

## **Health Scrutiny Panel – Meeting held on Tuesday, 10th September, 2019.**

**Present:-** Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Gahir, N Holledge, Mohammad (from 6.35pm) and Rasib

**Also present under Rule 30:-** Councillors Hulme and Mann

**Apologies for Absence:-** Colin Pill, Healthwatch Representative

### **PART I**

#### **11. Declarations of Interest**

None were declared.

#### **12. Minutes of the Last Meeting held on 27th June 2019**

**Resolved** - That the minutes of the meeting held on 27th June 2019 be approved as a correct record.

#### **13. Member Questions**

None had been received.

#### **14. Frimley NHS Foundation Trust - Wholly Owned Subsidiary**

The Panel considered a report that outlined Frimley Health NHS Foundation Trust's decision to transfer non-clinical staff to a wholly owned subsidiary company.

The Chair welcomed Mr Neil Dardis (Chief Executive Frimley Health) and Mr Pradip Patel (Frimley Health Foundation Trust - Chairman of the Board and Council of Governors) to the meeting and invited them to address the Panel.

*(Councillor Mohammad joined the meeting)*

Mr Dardis began by providing some background information regarding Frimley Health. He said the Trust had a strong reputation to build on. Both Wexham Park and Frimley Park Hospitals had been part of the first wave of Foundation Trusts achieving the highest star rating. Frimley Park Hospital was also the first Trust in the county to be rated outstanding by the Care Quality Commission. He stressed that the Trust's workforce was its greatest asset and it was through its people the Trust would deliver its vision and values. He explained that Frimley Health faced a challenging healthcare landscape and it was crucial to adapt and move forward to ensure it was able to provide effective and sustainable services to the residents of Slough.

It was explained that Frimley Health Foundation Trust faced a difficult future financially with an underlying deficit of £24.3 million; a cost improvement

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requirement of £30 million for 2019/20; and the need to invest in employees, systems and infrastructure to meet the challenges associated with changing healthcare needs. There were significant challenges around staffing in reducing the vacancy rate and the level of staff turnover. To meet the demands of the future the Trust was considering the development of a wholly owned subsidiary, to provide support for non-clinical services and staff. In addition, the subsidiary was seen as a way of providing job security and parity of esteem for non-clinical staff.

Frimley Health had explored several options. The wholly owned subsidiary approach had been selected as the preferred option as there was excellent potential for cost reductions, savings, improved service quality and staff retention. The Trust, being wholly owned, would maintain overall control. The subsidiary was expected to provide a range of benefits: existing staff and new staff would benefit from greater opportunities and job security; a more flexible approach to recruitment and retention to address specific workforce pressures; the ability to attract a wider pool of staff with specialist skills; improved job satisfaction and morale.

The subsidiary would contribute to Frimley Health's financial strategy and provide savings over a five-year period of circa £45 million. Overall, operational costs of the organisation would be reduced, whilst still maintaining staff job security. No savings would be made by cutting jobs, salaries or pensions, rather these would be derived from operational efficiencies, clinical time saved, VAT and capital savings. The savings generated would enable important improvement projects to be undertaken.

The Chair thanked Mr Dardis and Mr Patel for the presentation and invited Members to comment and ask questions.

Members had a wide-ranging discussion, during which the following points were raised:

- Clarification was sought regarding the anticipated savings and how these would be generated. In response, Members were assured that there would be no job losses and both pensions and salaries would be protected. As a subsidiary, VAT savings would be generated and there would be opportunities to make capital savings.
- A Member asked if there were plans to increase car parking charges to generate income. In response, it was confirmed that there would be no change to the current tariffs.
- In relation to governance arrangements, a Member queried how issues between the Trust and the subsidiary would be resolved. It was explained that the subsidiary sat beneath the Trust, and the Trust would have ultimate responsibility for decision-making.
- It was noted that the Trust proposed to transfer land, buildings and medical equipment to the subsidiary. A Member asked if the subsidiary would be prevented from selling or disposing of these. It was confirmed that no savings would be generated from the sale of assets.

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- A Member asked how long the transfer process would take to complete. It was explained that the timeframe was currently unknown as the Trust was awaiting approval from the regulator to proceed.
- A query was raised about the amount of clinical time currently spent on non-clinical and administrative tasks. It was explained that the subsidiary would save clinical time currently spent on non-clinical and administrative activities and allow more time to be spent on patient care. High quality non-clinical staff would provide frontline services.
- Concerns were raised about the staff consultation process. In response, it was explained that the Trust was not able to formally consult with staff until the regulator had approved the transfer proposals. Mr Dardis recognised that the proposals could have been better communicated to staff.
- It was noted that existing staff would retain access to an NHS pension. A Member asked if new staff would be able to join the NHS pension scheme. It was explained that as a subsidiary, it was not legally possible to offer new staff access to the NHS pension scheme. However, new staff would receive an equivalent pension package and employment terms and conditions.
- Clarification was sought regarding the alternative options for modernisation that had been considered. It was explained that a detailed options appraisal had been undertaken and it had been concluded that a wholly owned subsidiary was the preferred option.
- A Member asked if the savings generated by the subsidiary would be used to recruit additional clinical staff, in particular difficult to recruit specialist staff. It was explained that there was a national shortage of specialists in some departments, such as dermatology and neurology. The savings generated would be used to meet the Trust's aspirations, including the recruitment and retention of staff.

The Chair then invited Councillor Mann and Councillor Hulme to address the Panel under Rule 30.

Councillor Mann raised concern regarding the lack of consultation with staff. She asked if new staff would receive comparable pay and conditions to existing staff. In addition, she highlighted that many staff felt a sense of pride and emotional attachment in working for the NHS. In response, it was explained that the creation of the subsidiary would attract and retain staff. New staff would receive equivalent pay and conditions.

Councillor Hulme asked if any public consultation would be undertaken. In response, it was confirmed there would be no direct public consultation. It was highlighted that the aim of the subsidiary was to enhance patient care for Slough residents. Councillor Hulme queried the business case and asked if there was concern that staff, in response to the proposals, would take industrial action. It was explained that the Trust sought to reassure staff and ensure the best patient care was provided.

On behalf of the Panel, the Chair thanked Mr Dardis and Mr Patel for attending the meeting.

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**Resolved** – That the report be noted.

### 15. Primary Care Networks

The Chair welcomed Dr Jim O'Donnell, (Locality Clinical Lead for Slough, NHS East Berkshire Clinical Commissioning Group), Dr Asif Ali (Clinical Director – Slough Primary Care Networks (PCN)) and Dr Raj Bhargava (Clinical Director – Central Slough PCN) to the meeting.

Dr O'Donnell introduced a report that detailed the vision and progress made to develop effective PCNs in Slough. The report was supplemented by a presentation to the Panel.

*(At this point in the meeting Councillor Mohammad declared that she worked at a General Practice Medical Centre. She remained in the Council Chamber throughout the discussion on the item)*

During the presentation, the following issues were highlighted:

- PCNs formed a key building block of the NHS Long Term Plan. Bringing general practices (GP) together to work at scale was a policy priority, for a range of reasons including improving the ability of practices to recruit and retain staff; to manage financial and estate pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.
- The ambition for PCNs would be achieved through the delivery of the following: stabilised general practice; helping to solve the capacity gap and improving the skills mix by growing the wider workforce; and dissolving the divide between primary and community care.
- Since 1 July 2019, all GP practices in Slough had come together in three geographical networks to cover the population.
- It was noted that health outcomes were affected by a wide range of factors, including: health behaviours, socioeconomic factors, clinical care and built environment.
- Coronary Heart Disease admissions were directly related to income deprivation. Of the 21 wards in the worst quintile, 13 were in Slough. The ward with the highest Standardised Admission Ratio (SAR) was Chalvey; the ward with the lowest SAR was Ascot and Cheapside. Deaths from circulatory disease were also directly proportional to the percentage of income deprivation.
- PCNs were being supported with a programme of development with national and local residents; the initial step was for the PCN to work with partners in a self-assessment process. The Health and Social Care Partnership Forum would enable the development of aligned plans, identifying opportunities to work together and enable the population to benefit from improved health outcomes.

The Chair then invited Members to comment and ask questions.

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Members had a wide-ranging discussion, during which the following points were raised:

- Further information was requested about how PCNs would reduce childhood asthma and admissions into residential care homes. In response, it was explained that PCNs would consider the pertinent health issues affecting all Slough residents and how services could be most effectively delivered. Consideration would be given to how PCNs could engage with 'hard to reach' residents.
- A Member highlighted the difficulty some residents faced accessing GP surgeries due to the distance they had to travel to reach their nearest practice. It was explained that consideration would be given to an estates plan and the need to ensure the location and quality of surgery premises were appropriate.
- A Member noted that the GP surgery on Wexham Road was located in a residential house and due to guidelines it may have to close. Concern was raised that GP surgeries closing were not being replaced. The Panel was advised that PCNs would discuss the locations and quality of GP premises.
- It was suggested that GP surgeries could promote the use of Green Gyms in waiting rooms, particularly to those residents unable to afford the cost of a gym membership. In response, the Panel was advised that the local authority provided a range of opportunities for residents to engage in activities, including, maintaining recreational parks and Manor Park Community Centre.
- Concern was raised regarding GP waiting times and the availability of appointments. The Panel was provided with some background information about how GPs had historically been funded and how the regime had resulted in a reduced number of GP practices. It was explained that GPs were now receiving more funding, but it would take some time for the number of practices to increase.

On behalf of the Panel, the Chair thanked Dr O'Donnell, Dr Ali and Dr Bhargava for attending the meeting.

**Resolved** – That the report be noted.

### **16. Health Issues by Ward: Updating the Ward Health Profiles Through a New Data Observatory and Website for Public Health Slough**

**Resolved** –

- (a) That consideration of the report be deferred until the next meeting scheduled to be held on 15th October 2019.
- (b) That the report be presented to the Panel alongside an update on the Public Health and Leisure Team's - Health Beliefs and Physical Activity research project.

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### **17. Frimley Health and Care ICS Long-Term Strategy Update**

An update report setting out progress in the development of the Frimley Health and Care Integrated Care System (ICS) Long-Term Strategy since the last meeting was presented to the Panel.

**Resolved** – That the report be noted.

### **18. Health Scrutiny Panel - 2019-20 Work Programme**

The Policy Insight Manager reported that it was World Mental Health Day on Thursday 10th October 2019 and a promotional event was being held at The Curve, Slough. He agreed to circulate invites and information to the Panel.

Consideration was given to the Forward Work Programme and Members agreed to limit the number of substantive items considered at each meeting to allow sufficient opportunity to scrutinise each item in-depth.

**Resolved** –

(a) That the Policy Insight Manager agreed to liaise with the Director of Adults and Communities to review the Forward Work Programme.

(b) That the Policy Insight Manager agreed to circulate invites and information to the Panel regarding the World Mental Health Day event taking place at The Curve on Thursday 10th October 2019.

### **19. Members' Attendance Record**

**Resolved** – That the details of the Members' Attendance Record be noted.

### **20. Date of Next Meeting - 15th October 2019**

**Resolved** – The date of the next meeting was confirmed as 15<sup>th</sup> October 2019.

Chair

(Note: The meeting opened at 6.30 pm and closed at 9.05 pm)