Medical Centre, meaning no change for patients.

Local GPs are supporting the changes outlined above and believe they offer real benefits for patients and potential for increased efficiency at Wexham Hospital site.

There are no plans to move the Out of Hours service or Urgent Care Centre at St Mark's Hospital.

7. Asking the public

The public were asked to respond to a survey about the proposed changes. This was available on-line via the CCG websites and via paper copies of the questionnaire which was circulated widely.

Slough CCG and Windsor, Ascot and Maidenhead CCG had stands at their AGM with information about the changes displayed and copies of the questionnaire for people to take away.

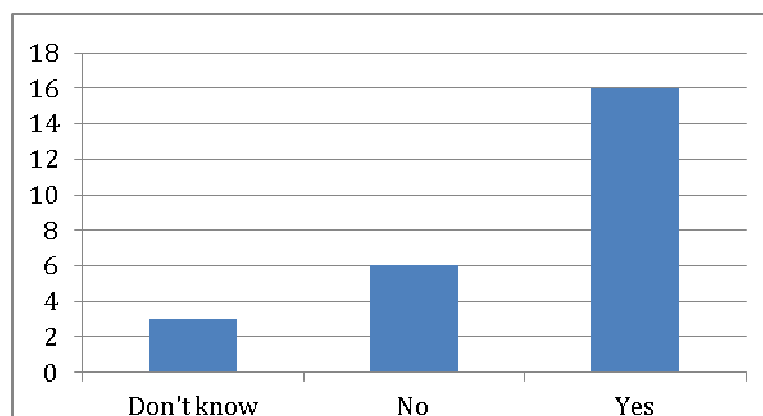
Each GP practice has a Patient Participation/Reference Group and these were sent information about the proposals. The same was done for each Healthwatch and every GP practice.

The survey opened on the CCG websites on 21 August 2014 and closed on 21 September 2014.

During that time 25 individuals responded. There were 23 questionnaires completed on-line, one completed via the post and another commented via email.

The results are summarized below.

Would using GP out of hours be better for you under these new arrangements?



64% of respondents reported that the changes would be better for them, 24% reported that they would not be better and 12% reported that they did not know whether they would be better.

What benefits do you see of these changes?

This question was free text and some respondents identified more than one benefit from the changes:

| Number | Benefit |
|--------|---|
| 7 | Closer to home |
| 5 | Reduces travel time and easier parking |
| 4 | Reduce inappropriate use of and pressure in A&E |
| 3 | Closer to work |
| 3 | More convenient if need to be directed to another service such as X ray |
| 2 | Less confusing because people know the hospital sites |
| 1 | Easier to see a doctor at short notice |
| 1 | Less pressure on GPs |

A small number of comments were made in relation to Maidenhead, either seeing no benefits for Maidenhead patients or no changes for St Mark's being seen as a benefit.

What difficulties do you see of these changes?

This question was free text and some respondents identified more than one difficulty from the changes:

| Number | Difficulty |
|--------|--|
| 6 | Increased travel distance and congested roads |
| 4 | Parking – charges and difficulty in finding a space |
| 3 | Inappropriate use of services |
| 2 | More resources needed to provide extra Primary Care Centre |
| 2 | Good publicity needed to inform patients of changes |
| 1 | Lack of public transport |
| 1 | Different doctors providing care |
| 1 | Overcrowding and long waits |
| 1 | Access to patient records |
| 1 | Difficult in an emergency |

One additional comment was made that travel from Maidenhead would be increased. No changes to the Maidenhead service is proposed so patients living in this area will not be affected.

Are there any other issues we need to be aware of?

This question was free text and some respondents identified more than one issue:

| Number | Issue |
|--------|---|
| 2 | Sympathetic pharmacy opening hours are important to support out of hours, as prescriptions may be made/required. Herschel Medical Centre has a pharmacy next door, will there be one at Wexham? |
| 2 | Poor experience of using services at Wexham Park which could lead to more people using the primary care centre. |
| 1 | Transport and travel will be more difficult |
| 2 | Concerned that NHS 111 is not helping and adds extra stress for anxious patients who should be trusted to know when to call GP Out of Hours |
| 1 | Access to patient records could be a problem if several doctors are involved in seeing patients. |
| 1 | Car parking charges should be consistent across all hospital sites |
| 1 | The changes need to be flexible |
| 1 | People want a GP practice next to their home |
| 1 | For people living in Windsor, the changes will be beneficial |

From the responses above it is important to note that the way GP Out of Hours services work is not proposed to change. NHS 111 will continue to be the route for being directed to the service and the doctors and other staff working in the service will continue to be provided by East Berkshire primary Care. Comments relating to quality of other services at Wexham Park Hospital are also not directly relevant to the move of the primary care centre.

All comments relating to these areas will be logged by the CCGs but are not being used in relation to the decision about these proposed moves.

The most commonly cited issues relate to:

- Travel distance and ease of access
- Parking availability and charges
- Proximity to other services that could be needed including hospital services such as X-ray if the patient needs to be referred for tests and pharmacy services if the patient leaves with a prescription.

- Impact on other services leading to improving appropriate use of services or not.
- Avoiding confusion for patients through good communications about changes and co-location

Travel

The records of patients who have visited the GP out of Hours over the past year have been analysed to understand the impact of the moves on the travelling distance for patients. It is accepted that some patients who live close to Herschel Medical Centre will need to travel more but the evidence shows that, on average, the travel distance will be reduced.

The issue of how busy the roads are around the Wexham Park site is important to consider. Travelling times could still be increased even if the average distance is reduced.

However, the opening hours for the service means that there is very little overlap with the busiest times on the roads. Evenings and weekends tend to be less busy and it is not anticipated that travel times will be increased as a result of these moves.

Parking

The issues relating to parking fall into two groups. One relates to the cost of parking and the other relates to availability of parking.

Currently there are no parking charges at Herschel Medical Centre but there are charges at both Wexham Park Hospital and at King Edward VII Hospital. Typically parking on each of these sites would cost £1 for 2 hours.

Free disabled parking is available at both sites.

At King Edward VII Hospital, daily charges apply between 7am – 6pm Monday to Friday with free parking during the evening, overnight and at weekends.

Both hospitals have a dropping off area close to the main doors of the hospital.

The CCGs accept that moving the service will impact on patients and carers in this way.

The issue of availability of parking relates to the busy car parks at both hospitals and the difficulty in finding a space. This is particularly acute at times when clinics are operating and more patients and staff are on site. The opening hours of the primary care centre are predominantly in the evening, overnight and weekend when the car parks are less busy. It is not anticipated that this will be a significant issue for patients.

Proximity to other services

An anticipated benefit of making these moves is the potential for improving the appropriate use of services by their co-location. Patients who are unsure

which service to use will often attend A&E at Wexham Park because they will be seen and then directed elsewhere as necessary. By co-locating the primary care centre on the same site, patients can be more easily redirected which will reduce the pressure on A&E and reduce the waiting time for those patients that do need to be seen by an A&E doctor.

It is also sometimes necessary to redirect patients from the GP Out of Hours service to A&E. In these cases, it will be easier for patients who visit the Wexham Park service. It will also be easier for patients who need to have further tests including X-ray.

The issue of close proximity of a pharmacy is important. A significant number of patients visiting the GP Out of Hours will leave with a prescription for medication. There is no pharmacy on site at Herschel Medical Centre and patients currently take their prescription to a pharmacy near to where they live depending on opening hours during out of hours. This will continue to be the case following the move.

Impact on other services

It is anticipated that these moves will have a positive impact on other services. As previously described, it will allow patients to be redirected appropriately with less inconvenience and will then reduce the pressure on A&E.

Other suggestions were made by respondents including concern about impact on GPs and potential for missed appointments to increase.

There should be no negative impact on GPs in general practice. These changes will only see a current service move and should lead to improved accessibility and better use of urgent care services. Local GP practices have been involved in the discussions about these changes and are in support.

It is not anticipated that there would be an impact on missed appointments.

Avoiding confusion for patients

Comments about this issue fell into two groups. The first related to the changes helping to reduce confusion for patients and the other relating to the need for clear publicity about the move to ensure patients are not confused.

These two points are well made. One of the benefits expected from the change is that patients who are unsure about what service they need, often resort to A&E because they are familiar with it. Currently, patients are often treated at A&E rather than referred to the GP Out of Hours service because this is more convenient for the patient at a time when they may well be anxious. However, this can lead to individual patients repeatedly using the A&E service inappropriately.

Having the GP Out of Hours service co-located will mean patients can be more easily redirected with all the benefits previously described.

Plans are in place to communicate the changes for patients should the decision be made to move the service from Herschel Medical Centre. This will include posters in GP practices, press release to local media, information to other local services, Healthwatch and Patient Groups. The advice to call NHS 111 will remain.

8. Recommendations

The majority of people who took part in this survey reported that the changes would be beneficial to them. The numbers taking part were low but the issues raised were broad and the CCGs are confident that they have been made aware of what impact the changes will have on patients and what their areas of concern would be.

Many of the issues raised were ones not directly related to the move being proposed. Of those that are directly related only proximity to a pharmacy and the need to good publicity require recommendations for the CCGs:

- To display posters with details of nearest out of hours pharmacy and opening hours at all Primary Care Centres.
- To implement a communications plan to publicise the changes.

9. Conclusions and next steps

The majority of people who responded reported that these proposed changes would improve their access to GP Out of Hours Services. This was anticipated from the research conducted in advance and from discussions with GP practices across the two CCGs.

The CCGs propose to now move ahead with plans to move the service from Herschel Medical Centre to Wexham Park Hospital.

The recommendations above will be implemented.

Timescale:

- Presentation and discussion of this report, the feedback received, the recommendations and the conclusions at the Slough Borough Council Health Scrutiny Panel of 19 November 2014.
- Move the service from Herschel Medical Centre to Wexham Park Hospital in late January 2015

Appendix A: August 2014 Briefing for Scrutiny Committees of:

- **Bracknell Forest Borough Council**
- **Royal Borough of Windsor and Maidenhead**
- **Slough Borough Council**

GP Out of Hours

Current arrangements

Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG commission East Berkshire Primary Care, to provide urgent out-of-hours medical care when GP surgeries are closed. The service operates between 6.30pm and 8am weekdays and from 6.30pm on Friday until 8am on Monday. It also operates during Bank Holidays, and occasionally at other times so surgeries can take part in educational study days.

The service operates from three Primary Care Centre locations:

- Heatherwood Hospital
- St Mark's Hospital
- Herschel Medical Centre

With the introduction of NHS 111, the majority of patients who use the service, do so when they are directed there after calling NHS 111. All GP practices will direct patients to call NHS 111 when they are closed and patients are triaged over the telephone for the most appropriate care.

When a patient is directed to the GP Out of Hours service they will be assessed and either provided with medical advice over the phone, asked to attend one of the primary care centres to see a GP or a home visit is arranged.

Current Activity

The number of patients contacting the GP Out of Hours service has reduced since the introduction of NHS 111 and it is anticipated that with the introduction of extended availability of primary care across all CCGs, this will continue to be the trend. During the past four years, contacts to GP out of hours are illustrated below:

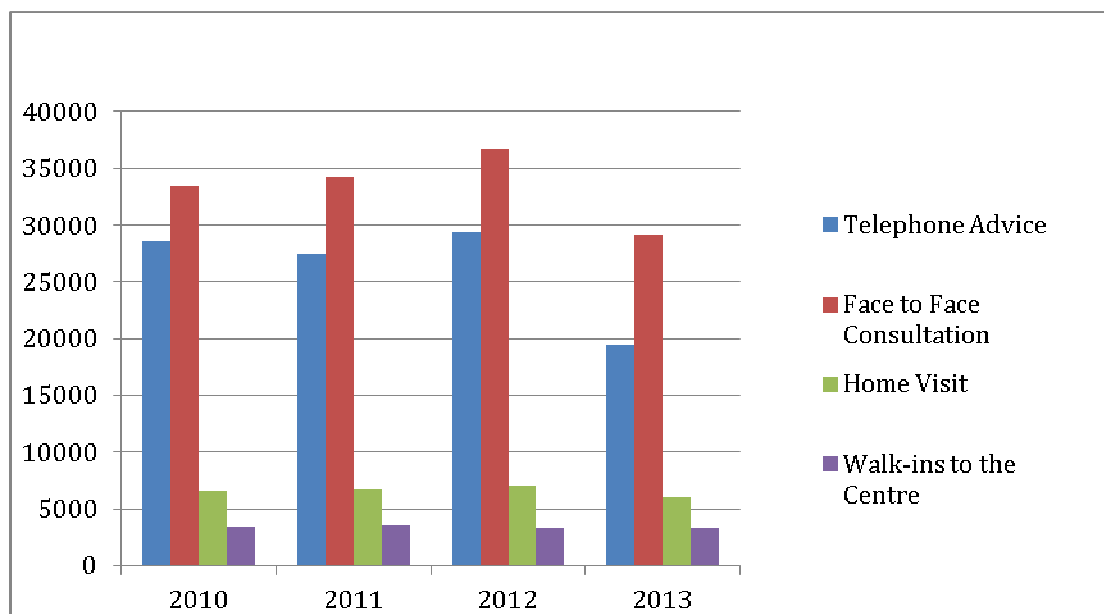


Figure 2 - Attendances at GP Out of Hours Services for Bracknell, Maidenhead and Slough

Of those contacting the service, on average:
 30% will receive advice over the phone only
 41% will be asked to attend their nearest Primary Care Centre to see a GP
 8% will have a home visit arranged
 21% are appropriately directed

Primary Care Centre at Heatherwood Hospital

The changes proposed to Heatherwood Hospital under the Shaping the Future consultation included the integration of the GP Out of Hours service at Brants Bridge in Bracknell as a co-located service with the Urgent Care Centre.

We are now in a position to realize the advantages of colocation as described in the consultation document for Shaping the Future¹ building upon the integration of GP led services and the potential for a better patient experience.

Now that the Urgent Care Centre is fully operational, it is beneficial to patients to collocate the out of hours service as quickly as possible. This will reduce confusion (raised through the Community Partnership Forum) for patients about where to attend, provide greater integration of service provision, offer accessible parking and greater system resilience in terms of flexing treatment capacity at times of high demand i.e. reduce waiting times.

In light of the CCGs' commitment to maintaining or improving accessibility to services, the impact on patient travel distances has been assessed. Modelling of patient travelling distance has demonstrated that the proposed move would

¹ Consultation on proposals for healthcare services in Bracknell and Ascot 15 October 2012 – 31 January 2013

reduced average miles travelled per patient from 4.2 miles to 2.9 miles as illustrated in the table below.

| Location | Average Miles Travelled | Number of Contacts | New Average Distance Travelled | Number of Contacts |
|-----------|-------------------------|--------------------|--------------------------------|--------------------|
| Ascot | 4.2 | 8199 | 0 | 0 |
| Bracknell | 0 | 0 | 2.9 | 8020 |

Primary Care Centre at Herschel Medical Centre

Currently the service runs from the same building as the Medical Centre. However, in recognition of service model evidence that demonstrates patient benefit of co-location of out of hours services with emergency departments, Slough CCG is undertaking a feasibility study of moving the primary care Centre from Herschel Medical Centre to Wexham Park Hospital.

Potential benefits to be explored are:

- Improved patient experience for patients who need to see a GP out of hours.
- Improved patient experience for patients attending A&E during the out of hours times with fewer people waiting to be seen as more people can be seen through the GP Primary Care Centre.
- A&E patients will see the most appropriate clinician for their condition.
- Allows for more integrated working.

It is recognized that if the above move were to be undertaken in isolation, there would be a cohort of patients who would have to travel further than previously to attend a primary care centre. This deterioration in access must be addressed. Therefore, at the same time, it would be necessary to create an additional primary care centre for out of hours at King Edward VII Hospital. This would create improved access to a primary care centre for all east Berkshire patients prior to any of the moves.

The table below shows the average travelling distances following the move of the Out of Hours Primary Care Centre from Heatherwood to Bracknell only:

| Location | Average Miles Travelled | Number of Contacts |
|------------|-------------------------|--------------------|
| Bracknell | 2.9 | 8199 |
| Herschel | 4.2 | 9570 |
| Maidenhead | 1.8 | 6251 |

The table below shows an improvement of all average travelling distances following the move of Herschel to Wexham and the introduction of a new Primary Care Centre at Windsor:

| Location | Average Miles Travelled | Number of Contacts |
|------------|-------------------------|--------------------|
| Bracknell | 2.5 | 7263 |
| Wexham | 3.9 | 9188 |
| Maidenhead | 1.2 | 5817 |
| Windsor | 3.9 | 1752 |

There is also the option to leave the Primary Care Centre at Herschel Medical Centre, meaning no change for patients.

Local GPs would support the changes outlined above and believe this offers real benefits for patients and offers opportunities for increased efficiency at Wexham Hospital site.

There are no plans to move the Out of Hours service or Urgent Care Centre at St Mark's Hospital.

Next steps

Slough CCG and Windsor, Ascot and Maidenhead CCG will coordinate gathering views from patients about the proposals for the service currently based at Herschel Medical Centre. This would involve:

- Seeking views of patients using the service via a survey
- Seeking views of patients registered with practices in Slough and Windsor via the patient participation groups.
- Seeking views from the public via an on-line questionnaire on the Slough CCG website and the WAM CCG website.

The integration of GP Out of Hours Service at Brants Bridge in Bracknell will proceed as planned.

*Bracknell and Ascot Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group*

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 20th January 2015

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I

TO NOTE

HEALTH SCRUTINY PANEL – 2014/15 WORK PROGRAMME

1. Purpose of Report

1.1 For Members to review the current work programme for the Panel.

2. Recommendations/Proposed Action

2.1 That the Panel note its current work programme for the 2014/15 municipal year.

3. Joint Slough Wellbeing Strategy Priorities

• **Health and Wellbeing**

3.1 The Council's decision-making, and the effective scrutiny of it, underpins the delivery of all the Joint Slough Wellbeing Strategy priorities; however the Health Scrutiny Panel holds a specific remit to scrutinise and provide public transparency for health and wellbeing issues across Slough.

4. Supporting Information

4.1 The current work programme is based on the discussions of the Panel at its previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. Conclusion

5.1 The Health Scrutiny Panel plays a key role in ensuring the transparency and accountability of healthcare provision in the Borough.

5.2 This report is intended to provide the Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2014/15 municipal year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2014/2015

| Meeting Date | |
|--|--|
| Tuesday 20 January 2015 | |
| <ul style="list-style-type: none"> • <u>Better Care Fund</u> • <u>Improving GP access / out of hours provision</u> • <u>Frimley Health NHS Trust</u> | |
| Monday 23 March 2015 | |
| <ul style="list-style-type: none"> • <u>Carers Strategy</u> • <u>Update on Implementation of the Care Act 2014</u> • <u>Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15</u> | |

Currently Un-programmed:

| Issue | Directorate | Date |
|---|-------------|-------------|
| <u>Transfer of Health Visitor Services</u> | W | |
| <u>Cancer Services</u> – Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery for patients with bladder, prostate or kidney cancer across the Thames Valley. | W | |
| Child and Adult Mental Health Services (CAMHS tier 2) Engagement Update | W | Summer 2015 |

MEMBERS' ATTENDANCE RECORD 2014/15

HEALTH SCRUTINY PANEL

| COUNCILLOR | 30/06 | 29/07 | 6/10 | 19/11 | 20/01 | 23/03 |
|------------|-------|-------|------|-------|-------|-------|
| Bains | P* | P | P | P | | |
| Cheema | P | P | P | P | | |
| Chohan | P | P | P | P | | |
| Davis | P | P | P | P | | |
| Dhillon | Ab | Ab | P* | Ap | | |
| M Holledge | P | P | P | P | | |
| Pantelic | P* | P | P | Ap | | |
| Rana | P | P | P | P | | |
| Strutton | P | P | P | P | | |

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

(Ext*- Extraordinary)

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