

Health Scrutiny Panel – Meeting held on Wednesday, 22nd June, 2011.

Present:- Councillors Chohan, Davis, Long, P K Mann, Munawar, Plimmer, Rasib, Sharif and Strutton

Also present under Rule 30:- Councillors M S Mann and Walsh

PART I

70. Declarations of Interest

Councillor Strutton declared a personal interest in that he was formerly an elected Steering Group member of the Slough LINK and that he was currently employed as an assistant to disabled individuals.

71. Election of Chair

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

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

(Cllr PK Mann in the Chair)

72. Election of Vice Chair

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

Resolved – That Councillor Long be appointed Vice-Chair of the Health Scrutiny Panel for the 2011 / 2012 municipal year.

73. Minutes of the Last Meeting held on 21st March 2011

The meetings of the last meeting held on 21st March, 2011 were approved as a correct record subject to an amendment to Minute No 62, Stroke Services in Slough, second and third sentences of 4th paragraph to read:-

“ In response to a Member question, Dr McGlynn advised that there would be no provision for hyper acute stroke care at Wexham Hospital because the hospital did not have the required physicians. It was confirmed that acute stroke care would continue to be provided at Wexham Park Hospital”.

74. Member Questions

A member asked for an update on the national health service and public health reforms. It was agreed that an update report would be provided to the Panel in September, 2011.

Health Scrutiny Panel - 22.06.11

75. **Outcome of the Health Scrutiny Panel Task and Finish Group; Transfer of Mental Health in patient provision to Prospect Park Hospital**

Naveed Mohammed, Scrutiny Officer, outlined a report on behalf of the Panel's Task and Finish Group (TFG) regarding its investigation into the consultation on the proposed relocation of mental health inpatients services in East Berkshire.

The Panel was reminded that the results of the public consultation were published in February 2011, and the Trust had recommended Option 1, the relocation of all mental health inpatients beds to Prospect Park Hospital (PPH) in Reading, for final ratification by the Board. The Panel had resolved that further detailed scrutiny was required and that a TFG be established, comprising three members of the Panel and two members of the Slough LINK. The scope of the TFG was to ascertain whether the public consultation was conducted in the best interest of patients and the local community or whether the Berkshire Healthcare Foundation Trust (BHFT) had pursued another agenda to suit its own long term strategic aims. The TFG had focused on the rationale and financial reasons behind the public consultation and the resulting proposals. The Group also investigated a number of matters including how BHFT had forecast their income for the next three years, whether the extent of the impact of relocating services to Prospect Park was clearly explained and considered fully in the public consultation response by BHFT and whether in the light of the findings of the investigation, the outcome of the consultation be accepted or whether the matter be referred to the Secretary of State for Health for further investigation.

The Officer discussed the findings of the TFG which had been circulated in a report prior to the meeting. It was highlighted that the three crucial concerns were; the assumptions made regarding the future funding situation faced by BHFT; the timing and genesis of their decision to vacate the Heatherwood and Wexham Park (HWP) premises; and the impartiality of advice being received by BHFT and from how wide a pool the advice was sought. The Officer advised that in all three respects the group remained wholly dissatisfied by the responses received by BHFT and although the future funding situation broadly remained challenging, the financial arguments put forward for relocating services to PPH lacked persuasiveness. It was noted that the current government had stated that it required Trusts to focus on clinical excellence in Mental Health Services and NHS budgets had risen and would continue to rise in this area. This contrasted with the Trust assertion that cuts needed to be made in this area and the TFG therefore felt that the provision of a new purpose built facility at Upton Hospital did not appear to have been investigated fully. Further, the fact that a move to PPH would require an outlay of £4.9 meant that in the short term the Trust would have to incur considerable costs over and above any monies that could have been diverted into improving facilities at the HWP sites. The Officer highlighted that the TFG had not received any firm clear evidence that a move was a requirement and there was also no evidence to suggest that a move was being forced upon BHFT. The Officer concluded that the Group continued to have concerns regarding the non use of impartial and independent clinical

Health Scrutiny Panel - 22.06.11

advice and the apparent use of advice received from in house BHFT clinicians. It was argued that in order to achieve a robust and transparent public consultation, BHFT should have sought impartial advice and in the absence of this it was felt that the decision making process was fundamentally flawed.

The Officer discussed a number of recommendations suggested by the TFG as set out in his report.

Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust addressed the Panel and referred to his written response to the findings of the TFG, which had been circulated to the Panel in advance of the meeting and which were also tabled at the meeting. Mr Emms advised that the purpose of his response was to highlight what he felt were a number of inaccuracies contained in the TFG report and the Panel was requested to consider these. The response highlighted that the Trust had cash available for the one off capital expenditure requirement of £4.9 m to deliver reconfiguration alterations to PPH and that the Trust would achieve the required £2m annual revenue efficiency savings from the transfer of services from HWP Foundation Trust to PPH. The Panel was advised that the Trust did not have the cash required to finance the total one off capital expenditure for land and a new build hospital estimated in 2009 at £21m for Option 3. The Trust would therefore need to contribute its own cash injection of at least £7m and borrow the balance of £21m through a PFI or other long term borrowing arrangement. Although this was feasible it would commit the Trust to repay a significantly higher amount of capital investment to a PFI company over a thirty year period. The formal response submitted by Mr Emms also clarified the lease position on the HWP Hospital sites, the transport survey and the equality impact assessment. The Panel was also referred to a response regarding clinical engagement and it was highlighted that the Trust's Professional Advisory Committee was established to provide direct clinical advice to the Trust Board and represented local clinical expertise in mental health. In respect of engagement with local GPs, it was confirmed that there had been no clear public or GP consensus as to the options and that comments attributed to Dr O'Donnell were recorded differently on the LINKS website to those outlined within the TFG report. The Panel was advised that the PCT were currently undertaking a further piece of GP engagement work which would take into account the views of GPs across East Berkshire and this would be considered by the Trust when it made its final decision. It was emphasised that no final decision had been made about the future of inpatient services in east Berkshire and the matter would be considered by the board at its meeting in July when further comments and responses from the Health Scrutiny Panel and stakeholders would be taken into account.

In the following debate Panel members and John Kelly, representing Slough LINKs raised a number of comments and questions. The estimated build cost of £21m at Upton was questioned and it was felt that no justification had been submitted for this cost. Mr Emms advised that the site was owned by the PCT who was required to obtain the best value for its sale and an external advisor was employed to provide a guide on the related costs, using comparable

Health Scrutiny Panel - 22.06.11

evidence from other sites. It was also emphasised that the Board had received internal verification on the costs. In response to a question regarding the issue of notice to leave the site, Mr Emms confirmed that in the original consultation it was established that HWP had alternative long term plans for the site and therefore the continuation of services at Wexham Hospital was not an option. It was highlighted that this was an important point and that before the second consultation, the hospital had confirmed its position on this. Further, an audit trail was available to support this. In response to a question regarding the position on GPs, the Panel was advised that a number of events had been arranged over the coming weeks and a business case outline would be provided. Regarding the £4.9m available, Mr Emms advised that if the Upton option were chosen then the resources required would be deployed for Upton. It was emphasised that these funds could not be used to revamp WPH as this was not a long term option due to the position with the Landlord. It was also highlighted that the current facilities at Wexham were not fit for purpose – in particular it would not be possible to have single en suite rooms and it would not be possible to provide the kind of facilities that local residents had requested. In response to a further question Mr Emms advised that if the PCT chose the option of providing a new build in Slough then PPH would remain under occupied with a consequential revenue cost of £2m. The Board had indicated that it would work up an option at PPH unless the £2m gap was found. It was highlighted that the consultation concerned 24 or 25 people who were required to be admitted to hospital and other patients requiring mental health services would continue to receive the same level of service as at present. Mr Emms advised that Option 1 was a Pan-Berkshire initiative and £2m would be saved each year by opting for this initiative. Clearly a status quo position was not satisfactory and there was a real financial choice to be made where a good standard of care could be provided at PPH for £2m less. In response to a question regarding the position of the PCT as Landlord, Mr Emms advised that the PCT owned a number of buildings and the Trust was a tenant- the consultation had been therefore been carried out on this basis. It was confirmed that under accounting rules, one NHS body could not gift a building to another.

Mr Emms was unable to disclose the name of the Consultant who had carried out the equality impact assessment but advised that the board was satisfied that the report was robust and contained sufficient details. He advised that the consultant could be asked for further clarification if the Panel felt that there were any shortcomings in the report. Regarding the position on the transport survey, Mr Emms accepted that this was a very important part of the discussion and the Trust had agreed to put more thought into the detail of this. He advised that some Panel members had been contacted to contribute to the discussion and any flagged areas of concern would be addressed. The concern was raised that no business plan had been put forward for public consideration and would any money provided be ring fenced in the future. Philippa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust, confirmed that if Option 1 was the confirmed option then money would be ring fenced for this purpose. The transport case was been looked at in detail and the business case was currently in its first draft form and would be considered by the Trust board on July 11th and then by the PCT.

Health Scrutiny Panel - 22.06.11

In response to the concern that the transport plan should have been considered at a much earlier date, Ms Slinger advised that on any one day there could be twenty five patients resident at PPH and these were cases where acute psychiatric care was needed and 60% of the patients were being held against their will. The care provided would involve an average stay of two to three weeks and during this period there would be some trial home stays. It was emphasised that patients would not be expected to travel on their own to the hospital and the Trust would look at ways in which relatives and carers could be assisted with transport to the hospital. Panel members were particularly concerned that these patients would need more support from their families. Mr Emms advised that if the PPH option were chosen then the hospital already covered West Berkshire, Wokingham and Reading areas and the Trust therefore already had experience in this area. It was confirmed that in terms of patients being escorted by the police and ambulance service to PPH, that the authorities had shared their views and feedback suggested that they could accommodate this need. It was highlighted that this service would not be needed for a couple of years.

The Chair adjourned the meeting at 7.43pm so that the Panel could deliberate the findings of the TFG and the response provided by the Trust.

(The meeting reconvened at 8.10pm)

Having regarded the evidence available, the findings of the TFG and the response provided by Mr Emms, the Panel was concerned that there appeared to be discrepancies in the process and the outcome of the public consultation.

Resolved -

- (a) That the Health Scrutiny Panel does not accept the findings of the Public Consultation regarding the provision of Mental Health in patient provision in East Berkshire.
- (b) That in the event that the Trust decides to relocate Mental Health in patient provision to Prospect Park Hospital, Reading, that the Panel recommend that the Overview and Scrutiny Panel refer the matter to the Secretary of State for review.
- (c) That the Panel request that Berkshire Healthcare Foundation Trust seek independent advice on the cost of a new purpose built facility and that the resulting detail submitted to the Panel at the earliest opportunity.
- (d) That in the event the independent advice determines that a new facility is unaffordable, that the Panel recommend that an improved and enhanced service in conjunction with HWP is the preferred option.
- (e) That the Panel recommend that once concluded, the outcome of the transport business case be presented to the Panel at its next meeting in September 2011.

Health Scrutiny Panel - 22.06.11

76. Slough Reablement and Enhanced Intermediate Care Implementation Programme

Vicky Cooper, Head of Provider Services and Reablement, outlined a report to provide the Panel with an update on the Slough Reablement and enhanced intermediate care service implementation programme. The Panel was reminded that Cabinet had given approval in September 2010 to continue the implementation of the programme and have the service fully operational by 1st April 2011. Slough BC and Berkshire East PCT had for some years a pooled budget agreement in place to jointly commission and provide an intermediate care service in Slough. Reablement provided additional capacity and access to ICT intervention for adults with long term conditions who were entering health and social care systems through different pathways. Reablement also provided a complimentary service to ICT and the Council had invested the total annual budget of inhouse homecare into this service. The Panel noted the provision of new funding streams from the Department of Health and the agreed use of spending priorities.

The Officer discussed the enhanced intermediate care model and its four service components being, intermediate care, end of life care, twenty four / seven lack of response and reablement. The Panel noted the key milestones which had been achieved during the six months implementation period and the principles and service standards recognised by the Social Care Institute for Excellence which had been adopted. It was highlighted that the new service would be measured against local and national key performances indicators agreed with the PCT and the routine capture of the views of service users which would be used as an important part of the evaluation of performance and service standards.

The Officer advised that the Council and local healthcare services would continue to implement the enhanced IC model and ensure that all pathways were operational by mid Summer 2011.

In the ensuing debate members asked a number of questions of detail and the Officer responded to these. It was confirmed that no key milestones were missed in the process and that only one issue with a service user had been identified and this was swiftly resolved. During the process Slough BC staff had agreed to work with external staff for a six week period and this had proved beneficial. In response to a question regarding current austerity measures in place, the Officer advised that £200k savings were available this year and the following year for the reablement process but the budget aspect would continue to be monitored. David Williams, PCT advised the Panel that enhanced intermediate care services were in place in all boroughs and national evidence had indicated that this kind of support made a difference to the elderly and vulnerable people. Early indications were that there had been a reduction in the numbers of admissions to hospital.

Resolved – That the report be noted and that an update report be provided in six to eight months.

Health Scrutiny Panel - 22.06.11

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

None received.

78. Forward Work Programme

At the request of Members, the following items were added to the Work Programme:

- National Health Service and Public Health Reform:- The NHS White Papers- Equity and Excellence: Liberating the NHS-update report- September 2011.
- Transfer of Mental Health in patient provision to Prospect Park Hospital- outcome of transport business case- September 2011.
- Slough Reablement and Enhanced Intermediate Care Implementation Programme-update report-1st February 2012.

79. Date of Next Meeting- 20th September 2011

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.45 pm)