

Health Scrutiny Panel – Meeting held on Tuesday, 12th February, 2008.

Present:- Councillors Plimmer (Chair), Dhillon, Dodds, Eshaq Khan, O'Connor, Qureshi and Shine (until 9.20 p.m.).

Also present:- Colin Hayton (Heatherwood & Wexham Park NHS Foundation Trust), Trevor Keable, Antony Rodden, Paul Rowley and Viki Wadd (Berkshire East PCT), Andrew Burgess and Ramnik Saund (Berkshire Healthcare NHS Foundation Trust) and Dr Jim O'Donnell (Farnham Road Surgery).

Apologies for Absence:- Councillors Maclsaac and Small.

PART I

41. Declarations of Interest

Councillor O'Connor declared a personal interest in agenda item 4 (New Continuing Care Decision Making Tool Kit) as she acted as a carer for a very disabled relative. She was advised that this would not prevent her from taking part in the discussion.

42. Minutes

The minutes of the last meeting of the Panel held on 6th December, 2007 were approved as a true record.

43. Presentation - 'Right Care, Right Place'- Consultation with Health Trusts

The Panel received two presentations from representatives of the Berkshire East Primary Care Trust and Berkshire Healthcare NHS Foundation Trust in respect of the current public consultation on "Right Care, Right Place" which proposed changes to health services across East Berkshire and upon which the Panel had been kept informed and updated by the Trusts over a number of months. Colin Hayton, Chief Executive of the Heatherwood and Wexham Park NHS Foundation Hospitals Trust was also present to provide input in respect of the effect of these proposals on the hospitals.

The first presentation was made by Paul Rowley and Viki Wadd on behalf Berkshire East PCT and outlined the major changes being proposed in the Slough area. These included changes to GP and community services; cancer services; arrangements for out-patient appointments; urgent care arrangements; rehabilitation and therapy services; maternity services; and services for children and young people. The main thrust of the proposals was to spend money on illnesses that caused early death; to focus on the illnesses that caused a loss of independence; spend resources on treatments that had been proven to work; invest in disease prevention; provide care closer to home; and ensure that specialist services were provided in the main hospitals.

Health Scrutiny Panel - 12.02.08

The Panel was also advised that a public meeting had taken place in Slough on 30th January but had been poorly attended. A further meeting was being arranged for 26th February. Thousands of consultation leaflets had been sent out and, as well as attending meetings, people could respond on line. A number of different ways were being considered to ensure better engagement by the Slough population including an approach to Time FM to feature the consultation on air. However, any assistance that Members could give in encouraging people to attend would be most welcome.

As well as consulting individual Scrutiny Panels, a formal response would be made by the Berkshire East Joint Health Overview and Scrutiny Committee at the end of the consultation period in April and all of the outcomes of the consultation would be assessed by an independent advisor who would prepare a report for the PCT. This report would be considered by the PCT's Board in May, following which the final proposals would be published together with a delivery plan.

A presentation was also made by Andrew Burgess on behalf of the Berkshire Healthcare Trust in which he outlined the proposals for in-patient mental health services in the East Berkshire area. No changes were being proposed to community mental health services.

On completion of the presentations, Members raised the following issues:-

- There was concern at the effectiveness of the community mental health services in the town and clarification was sought as to how these proposals would improve the situation. Mr Burgess commented that no changes were being proposed to community services and that there was now a significant level of services in Slough with some 4,000 individuals in Slough receiving mental health treatment at any one time. He referred to the Assertive Outreach and Home Treatment Teams which tracked people when they had been discharged from care to ensure that their needs were being proactively catered for. Dr O'Donnell expressed the view that he and colleague doctors were extremely concerned about the current level of community mental health provision which he felt to be inadequate and he suggested that this should be addressed as a priority. Some Members echoed this opinion. Mr Burgess stated that he would be more than happy to discuss this particular situation with Dr O'Donnell and others outside of the meeting so as to gain a better understanding of what the current issues were for Slough.
- Confirmation was sought that the current Walk-In Centre at Upton Hospital would be maintained as it provided an excellent service. This was confirmed to the Panel and in response to a further question it was confirmed that, wherever possible, the GPs linked to the Centre would aim to ensure that unregistered people did register with a GP if at all possible. It was also proposed to provide enhanced back-up for the Centre. In addition, a new urgent care centre would be provided at Wexham Park Hospital alongside A & E to deal with the less serious cases.

Health Scrutiny Panel - 12.02.08

- A Member asked what the position was in respect of school nurses. She was advised that school nurses were still attached to schools and their services were targeted to the greatest need.
- With regard to the proposals in respect of maternity provision, it was noted that structural alterations will be required at Wexham Park Hospital to cope with the increase in capacity which could take between 12 and 18 months. The previous problems with a shortage of midwives which had led to the closure of the unit at Heatherwood Hospital for two months had now been largely overcome with successful recruitment. However, a further 20 to 30 midwives were currently being recruited.
- It was stressed that the proposed changes would come in on a phased basis and some of them could take up to ten years to implement. However, changes would be started as soon as possible and once finances allowed but would obviously take longer where infrastructure works were required.
- Further clarification was sought in respect of the arrangements at Wexham Park Hospital to deter people from visiting A & E who should more appropriately see a GP. Mr Hayton commented that a pilot scheme was currently being undertaken whereby a GP was located in the hospital and, where appropriate, attendees would be diverted to the GP rather than having to see a doctor in A & E. At the present time, some 15% of people who visited A & E were now being seen by a GP but it was felt that as many as 30% may go down this route. He and PCT representatives stressed that it was extremely important that patients were seen at the right level and that this was the key to ensuring that "Right Care, Right Place" was successful. Wherever possible, patients needed to be seen at the local level so as to free up funding and resources in respect of the specialist services in the hospital. Once the current pilot scheme was completed, a much clearer idea would be gained of the size of the issue and action put into place to tackle it.
- Further comments were sought on the arrangements for cancer services. It was pointed out that these proposals were at a very early stage but the aim was that less patients had to travel outside East Berkshire for their treatment.
- A Member sought confirmation that the proposals were affordable by the PCT and this was confirmed as being the case at the present time, subject to future Government funding decisions.
- A Member asked about the arrangements for paediatrics and was advised that, at the present time, there were no proposals to put paediatric services at Upton Hospital although there would be a range of services on that site to support children in the community. Specialist services were likely to remain at Wexham Park Hospital. A Member asked how these proposals would assist the elderly. She was advised that a large proportion of the current services were targeted at the elderly and the PCT

Health Scrutiny Panel - 12.02.08

confirmed that they were very keen to continue to work closely with Social Services and social care partners on the Upton site to provide appropriate support to Slough's elderly population.

- A Member asked whether patients' forums at GP surgeries had been targeted under the consultation arrangements. The Panel were advised that there were not believed to be many such forums in Slough but that details of the consultation had been targeted at all GPs asking them to make them known to their patients. However, he was happy to look at the possibility of specifically targeting patient forums.
- With regard to the Healthcare Trust's three stated options for the future location of in-patient facilities, Members expressed a strong preference for option 1, namely that all in-patient beds should be based at Upton Hospital. This was seen as being the ideal solution for Slough residents. The Interim Director of Community and Cultural Services commented that he would be drafting the Borough Council's formal response to these proposals on this basis although it had to be recognised that respondents in other parts of East Berkshire may not be happy with this proposal.
- A Member asked whether the rate of mental health readmissions was higher in Slough than elsewhere. He was advised that, whilst this was a difficult question to answer, readmission rates were not high and he did not believe Slough was any different from the rest of the country.
- Mr Burgess was also asked whether the quality of housing and isolation in the community could make recovery and readmission rates worse. It was confirmed that social factors did affect patients' wellbeing but that there were a number of day services in place to address this issue.
- In response to a question about the current legislation on mental health, the Interim Director confirmed that he would be preparing a report for the Panel later in the year outlining the provisions in the new Mental Health Act.

Mr Hayton from the Hospitals Trust confirmed that the Trust welcomed the current consultation to which they would also be formally responding and the outcomes would provide a platform to enable the Trust to plan developments for the future.

The Chair thanked all of those who had attended from the various Trusts for their presentations and input.

The Panel was advised that a briefing session for all Members was being arranged by the PCT for Thursday, 13th March in the Town Hall Council Chamber and an invitation letter would be forwarded shortly. All Members were urged to attend.

Resolved - That the current position be noted.

Health Scrutiny Panel - 12.02.08

44. New Continuing Care Decision Making Toolkit

Trevor Keable, Assistant Director of Commissioning, Berkshire East PCT made a presentation to the Panel outlining the changes both in process and law to funding under continuing health care and how it would affect the users of these services. There had in the past been extensive criticism of the uneven provision of NHS continuing health care and allegations of a “post code lottery”. Accordingly, a national framework had been developed which came into force in October, 2007. Instead of each of the 28 Strategic Health Authorities in England having its own rules, tools and processes for determining eligibility for NHS continuing health care, there would be one national approach on determining eligibility with a common process and national tools to support decision making for the NHS. In addition, rather than having a separate nursing determination to assess an individual’s need for registered nursing care in a nursing home, and which placed recipients into three bands, there would be one single band for NHS funded nursing care in a nursing home. The determination of eligibility for NHS funded nursing care would be integrated into the same framework as eligibility determination and care planning for NHS continuing health care.

He outlined the key principles of the new arrangements and the operating tools and processes that must be applied in determining eligibility. Assessment would be multi-disciplinary and would include input from local authority staff. The outcome would be a recommendation to the PCT. However, the guidance was explicit in stating that only in exceptional circumstances, and for clearly articulated reasons, should the multi-disciplinary assessment not be followed. Finance Officers would not be part of the decision making process as eligibility decisions would be independent of budgetary constraints.

The legislation had led to some changes in practice. A key element was for local authorities to be mindful not to exceed their legal responsibilities. Furthermore, the Government had now said it would support the new framework with an addition of £220m though it was not yet clear how much the Primary Care Trust would be given and whether this money would be ring fenced. It was intended that more clients would receive continuing care and the regulatory impact assessment conducted by the Department of Health had suggested that, nationally, up to 5,500 more people were likely to qualify for care.

Members commented on the very large increase in the cost of providing continuing health care over the last five years. Mr Keable advised that this was due in large part to an increase in the numbers qualifying. He also confirmed that all of those who qualified for care in Slough were referred from Slough GP practices and were Slough residents.

The Chair thanked Mr Keable for his interesting presentation and it was

Resolved - That the reports and the current position be noted.

Health Scrutiny Panel - 12.02.08

45. Slough's Joint Commissioning Strategy Implementation Plan

Steve Rose, Joint Commissioning Manager, introduced his report on the Community and Wellbeing Directorate's Commissioning Strategy for 2008/15 and the initial implementation plan covering the forthcoming financial year. The strategy aimed to set out how, in Slough, social and health care, allied to services in Housing, Education and Lifelong Learning, the voluntary and independent sector, would rise to the challenges of supporting individuals in their many communities to achieve personal fulfilment, self-determination, dignity and independence, irrespective of their circumstances, age, health or specific needs. The strategy was not a document containing detailed commissioning and decommissioning intentions but set out a strategic framework and direction of travel which sought to identify the outcomes that were being sought for Slough's citizens. Moreover, the strategy was intended to be reviewed and updated and to be a dynamic document. Updated and ongoing plans would be presented as appropriate.

In welcoming the report, Members referred in particular to the problem of recruitment and retention of staff who worked in the social care sector. There was concern at the very high turnover of staff in this area. Mr Rose confirmed that there were a number of challenges for partners in respect of workforce issues and a number of initiatives were being undertaken to tackle this. It did however need to be recognised that this was a national problem rather than simply a local one.

In response to a question, Mr Rose responded that the success or otherwise of the strategy would be monitored by the key leads referred to in the plan, by the various partnership boards and a range of other interested parties, including the Health Scrutiny Panel.

A Member referred to the crucial role of the voluntary sector in providing crucial support in particular to the elderly and this was acknowledged.

A Member referred to the issue of mixed hospital wards which she believed was a real issue that needed to be tackled in Slough as it had an effect on the dignity and independence of women in particular.

Resolved - That the report be noted and welcomed.

46. Budget Strategy 2008/09 to 2010/11

The Panel considered a report from the Director of Resources setting out the Council's budget strategy for the next three years. The Interim Director of Community and Cultural Services tabled a paper setting out details of how the budget proposals affected health and social care in particular, drawing attention to a number of growth and savings items.

Members asked a number of questions of detail on the report, including the issue of vacant posts which were proposed to be deleted and the Director explained the current position.

Health Scrutiny Panel - 12.02.08

Resolved - That the report be noted.

47. Free Swims for Disadvantaged Children

As requested at the last meeting, the Interim Director provided a briefing note on the financial implications of introducing free admission to swimming pools for disadvantaged children. The total cost of this proposal at £109,290 was based on lost income on Saturdays and Sundays at the Montem and Langley pools between 1.00 p.m. and 5.00 p.m. for 52 weeks per year and the same time, Monday to Friday for ten weeks of the holiday period. It also assumed one additional member of staff at these times to cope with the extra demand. The figures had been drawn up in consultation with Slough Community Leisure Ltd which ran the Council's pools.

A Member challenged the estimate given and expressed the view that it should be possible to provide this service at a much lower cost. It was suggested that a representative of Slough Community Leisure attend the next meeting to explain the financial implications as presented and this was agreed. In addition, it was suggested that it may be possible to identify other ways of tackling this issue, including the possibility of identifying action against childhood obesity as a critical indicator under the Local Area Agreement indicators. The Director suggested that Members may wish to lobby in this regard at the meeting taking place on 13th March on the LAA proposals.

Reference was also made to the possibility of a joint approach with Education and Children's Services to target the specific area of childhood obesity and the Director undertook to report back to the Panel on this issue and how it could be funded. He did however comment that any proposal to include this as part of the LAA would need to evidence that this was a more effective way of tackling childhood obesity than other proposals. He also cautioned that if this proposal was to go ahead, there would need to be a subsequent saving elsewhere within the Council's budget.

Resolved - That the report be noted and a further report be submitted to the next meeting on the proposals for targeting childhood obesity and that a representative of Slough Community Leisure be asked to attend in this regard.

48. Local Involvement Networks (LINKs) - Procurement of a Host

Martin Lower, Procurement Manager in Community and Cultural Services presented a report updating the Panel on progress in the appointment of a host organisation for the LINK for a period of three years. This followed the enactment of the Local Government and Public Health Act 2007 which abolished patients' forums and led to the establishment of one LINK per local authority area from 2008. He advised that 15 organisations had requested pre-qualification packs and it was intended that the tender evaluation and presentations would take place in early June. It was believed that East

Health Scrutiny Panel - 12.02.08

Berkshire was well advanced as compared to many other areas of the country.

A Member asked whether a representative of the LINK would sit on the Scrutiny Panel and how the relationship with the Panel and with the Berkshire East Joint Health Overview and Scrutiny Committee would be arranged. Officers commented that the regulations were still awaited and that further information would be provided once received.

Resolved -

- (a) That the Panel notes the current status of procurement of a host organisation for the Local Involvement Network for three years and that the contract may be let on a collaborative basis with neighbouring authorities, either on a east of Berkshire or an all of Berkshire basis.
- (b) That the Panel notes the proposal to grant aid the Oxford and Berkshire Consortium for Public and Patient Involvement in Health to provide interim support to LINK's activities from 1st April to 30th September, 2008, subject to the successful completion of negotiations.

49. Adult Social Care Annual Complaint Report

The Interim Director presented an information report as required under the NHS and Community Care Act 1990 and the Local Authority Social Services Complaints (England) Regulations 2006 setting out details of complaints received by adult social care services in the 2006/07 financial year. He commented that a relatively low level of complaints had been received and adult social care continued to ensure that services learned from any complaints received and made changes to ensure improvements to services. The Department had continued to improve its management of the complaints process and had reduced the time taken to resolve complaints, thereby giving a better and timelier service to users and carers alike.

Resolved - That the report be noted and welcomed.

50. Forward Agenda Plan

The Committee noted its Forward Agenda Plan for future meetings. It was noted that there were a number of significant items proposed for the meeting taking place on 3rd April, 2008 and it was agreed to defer the item on housing and mental health. In addition, it was suggested that the item on the LAA health aspects could more usefully be dealt with at the meeting of the Overview and Scrutiny Committee taking place on 28th February when a representative of the Government Office of the South East would be present. With regard to the item on the Berkshire East Obesity Strategy, it was suggested that this report concentrate on childhood obesity to tie in with the item on free swims.

Health Scrutiny Panel - 12.02.08

Members also suggested that items be included in the future programme on the availability of NHS dentistry and male specific cancers.

Members also suggested that, given the number of weighty items being dealt with at Panel meetings, it may be appropriate for additional meetings to be programmed in the next municipal year.

51. Date of Next Meeting

Thursday, 3rd April, 2008.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.45 pm)