

Health Scrutiny Panel – Meeting held on Wednesday, 22nd November, 2017.

Present:- Councillors Rana (Chair), Smith (Vice-Chair), Chaudhry, Pantelic, Qaseem, A Sandhu and Sarfraz

Health Watch Representative- Colin Pill

Also present under rule 30:- Councillor Sadiq

Apologies for Absence:- Councillors M Holledge and Strutton

PART I

32. Declarations of Interest

Councillor Rana declared that a close relative worked at Wexham Park Hospital.

Councillor Sadiq (attending under rule 30) declared that she was currently employed as Practice Manager at Herschel Medical Centre.

33. Minutes of the Last Meeting held on 10th October 2017

Resolved- That the minutes of the last meeting held on the 10th October 2017 be approved as a correct record.

34. Action Progress Report

Resolved- That the Action Progress Report be noted.

35. Member Questions

There were no questions from Members.

36. NHS Frimley Health Foundation Trust Presentation

Sir Andrew Morris, CEO of Frimley Health NHS Foundation Trust gave a presentation which outlined Wexham Park Hospital's (WPH) CQC results, current performance targets, the Winter Plan, financial and operational challenges, redevelopment of the Maternity unit, renovation of Heatherwood Hospital and future investment plans for hospital units.

The CQC findings highlighted that 'outstanding' ratings had been received for being 'responsive' and 'well led' across WPH. Emergency Department waiting times had consistently remained above the 90% target as set by the Secretary of State and work had started to expand ambulatory care services. There had been a large savings programme which had resulted in £75m worth of savings since 2014 with an ambition of £36m by 2017/18. It was reported that nursing

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vacancies had fallen from 450 to 200 posts and that further work to fill to vacant nurse posts and specialist vacancies was being carried out.

A £10m investment in the redevelopment of the Maternity department had been made and had seen an increase in recruitment and staff morale. There had also been a £50m investment for the replacement of the emergency department building. This would comprise of four floors, 36 private rooms and would no longer be an open ward environment. As part of the ongoing improvements there would also be a £1m investment for the High Dependency Unit (HDU) with 8 new HDU beds and 12 new critical care beds. A £40m investment had been made into the infrastructure of the existing WPH site to sustain the quality and standard of the functioning hospital facilities. The sale of some of the existing Heatherwood Hospital site and activity from the site would result in generating income for WPH. It was highlighted that added financial pressures had stemmed from the pending 6% repayment of interest upon the £90m loan taken for the renovation of Heatherwood Hospital and as a result the decision had been taken for elective surgical cases to be moved to site.

Panel Members raised concerns in relation to the tracking of cancer patients treatment and whether the 30% drop out rates in patients treatment was partly due to poor management of tracking. Sir Andrew Morris stated that the drop out rate was due to location and public transport inaccessibility issues and he stated weekly multi management case meetings were held and managed patients well. The lack of accessible public transport to the hospital was a major factor in patients dropping out of treatment and work had been done to assess and support the needs of vulnerable and poorer residents to make the facilities more accessible. A Member asked about the ways in which recruitment issues had been addressed and it was noted that there was a lot of work being carried out to recruit overseas nurses. The hospital expected to have 50 overseas nationality nurses joining various teams before the end of the year. The focus was now to recruit apprentices and staff with skills and relevant qualities who also lived locally and to retain staff on a long term basis. At the end of the discussion, the presentation was noted.

Resolved- That the report be noted.

(The meeting adjourned at 8.03pm and reconvened at 8.11pm)

37. CCG Operational Plan 2017-19- Progress Update

Sangeeta Saran, Associate Director Planned Care and Slough Operations updated on the progress made by the Clinical Commissioning Group (CCG) on its Operational Plan for 2017-2019. At the forefront of the plan's delivery mechanisms was better care for patients and finance management. The existing plan had been refreshed and included changes such as; continued delivery against national outcomes, focus on the requirements set out in the Memorandum of Understanding (MOU) with NHSE to progress to an Accountable Care System (ACS), continued delivery of programmes as set

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out in the second year of the Local Operating Plan and Commissioning Intentions 2017-19 documents.

The Panel was updated that Sir Andrew Morris (CEO of Frimley Health Trust) would remain the lead for this piece of work and that final budgetary approval and outcomes were pending. An update on the progress of this would return to Panel Members. There would be a continued focus upon the improvement of health outcomes and achieving financial balance for 2018/19. Further work was being carried out to support patients within the community through mental health services and support for better access to appointments with local GP services. In order to reach the priorities set for the upcoming year, standardisation of care for patients as set by clinicians was needed. In order to achieve the priorities set through the "Self-Care" agenda, a focus on self care for patients and working differently and wider by practitioners was needed. Bids for funding had been made and had successfully received £9m for the treatment of cancer in Slough.

In addition, further work was being carried out with neighbouring authorities to understand and implement better practice for patient self care; an example of this had been seen through Bracknell and their status as 'Self Care champions'. Patient care had been improved through changes to services for cardiology patients. Further good work had been carried out and admissions for heart failure patients had declined; this was primarily due to better continued care within communities. Savings of £162k had been made by reducing the number of current admissions, with forecast savings of £500k for the 2017/18 period. It was also highlighted that work was being done with patients in the community with arrhythmias to promote early intervention and further work was being done with local pharmacists to highlight the importance of chest pains to avoid future admissions and to mitigate demand upon the services.

Members asked a range of questions relating to the management of absences within specialised teams, ways in which panel members could assist in promotion of good work, further examples of exemplar work within services and whether the model could be implemented across services. At the conclusion of the discussion the report was noted.

Resolved- That the report be noted.

38. Berkshire Healthcare NHS Foundation Trust - Annual Report

Jill Barker, Regional Director and Susanna Yeoman, Locality Director, Berkshire Healthcare NHS Foundation Trusts (BHFT) presented an update to inform the 2016-17 Annual Plan and future priorities. It was highlighted that the Care Quality Commission (CQC) report had awarded Berkshire Healthcare with a rating of 'good' and that the ambition was to reach 'Outstanding'.

The Panel noted the introduction of technological developments which empowered staff through mobile working and an award as 'Global digital

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exemplar for mobile working' had been awarded. A new service had been rolled out to young patients suffering with mental health issues, SHARoN. The Panel was also updated that the connected care record, 'Share my care' would be live from February 2018. It was also noted that work with clinical psychiatrists, national experts in compassionate leadership was taking place to better understand how to adapt as an organisation to transform patient experiences.

It was highlighted that Children, Young Parents and Families (CYPF) were also included within the patient package review and an online resource had become available for young persons affected by eating disorders with successful uptake of users. As part of the ongoing refresh, perinatal mental health had been added as a priority for the Five Year Forward View Plan. It was also noted that there was an ambition to reach the zero rate target for suicide by 2021 and that better staffing was needed for risk assessments to enable this. One of the emerging priorities for 2017-18 was to manage demand, and this had been done by aiming to increase the number of patient beds.

Members discussed a range of issues which included financial challenges, out of area mental health placements, unplanned spends and future plans for Upton Hospital. Further discussions were focused on the co-location of facilities and synergies, integrated hubs, joint work force solutions which reflected challenges to attract and retain staff. The STP was looking at the active and future workforce and ways to work collaboratively, such as seeking specialised staff, publicising vacancies, providing adequate incentives for future staff and promoting mobile working for community staff. It was discussed that more work was being done to recruit staff around values and Members welcomed this shift in attitude surrounding vacancies. At the end of the discussion the report was noted by Members.

Resolved- That the report be noted.

39. The Frimley Health & Care System- Moving Forward

The Director of Adults and Communities presented an update to the Panel on the progress made by the Frimley Health and Care Sustainability and Transformation Partnership (STP). It was highlighted that three of the NHS systems were moving forward as a Health and Social Care System. The Autumn 2017 budget had been announced on the 22nd November by the Chancellor of the Exchequer. The Panel were updated with details of the announced budget and that there would be more funding available for NHS services but that there would be no further funding for social care. Members discussed the potential service implications of outlined pressures upon the social care budget and the mitigating measures being taken.

Capital schemes had been applied for which would mean more investment for the development of hubs within the STP agenda. Notably discharge rates of patients was below the nationally set targets and members welcomed the positive performance. Members discussed whether there would be

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privatisation of services moving forward to generate income for the STP and its ambitions. The Director of Adults and Communities advised that there were no plans to privatise services and that part of the future challenges was surrounding NHS Services delivering more with less funding. It was noted that where contracts were ending that there would be an outlook to procure and tender different contracts to provide efficiency savings and best value. A Member asked whether there were any institutional or legal constraints for the STP to engage and work with charities. It was stated that work was already being conducted with charities and that a large volume of work had been commissioned from voluntary sectors as part of the Care Act 2014 reform; whereby Councils could delegate to any organisations.

Members also asked about management consultations and whether these could be reduced and it was stated that there was very minimal spending in this area and that work was done with building leaders within the organisations (mainly consultants or practitioners) for one off pieces of work. At the summary of the discussion the report was noted.

Resolved- That the report be noted.

40. Forward Work Programme

The Panel considered the Work Programme for 2017-18 and the following items were confirmed or added:

18th January 2018

- STP Update
- Adult Social Care- programme update (to include strength based conversations)
- Public Health Programmes (to include low take up of health checks)
- Recovery Colleges
- Local Account
- Safeguarding Adult's Board- Chair Question and Answer session

26th March 2018

- STP Update
- Five Year Plan- Outcome 2, key actions 1, 3 and 5
- Learning Disabilities Offer- programme update
- Wellbeing Board – Future relationship with Health Scrutiny Panel

Resolved- That the Forward Work Programme be agreed, subject to the above amendments.

41. Attendance Record

Resolved- That the attendance record be noted.

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42. Date of Next Meeting

The date of the next meeting of the Panel would be held on the 18th January 2018, at 6.30pm.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.57 pm)