

## **Health Scrutiny Panel – Meeting held on Monday, 30th June, 2014.**

**Present:-** Councillors Bains (arrived at 6.45pm), Cheema, Chohan, Davis, M Holledge, Pantelic (arrived at 6.40pm), Rana and Strutton

Non-Voting Co-optee – Colin Pill, Healthwatch

**Also present:-** Councillors Hussain and Smith

**Apologies for Absence:-** Councillor Lin Hazell (Bucks County Council representative)

### **PART I**

#### **1. Declarations of Interest**

None.

#### **2. Election of Chair**

The nomination of Councillor Pantelic was moved and seconded. There being no other nominations it was:-

**Resolved -** That Councillor Pantelic be appointed Chair of the Health Scrutiny Panel for the ensuing year.

#### **3. Election of Vice-Chair**

The nomination of Councillor Strutton was moved and seconded. There being no other nominations it was:-

**Resolved -** That Councillor Strutton be appointed Vice-Chair of the Health Scrutiny Panel for the ensuing year.

(Cllr Strutton in the Chair until approximately 6.45pm; Cllr Pantelic in the Chair thereafter).

#### **4. Minutes of the Last Meeting held on 24th March 2014**

**Resolved -** That the minutes of the last meeting held on 24<sup>th</sup> March 2014 be approved as a correct record.

#### **5. Forward Work Programme**

The Panel considered a draft 2014/15 work programme setting out suggested priorities and topics for the year ahead, based on discussions at previous meetings of the Panel and requests from individual Members and officers.

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It was noted that the report due for consideration at the July meeting about GP Access and the Prime Minister's Access Challenge Funding was being prepared by the Slough CCG. It was requested that the report should include a response to the Panel's recommendations (made as part of the Accident & Emergency Review) about GP access. With regard to the Care Bill (now the Care Act 2014), it was noted that items were proposed for consideration at the October meeting (relating to the impact of the Better Care Fund Programme) and the November meeting, as well as mandatory training for Council Members on the Care Act taking place on 2<sup>nd</sup> July 2014. It was also proposed to bring forward a report on the Diabetes Strategy to the October meeting. There were also a number of items yet to be programmed.

**Resolved** - That subject to the points above, the work programme be noted.

### 6. Member Questions

There were no questions from Members.

### 7. Frimley Park Hospital / Wexham Park Hospital Merger

Andrew Morris, Chief Executive of Frimley Park Hospital NHS Foundation Trust (FPH), was in attendance and presented an update report for the proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust (HWPH) by FPH.

Mr Morris reminded the Panel of the main drivers for the take-over which were around:

- the opportunity for the combined organisation to achieve critical mass in clinical services (serving a population of 800,000 to 1,000,000)
- achieving a sustainable financial position and
- meeting the increasing pressure to achieve and maintain high standards of care at all times, requiring changes to health service culture and working practices

He stressed that the transaction, if approved, would have clinical benefits, would enable costs to be taken out of the combined organisation through economies of scale, and provide the opportunity to provide comprehensive local services across all sites. Whilst the FPH was committed to the takeover, this was dependant on the success of negotiations with the DoH to secure a substantial funding package to carry out essential investment in the Wexham Park site. It was hoped this would be concluded in the next few weeks and it was proposed that recommendations would be put to the respective governing bodies for consideration at meetings being lined up to take place on 24<sup>th</sup> July 2014, for in principle final decisions to be taken.

In answers to questions put by Members and subsequent discussion, the following points arose:

- Subject to a favourable conclusion to the funding negotiations and decisions from the respective governing bodies on 24 July, it was

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anticipated that the 'go live' date for the take-over would be in early autumn.

- The multi-million £ financial package under negotiation for investment in the Wexham Park site comprised (approximate figures only) £25m for upgraded A&E facilities, £10m for upgraded Maternity facilities, and £45m for backlog maintenance; some agreement was also sought in relation to write-off of the existing deficit at HWPH.
- The specialist equipment used in the Radiology Department (for X-ray, scanning and imaging etc.) was very expensive and need regular renewal and updating to provide the high quality service expected.
- The Wexham Park site contained ample space for carefully designed development and expansion (including additional parking) and was much less constrained than the FPH site.
- A comprehensive, modern A&E Department (as currently at FPH) should have a consultant-led service providing facilities for resuscitation, major treatment, paediatrics and minor injuries, with space for patients to be assessed in privacy with access to all key services for diagnosis.
- A Maternity Unit should have proper delivery rooms, all with en suite facilities, for a birthing environment with privacy and dignity.
- Clearly it would take time to integrate fully the services of the two organisations but it was hoped that two years on a very different looking WP would be in operation.
- Mr Morris indicated that there was no threat to services at WPH; on the contrary he saw scope to grow services, for example enhanced facilities for plastic surgery, revised arrangements for cancer care, developing a radiotherapy service at Slough etc.
- The committed and happy staff at FPH (as evidenced in a recent CQC report) had contributed greatly to the success of the organisation and delivery of high quality service. This began with the corporate induction of staff, with emphasis placed on policies, good practice and hospital values, in order embed the culture and the approach to high standards from the outset. The aim would be to take the same approach to staff at HWPH, to make it a place where they would want to work, feel valued and know that their professional development is looked after. In tandem with this there would be a concerted effort to reduce the reliance of HWPH on agency staff.
- Savings and increased efficiencies in the combined organisation could be achieved through merging back office functions (eg. one finance department, one HR department), economies in purchasing (eg. joint implants) and greater use of IT (eg. electronic records, on-line appointment booking, better dissemination of patient information). The aim would be for any reduction in staffing to be through natural wastage.
- There was also scope for working with closely CCGs and GP surgeries to roll out a different model of care which would keep more of our aging residents at home longer, living independently (but with the right support) to reduce the call on A&E departments and hospital

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admissions generally. Discharge procedures and times could be improved with the right infrastructure of care and support in place.

- FPH was taking a phased approach to engagement with the public and patients about the proposed acquisition, which had included discussions with its members and Council of Governors, public meetings, and presentations to local authority health overview and scrutiny committees. It was noted that a statutory public consultation was not appropriate as the transaction did not involve a change in services.
- Mr Morris indicated that the proposed enlarged Trust would seek to recruit as many members as possible from the Slough area, and appropriate representation on the new Council of Governors. Although there had been some initial discussion about a name for the new Trust, a firm proposal had yet to be made.

### Resolved –

- (a) That Mr Morris be thanked for the informative presentation to the Panel.
- (b) That the Panel continue to monitor action and progress towards the take-over of HWPB, reserving the right to request further information/ presentations in due course.
- (c) That the possibility of arranging a visit to FPH for the Chair, Vice-Chair and Members as appropriate be looked into.

## 8. Slough CCG 2 Year Commissioning Plan

The Panel considered the draft Slough CCG Operational Plan 2014-2016, presented by Dr Jim O'Donnell, setting out how the CCG intends to commission for its local population for the next 2 years, and by working with stakeholders to continually improve the health of Slough.

The Plan set out five system objectives (with details of the interventions by which these would be delivered) as follows:

1. To significantly reduce under 75 CVD mortality rates by 2% over 5 years
2. Increase people's confidence in managing their long term conditions to 80% (from baseline 75%)
3. Increase number of older people living independently at home
4. Improve patient experience of access in Primary Care and Community Services
5. Improve patient experience (Friends and Family Test) and improve experience of care in a hospital setting

The Plan explained the Vision and Values of the CCG and the principles guiding its commissioning approach. The Unit of Planning showed diagrammatically how the Slough CCG worked jointly with its two neighbouring CCGs, the local authorities, Berkshire Healthcare and the Hospital Trusts in a collaborative approach to its commissioning. This was carried out in the context of the Joint Strategic Needs Assessment (JSNA) and the ten Slough identified health priorities. The Panel was reminded that

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the number 1 priority was diabetes (where Slough was the second worst area in the country after Tower Hamlets).

The Plan went on to outline outcome ambitions for the next five years. A 'quantifiable ambition' target had been set for five of the seven ambition outcomes identified (and reference to other data for the remaining two) together with baseline measurements to work from. The financial overview showed how the CCG planned to manage resources to deliver a 1% surplus (as required by NHS England). It was noted that the proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospital NHS Foundation Trust would require local CCGs to make a financial contribution, the largest of which would fall on Slough, which would push the CCG into a deficit position. The financial allocation received by the CCG would be significantly increased if the number of people not registered with a GP (approximately 12,000 in Slough) could be reduced.

From questions and discussion, the Panel noted that the main challenges posed by the Plan were around the effectiveness of the co-operation and collaboration with social care, also involving the co-operation of the Ambulance Trust and the support of the acute Trust. This was key to increasing the number of older people living independently at home, to make best use of the finite resources available. The CCG had used innovative methods to engage the public, leading to the co-design of the plan. This involved online consultation through the Berkshire East Health Network and engagement with the patient groups at each of the member surgeries (totalling over 600 active consultees), as well as meetings and other public events. There was still work to be done, however, as regards communication with some hard to reach groups.

### **Resolved –**

- (a) That the Slough CCG 2 Year Commissioning Plan be noted.
- (b) That Dr Jim O'Donnell be thanked for presenting it and invited to report back to the Panel on progress in due course.
- (c) That Officers be requested to look at any ways the CCG could be assisted to increase the numbers registering as patients with a GP.

## **9. 'Joining the Dots: Slough's Joint Autism Strategy 2014-17'**

The Panel considered the draft Slough Autism Strategy 2014-2017, produced jointly by the Council and the Slough CCG.

The Panel was reminded that Autism is defined as "a life-long invisible condition that affects how a person communicates with, and relates to other people. It also affects how a person makes sense of the world around them". The three main areas of difference, which all people with autism share, are difficulties with social communication, social interaction and social imagination.

To assist the understanding of the Panel, the report presenters offered a case study describing the experience of a local young adult ('Sam') with autism.

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This began with an extended stay in hospital following a premature birth, and continued with a challenging period at school until, after a long delay, a diagnosis of autism was made. From this point Sam received 25 hours per week support taking him through to study at East Berkshire College, work experience with Interserve and then an apprenticeship with the Borough Council.

The Strategy sets out five local priorities to focus on over the next three years, developed taking into account the views of people with autism, their carers and other key stakeholders, as well as national priorities and changes necessary as a result of new legislation. The priorities are:

- 1: Improved health and wellbeing
- 2: Increased awareness and understanding of autism
- 3: Seamless transition processes
- 4: Improved social inclusion
- 5: Increased support for people with autism and their families

The impact of the new Strategy was illustrated by reference to the case study, and the action plan showed how the priorities would be implemented and where activities will be focussed.

Arising from questions and discussions, the Panel noted that:

- Difficulties in achieving a seamless transition for children with autism into adulthood were experienced across the country and was not peculiar to Slough. This was being addressed by Children and Adult Services working together more effectively, involving education and health services as appropriate. The newly appointed Autism Lead working with a transition planning group was taking this forward, reinforced through better training, and a new transition protocol was being developed. The new Care Act and the Children and Families Act recognised this priority but the funding available was still insufficient.
- Diagnosis of autism was now more sophisticated identifying people right across the autism spectrum. Many diagnosed children were managing in mainstream schools with appropriate support while others needed specialist care in an environment where their anxiety levels were minimised.
- With regard to increasing awareness of autism, the Council had developed and delivered a programme of training in-house and for partner organisations which enabled staff to feel more confident about meeting the needs of people with autism. This gave a clearer understanding about the numbers of people with autism and ensured it was taken into account in the planning and delivery of local services. An e-learning autism module was also planned.
- The Strategy included the 'whole family' approach which offered support not only to people with autism but also to their families and carers.

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### **Resolved –**

- (a) That the Slough Joint Autism Strategy be endorsed.
- (b) That special emphasis be placed on the importance of the transition processes and the continuation and completion of the training programme.
- (c) That any places available on any forthcoming training sessions be offered to Councillors.

### **10. Members' Attendance 2013/14**

**Resolved -** That the record of Members' attendance in 2013/14 be noted.

### **11. Date of Next Meeting**

The date of the next meeting was confirmed as 29<sup>th</sup> July 2014.

Chair

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