

# Notice of Meeting

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## Healthier Select Committee

**Tuesday, 12th October, 2010 at 6.30 pm**  
in Committee Room 2.

Date of despatch of Agenda: Monday, 4 October 2010

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Naylor on (01635) 503019  
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## Agenda - Healthier Select Committee to be held on Tuesday, 12 October 2010 (continued)

- To:** Councillors Geoff Findlay (Chairman), Paul Hewer, Tony Linden, Gwen Mason, Andrew Rowles and Julian Swift-Hook (Vice-Chairman)
- Substitutes:** Councillors George Chandler, Billy Drummond, Adrian Edwards and Alan Macro
- Officers and other invitees:** Teresa Bell (Corporate Director, WBC), Jan Evans (Head of Older People's Services, WBC), Beverley Searle (Director of Partnerships & Joint Commissioning, NHS Berkshire West) and Julia Waldman (Service Manager, WBC).
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# Agenda

## Part I

Page No.

1. **Apologies**  
To receive apologies for inability to attend the meeting (if any).
2. **Minutes** 1 - 10  
To approve as a correct record the Minutes of the meeting of this Committee held on 6<sup>th</sup> July and 9<sup>th</sup> September, 2010.
3. **Declarations of Interest**  
To receive any Declarations of Interest from Members.
4. **Urgent Items**  
*Purpose:* For the Chairman to draw to the Committee's attention any urgent items for consideration.
5. **Scrutiny of Deprivation and Family Poverty in West Berkshire** 11 - 18  
*Purpose:* To receive a briefing from Julia Waldman (WBC Service Manager) on family poverty and deprivation within West Berkshire and to consider what scrutiny of the issue is required.
6. **Care for the Future: A developing vision of healthcare for Berkshire and Buckinghamshire** 19 - 40  
*Purpose:* To receive information from Beverley Searle (Director for Partnerships and Commissioning – NHS Berkshire West) of the changes to services planned as part of the 'Care for the Future' reforms and to determine the impact on West Berkshire residents.
7. **Work Programme** 41 - 44  
*Purpose:* To receive the work programme for the remainder of the municipal year (2010/11).



**Agenda - Healthier Select Committee to be held on Tuesday, 12 October 2010** *(continued)*

Andy Day  
Head of Policy and Communication

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**HEALTHIER SELECT COMMITTEE****MINUTES OF THE MEETING HELD ON  
TUESDAY 6<sup>th</sup> JULY 2010**

**Councillors:** Geoff Findlay (*Chairman*) (P), Paul Hewer (AP), Gwen Mason (P), Tony Linden (P), Andrew Rowles (P) and Julian Swift-Hook (*Vice-Chairman*) (AP).

**Substitutes:** George Chandler, Billy Drummond, Adrian Edwards, Alan Macro

**Also present:** Beverley Searle (NHS Berkshire West), Jo Cozens (NHS Berkshire West), Amanda Joyce (Head of System Transformation), Jan Evans (Head of Adult Community Services) and Jo Naylor (WBC Principal Policy Officer).

**PART I****4. APOLOGIES.**

Apologies for inability to attend the meeting were received on behalf of Councillors Julian Swift-Hook and Paul Hewer.

**5. MINUTES.**

The Minutes of the meeting held on 19 January and 11 May 2010 were approved as a true and correct record and signed by the Chairman.

**6. DECLARATIONS OF INTEREST.**

There were no declarations of interest received.

**7. EMERGING HEALTH AND SOCIAL CARE ISSUES.**

Mrs Beverley Searle (Director of Partnerships & Joint Commissioning, NHS Berkshire West) presented the changes arising from the election of the Coalition Government and the reforms that would affect the health service (Agenda Item 4). The Powerpoint presentation attached to these minutes at Appendix A.

Key changes included devolving health budgets to General Practitioners (GPs), the abolishment of Strategic Health Authorities and increasing democratic accountability of PCT Board Members.

Primary Care Trusts may continue to exist as commissioners of complex or specialist services with a strengthened public health role.

Other initiatives to be introduced included the right to choose a GP (extending beyond current geographical restrictions), access to effective 24/7 urgent care and arrangements for monitoring of GP commissioning decisions.

The importance of regulators for GP commissioning was highlighted as GPs would have a role as both commissioners and providers of services; and monitoring would be critical to ensure quality and equity of access to services.

More detail on the changes would be available on 15<sup>th</sup> July when the NHS White Paper was due to be published.

Mrs Searle also tabled two briefing papers one on Specialist Palliative Care to inform the Committee of the public engagement from July to October 2010 and the model of future services created in response to the work done with local stakeholders.

Mrs Searle also briefed Members on “Care for the Future” and the review of urgent care needs, planned procedures and appointments, long-term conditions, end of life care, maternity and paediatrics. This work was being done across Berkshire and Buckinghamshire and it was felt there might be scope for a joint piece of scrutiny work.

Mrs Amanda Joyce (Head of System Transformation, West Berkshire Council) delivered a presentation on health and social care services (see Appendix B of the minutes) which highlighted the history of joint working locally. Keeping patients well and out of hospital was a key focus for the NHS and would equally require a whole systems view to be taken; as any alterations to acute hospital services would impact significantly upon the Council’s Home Care services.

Mrs Joyce highlighted the demographic figures which showed numbers in the over 65+ age bracket in West Berkshire increasing by over 200% in the next 25 years. She highlighted the potential huge demand this could place on Council services.

Mrs Joyce described the proposed new operating model for adult social care services emerging from the Council's Putting People First programme. It would enable the best use to be made of existing resources pending the outcome of the Government's national one year review of the whole adult social care system. Putting People First includes looking at the early stages of intervention, the provision of greater guidance, advice and support to encourage self-help, and the promotion of personalisation, choice and control for people who use services.

### **RESOLVED that:**

- (1). The presentations on the future of health and adult social care services be noted and that the Select Committee be kept abreast of future changes.**
- (2). “Care for the Future” be added to the Healthier Select Committee work programme.**

## **8. PATIENT ADVICE & LIAISON SERVICES (PALS) ANNUAL REPORT.**

Miss Jo Cozens (PALS Manager, NHS Berkshire West) introduced Item 5 (Agenda Item 5) and described how almost 4000 queries had been received by the Patient Advice and Liaison Service (PALS) last year; of these approximately 20% of calls were received from West Berkshire residents. Miss Cozens described the seasonal fluctuations in calls, with calls dropping during December and January in the bad weather and snow conditions. The busiest times were April and July when up to 318 enquiries a month were received.

The most frequently reported concerns were about dentistry provision with 40% of all enquiries being requests to help find an NHS dentist. This request was made by 337 West Berkshire residents. Miss Cozens described how West Berkshire was well served with dentists and that NHS Berkshire West had attempted to improve publicity of services including information in supermarkets, GP surgeries, pharmacies, in the press and also advertising on three local taxi cabs. Miss Cozens also mentioned the three new dental surgeries that had opened and one of which was in Newbury on the London Road.

Members asked about specialist root canal work and whether this could be done at the West Berkshire Community Hospital. Mrs Searle explained that the drop-in provision at the Community Hospital was designed for those that were not registered with an NHS dentist and was not geared to undertaking specialist root canal treatments.

**RESOLVED that the Patient Advice and Liaison Service Annual Report and the NHS Berkshire West response be noted.**

## **9. LOCAL AREA AGREEMENT (LAA) TARGETS**

Members received an update from Mrs Searle on the mortality rates from circulatory disease in West Berkshire. She described how annual reporting showed fluctuations from the Local Area Agreement target but that overall there was a downward trend in mortality rates.

Mrs Searle described the other factors linked to mortality from circulatory diseases, including deprivation, poor diet, smoking, etc. and explained how many of these changes to behaviour required long term cultural and behavioural changes.

Mrs Jan Evans (Head of Adult Social Care) outlined the problems in achieving carers' needs assessments in the last year in the exception report (Agenda Item 6). She described how the target had been missed by 29 people although the needs of over 1000 carers had been assessed last year.

Mrs Evans explained how it was the right approach to support carers as much as possible and highlighted that there had been good response by Practice Managers about the provision of training to GPs to help them support carers better. Members welcomed this feedback.

**RESOLVED that the efforts made to achieve missed Local Area Agreement targets be accepted and noted.**

## **10. REVIEW OF AUSTISTIC SPECTRUM DISORDERS IN WEST BERKSHIRE.**

Mrs Jan Evans introduced the Review of Autistic Spectrum Disorders (Agenda Item 7). She described the extensive review undertaken of support provided to those with Autism and also the analysis done to identify gaps in services. She highlighted the areas the Council needed to address and in particular reviewing current services against the National Autism Society's standards. This has resulted in an Action Plan to be taken forward by the Autism Partnership Board who would look at making improvements in West Berkshire.

Mrs Evans described two significant areas of work as being around providing access to employment for adults with Autism and better training for staff. The Partnership Board was due to set timescales for implementing these recommendations.

**RESOLVED that the Review and Action Plan in relation to Autistic Spectrum Disorders in West Berkshire be noted.**

**11. WORK PROGRAMME**

The Chairman introduced the Work Programme (Agenda Item 8) which had been agreed with the Chairman of the Overview and Scrutiny Management Commission. Members were asked if they wanted to see any items added in addition to the outline work programme.

**RESOLVED that:**

- 1. The work programme be approved for the new municipal year.**
- 2. NHS “Care for the Future” review be added to the Work Programme.**

*(The meeting commenced at 5.00pm and closed at 6.30pm)*

**CHAIRMAN** .....

**Date of Signature:** .....



# DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

## HEALTHIER SELECT COMMITTEE

### MINUTES OF THE SPECIAL MEETING HELD ON THURSDAY 9<sup>TH</sup> SEPTEMBER 2010

**Councillors:** Geoff Findlay (*Chairman*) (P), Julian Swift-Hook (*Vice-Chairman*) (P), Gwen Mason (P), Andrew Rowles (AP), Tony Linden (P), Paul Hewer (AP)

**Substitutes:** George Chandler, Billy Drummond, Adrian Edwards (P), Alan Macro

**Also present:** Helen MacKenzie (Deputy Chief Executive, NHS Berkshire West), Bev Searle (Director of Partnerships and Commissioning, NHS Berkshire West), David Buckle (Medical Director, NHS Berkshire West) and Jo Naylor (WBC Principal Policy Officer).

**Other Councillors present:** Brian Bedwell

#### PART I

#### 12. APOLOGIES.

Apologies for inability to attend the meeting were received on behalf of Councillors Paul Hewer and Andrew Rowles. Councillor Adrian Edwards substituted for Councillor Rowles.

#### 13. DECLARATIONS OF INTEREST.

Councillors Tony Linden and Julian Swift-Hook declared an interest in Agenda Item 3, but reported that, as their interest was personal and not prejudicial, they determined to remain to take part in the debate and vote on the matter.

#### 14. UNDERWOOD ROAD GP BRANCH SURGERY

*(Councillor Tony Linden declared a personal interest in Agenda Item 3 by virtue of the fact that he was a patient of the Dr. Swami & Partners Surgery. Councillor Julian Swift-Hook declared a personal interest in Agenda Item 3 by virtue of the fact that he was Chairman of West Berkshire Mencap. As their interest was personal and not prejudicial they were permitted to take part in the debate and vote on the matter).*

Helen MacKenzie (Deputy Chief Executive, NHS Berkshire West) described the Underwood Road Surgery as a branch surgery of the Abbey Medical Centre, Russell Street, Reading. She explained that the doctor was present at the branch surgery 8 hours a week with the Surgery premises open a total of 16 hours per week. Outside of the opening hours the surgery was locked and not in use. Mrs MacKenzie described the Primary Care Trust's view which was not to support a GP surgery at the Underwood Road location. She described how GP commissioning groups would purchase care on behalf of patients in the future. She also described that GP practices with more than one GP resulted in better clinical outcomes for the patient, due to GP peer support and better development of clinical expertise.

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She described that 9000 patients were registered at the Circuit Lane and Theale Medical Centre practices and there was the capacity to accept patients from the Underwood Road branch.

Mrs MacKenzie described how local clinicians (GP commissioning leads) supported the NHS Berkshire West position as a step towards providing services which were fit for purpose in the future.

Mrs MacKenzie described the proximity of five other GP practices to the Underwood Road site: Circuit Lane (1 mile), Calcot Surgery (1.8 miles), the Abbey Medical Centre (2.2 miles), Western Elms Surgery (2.1 miles) and Dr Swami & Partners (2.2 miles).

Mrs MacKenzie then described the National Patient Survey findings (2009/10) which focused on patients satisfaction and compared the Abbey Medical Centre to the practices at Circuit Lane and Theale Medical Centre. Members wished to see the data broken down to the Underwood Road branch level however this was not possible as the data was only collected at GP surgery level.

Members queried whether the Abbey Medical Practice had come out more favourably on any of the indicators in relation to access to GP services when compared to Circuit Lane and Theale Medical Centre. Mrs MacKenzie confirmed it fell below the levels of the other two surgeries on all measures in relation to GP access.

Members confirmed some of the difficulties in relation to access and parking at the Abbey Medical Centre at Russell Street and reported occasions where there had been long waits for appointments.

Members enquired of the levels of deprivation in the Underwood Road area and patients' ability to reach alternative surgeries if they had financial and/or physical disabilities. The NHS Berkshire West reported that they did not have this type of personal information about patients but indicated that the Underwood Road branch patients would already need to travel to access the Abbey Medical Centre on all other days outside the 8 hours a week a GP was present at the branch surgery.

Members scrutinised the financial information presented which showed that Underwood Road costs were £80.30 per registered patient per square metre, whilst Circuit Lane was only £6.64 and Theale Medical Centre £2.38 per registered patient per square metre. Members queried what other comparator figures were available. Mrs MacKenzie responded by explaining the Berkshire West average figure was approximately £10 per registered patient per square metre for a GP surgery.

Members asked about levels of deprivation around Underwood Road and the support for facilities such as David Smith Court (elderly care) and the Walled Gardens (centre for those with learning disabilities). Helen MacKenzie described the deprivation in the Underwood Road area as no different to levels seen in the Southwood area for example.

Members queried the use of the designated space within the Bellwood Homes redevelopment of Underwood Road, should it not be used as a Medical Centre. It was unclear whether the additional space would be used for social housing, shared

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ownership or some other mixed-use purpose. Members enquired of the potential financial gain to the developer and the ability for the developer to contribute to healthcare facilities in the locality.

Mr David Buckle (Medical Director) informed the Committee that in his opinion he was convinced that a single GP in a branch surgery was not a viable proposition and would not be able to provide the quality of GP care required by today's standards. As a General Practitioner himself, he stressed he would not advise a branch arrangement such as Underwood Road and said that it would compromise the quality of the service offered to patients.

Mrs MacKenzie described the PCT's view that in their opinion this change did not represent a "substantial variation" to services in health overview and scrutiny terms.

Members discussed the options for the elderly and infirm and what access to services might exist for them should the practice at Underwood Road close. Mrs MacKenzie described that some doctors might make provision for home visits and that in fact this was more likely in practices where there was a team of doctors.

Mrs MacKenzie described the detailed consultation underway with the public which was due to close on 4th October and the findings would then be reported to the PCT Board.

In accordance with paragraph 6.8.2 of the Council's Constitution Standing Orders were suspended in order to allow Councillor Brian Bedwell (Ward Member for the Calcot Ward) the opportunity to relay his concerns about closure of the Underwood Road branch surgery. He described the practice as being open Monday – Friday (3 hours a day) and the branch surgery open for a total of 18 hours a week. He reported that a petition to keep the doctor's surgery in Underwood Road open had been drawn up and which had to date attracted 250 signatures. Councillor Bedwell expressed disappointment that Mrs Nirgude, the Underwood Road Practice Manager, had not been invited to attend this meeting.

Councillor Bedwell described the high levels of deprivation within the area including the 20% of Ford's Farm Primary School children having Special Educational Needs (SEN) and the proximity of the Older Peoples residential home at David Smith Court.

Councillor Bedwell described the potential access difficulties for patients if they attended the Calcot practice at Royal Avenue due to the uphill gradient. He felt this would be particularly difficult for mothers with prams and those without cars. He equally added that there was no bus service to this practice. He explained that the Calcot Surgery at Royal Avenue was also a branch surgery with only one doctor and in a similar position to Underwood Road. Equally, Councillor Bedwell also described his experience of delays to get a doctor's appointment at the Theale Medical Centre.

Councillor Bedwell argued that the new Bellwood development of 60-65 housing units would increase the population living within the Underwood Road area and provide an increased requirement for GP services in this location.

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Councillor Bedwell stated that high numbers (one third of all patients in this area) were using the Calcot (Royal Avenue) branch and that registering additional patients could lead to greater delays receiving a doctor's appointment. He suggested that the Underwood Road surgery should be used as a third satellite service for the Theale branch.

Mrs MacKenzie described how the PCT had explored all options but that the contract for Underwood Road was held by Mrs Nirgude and it was not possible to pass this on to other GP surgery without undergoing strict rules of procurement and competition.

Mrs MacKenzie also added that of the 500 patients registered at the Underwood Road branch surgery 400 of these were aged 20-70 years and many would be able-bodied. It was also reported that the majority of patients drove to their appointments at the Underwood Road branch surgery.

Mrs Beverley Searle (Director for Partnerships and Commissioning) described the targeted pieces of work which had been done within the Underwood Road area to reduce health inequalities. She described the weight loss services and targeted interventions such as the 'Healthchecks'. She described the efforts made to improve public health and how the Council in future was due to have a greater responsibility for public health under the recent White Paper proposals.

The Chairman of the Committee described the need to balance the consideration of the residents with the issues in terms of cost and clinical care.

Councillor Julian Swift-Hook (Vice-Chairman) described how in areas of deprivation high quality health care services were essential and that this supported the argument for multiple GPs operating from a single surgery. Equally the figures had shown that even if patient numbers at the Underwood Road branch had increased by 25% that the cost was still almost ten times more expensive than the cheaper alternative. Councillor Swift-Hook argued money would be better spent providing quality outcomes in other surgeries within this locality. He described how doctor's appointments were usually available if the patient showed flexibility in relation to which doctor was seen.

Councillor Swift-Hook highlighted the statistics presented by the PCT which reflected patients concern that they were waiting too long for an appointment more often at the Abbey Medical Centre than either Circuit Lane or Theale Medical practices. He also described the higher risk of a single GP led practice and the disruption to services that would result, for example, if this GP should resign. He summarised that in his opinion the best outcome was not to replace the Underwood Road surgery but to reallocate funding to the other neighbouring surgeries.

**RESOLVED that:**

- (1). The Committee supports the NHS Berkshire West's proposal to close the Underwood Road GP branch surgery based on the evidence presented and that the cost savings realised should be reinvested into surgeries with multiple GP teams within this geographical area.**

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The proposal and recommendation was voted on and carried with a majority with the exception of Councillor Adrian Edwards who abstained from voting.

**15. CHAIRMAN’S UPDATE.**

The Chairman briefed the Committee on the new White Paper “Equity & Excellence: Liberating the NHS”. He highlighted the changes in terms of Public Boards, scrutiny of clinical outcomes and empowering GPs in their greater commissioning role. He explained the timetable of establishing Independent Commissioning Boards by 2012 as well as the transferring of public health functions to Local Authorities.

He also explained to the Committee the high volume of NHS consultations on service changes he was receiving as Chairman of the Select Committee. Members expressed an interest in receiving copies of the information in order to determine what items should be added to the work programme. Changes to Children’s Heart Surgery and Berkshire Healthcare Trust reconfigurations were mentioned as potential items for future scrutiny.

**RESOLVED that the update be noted and that Members receive copies of all consultations on future service reconfigurations.**

*(The meeting commenced at 6.30pm and closed at 7.25pm)*

**CHAIRMAN** .....

**Date of Signature:** .....

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|                                    |   |
|------------------------------------|---|
| <b>Title of Report:</b>            | <b>Scrutiny of Deprivation and Family Poverty in West Berkshire</b> |
| <b>Report to be considered by:</b> | Healthier Select Committee  |
| <b>Date of Meeting:</b>            | 12 October 2010   |
| <b>Forward Plan Ref:</b>           |   |

**Purpose of Report:**                      **To receive a briefing from Julia Waldman (WBC Service Manager) on the Family Poverty Strategy for West Berkshire and to consider what scrutiny is required by this Committee.**

**Recommended Action:**                **To consider the briefing and determine the scope of scrutiny of this issue.**

**Reason for decision to be taken:**      The issue of deprivation and family poverty is a priority for the Committee as listed within the Select Committee's agreed work programme.

**Other options considered:**

**Key background documentation:**

| Portfolio Member Details         |  |
|----------------------------------|--|
| <b>Name &amp; Telephone No.:</b> | Councillor Gordon Lundie - Tel (01488) 73350 |
| <b>E-mail Address:</b>           | glundie@westberks.gov.uk                     |

| Contact Officer Details |   |
|-------------------------|---|
| <b>Name:</b>            | Julia Waldman   |
| <b>Job Title:</b>       | Service Manager, Parenting Support and Integrated Working |
| <b>Tel. No.:</b>        | 01635 519810  |
| <b>E-mail Address:</b>  | jwaldman@westberks.gov.uk                                 |

## Executive Summary

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### 1. Introduction

- 1.1 The report provides an overview of the Child Poverty Act 2010, its requirements and the local response to meeting the duties outlined in the Act. This report gives an overview of risk factors related to child poverty and provides a local snapshot of deprivation that co-exists within an affluent District.

### 2. Proposals

- 2.1 This paper starts the discussion of the issue of deprivation and family poverty using data extrapolated from the tools available.
- 2.2 Child poverty needs assessment process will also be explained in order to allow Healthier Select Committee Members to understand how to engage with the process without duplicating the work which is underway.

### 3. Conclusions

- 3.1 Members are asked to give consideration to the facts presented in the briefing paper which will be supported by an officer presentation on the night. This will help determine what issues should be scrutinised by the Healthier Select Committee.



## Executive Report

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### 1. Introduction to the Child Poverty Act 2010

1.1 The government extended its commitment to ending child poverty through the provision of the Child Poverty Act 2010. The Coalition Government has confirmed its commitment to eradicating child poverty. The Act sets out our statutory duties to:

- *Cooperate*: to put in place arrangements to work with partner authorities named in the Act. These partner authorities are expected to cooperate with the local authority in these arrangements;
- *Conduct a local child poverty needs assessment*: to understand the characteristics of poor families in their area, and the key drivers of poverty that must be addressed; and
- *Develop and deliver a strategy*: to create a joint local strategy for reducing child poverty, which must set out the contribution that each partner authority will make and must address the issues raised in the needs assessment.

1.2 There is a need for the involvement of a wide range of partners and the Local Strategic Partnership. Named partners include:

- Any district council which is not a responsible local authority;
- A police authority;
- A chief officer of police;
- An Integrated Transport Authority for an integrated transport area in England;
- A Strategic Health Authority;
- A Primary Care Trust;
- A youth offending team established under section 39 of the Crime and Disorder Act 1998

1.3 The Act uses four measures of poverty to establish targets to be met by 2020:

- *Relative poverty* – to reduce the proportion of children who live in relative low income (in families with income below 60 per cent of the median) to less than ten per cent;
- *Combined low income and material deprivation* – to reduce the proportion of children who live in material deprivation and have a low income to less than 5 per cent;
- *Persistent Poverty* – to reduce the proportion of children that experience long periods of relative poverty, with the specific target to be set at a later date and;
- *Absolute poverty* – to reduce the proportion of children who live in absolute low income to less than 5 per cent

(DCSF, Draft Statutory Guidance, 2010)

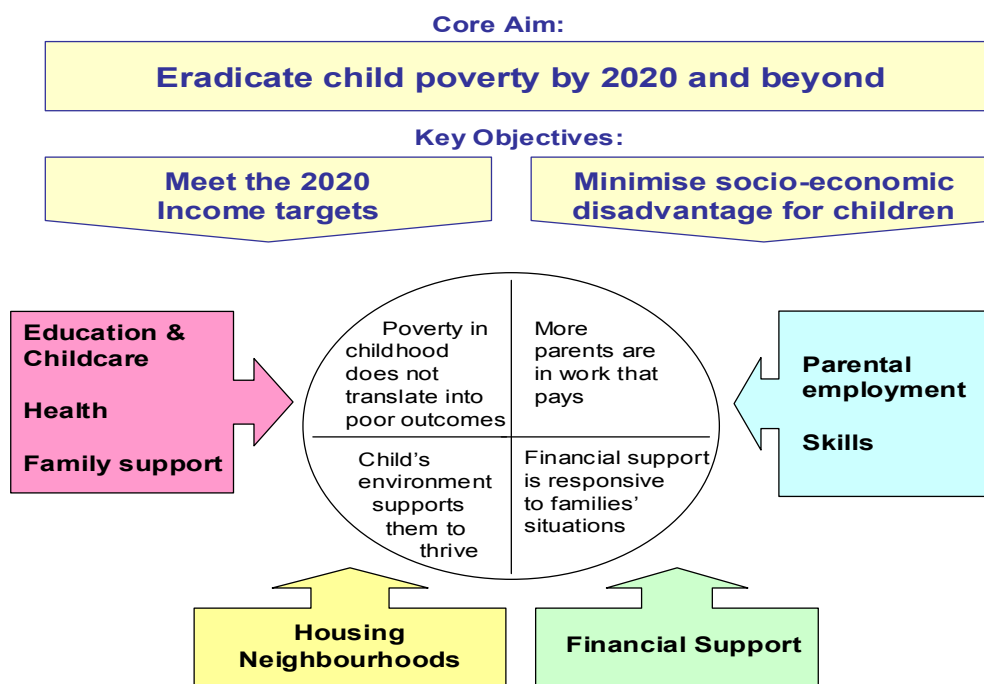
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1.4 The Act promotes four foundation stones for action:

- Place
- Improving Life chances
- Parental employment and skills
- Financial support

1.5 These are expanded in the next diagram (see Figure 1 below):

**Figure 1: Key aspects of the work to do on meeting the requirements of the Act**



1.6 Locally the child poverty strategy is being developed through the Prevention and Early Intervention Steering Group, a sub-group of the West Berkshire Children and Young People's Trust with time-limited co-opted membership to include a broader range of partners.

## 2. Our children at risk

2.1 The following children are at greatest risk of being poor:

- Children of lone-parent families
- Children in large families (more than three children)
- Children growing up in households where there is no-one in full-time employment
- Children from families of some minority ethnic groups
- Children in households with a disabled child or adult

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2.2 Growing up in poverty is associated with poor outcomes whereby poorer children are:

- More likely to be born early and have a lower birth weight
- Fifteen times more likely to die in a fire at home
- Five times more likely to die in an accident
- Three times more likely to be hit by a car
- Ten times more likely to become a teenage mother
- More likely to have higher levels of obesity
- Less likely to stay on at school
- More likely to have fewer qualifications especially children looked after by Local Authorities

(Tackling Child Poverty, End Child Poverty Network Cymru and Children in Wales, 2006:6)

2.3 These factors show a clear link between being poor in childhood and health risks in the short term. The evidence for predictive long term health implications is also strong, for example related to:

- Cardio-vascular disease
- Impaired Respiratory function
- Certain forms of cancer
- Presence of limiting lifelong illness
- Adult mental ill health

2.4 Ill health may be compounded by multiple-risk factors being present, for example poverty, obesity and poor housing conditions. (Source: Child Poverty and Adult Health, End Child Poverty, 2008).

### 3. West Berkshire deprivation snapshot

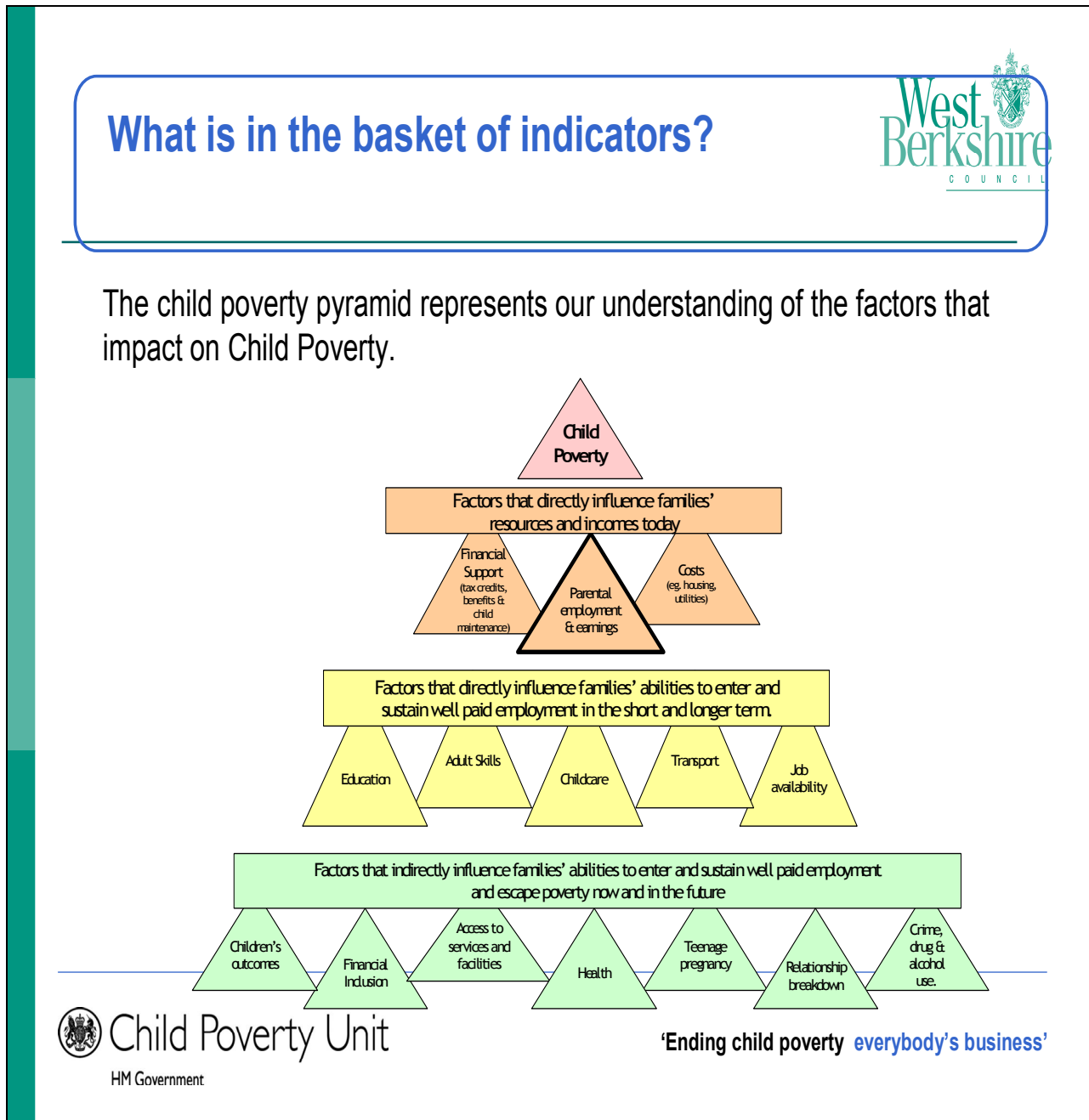
3.1 To give an indication of the levels of deprivation within West Berkshire evidence the District Profile 'People and Place' has shown that:

- West Berkshire is considered the 24th least deprived district in England.
- The only domain within the Indices of Multiple Deprivation which is relatively weak is 'barriers to housing and access to services'.
- Geographical differences in deprivation exist within and across wards - Areas ranked as being more deprived overall largely clustered around Newbury with other areas in Lambourn, Thatcham North and Calcot.
- The Nightingales estate in Greenham is ranked as the most deprived area in West Berkshire. In relation to the rest of England, this area is ranked 8,187 out of 32,482 areas across England.
- Child Well Being Index (2009) shows 10 Super Output Areas (SOAs) that are overall ranked below the 50th percentile nationally and West Berkshire as 34 out of 354 ranked authorities.

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- 3.2 Using the Income Deprivation Affecting Children Index Combined Score (2007) West Berkshire scored 8.19, compared to 19.3 for Reading and 46.1 for Hackney. West Berkshire District was ranked 4<sup>th</sup> out of 142 authorities in England on this measure according to Centre for Excellence and Outcomes (C4EO) figures.
- 4. Tools to develop a more detailed needs assessment related to deprivation, health inequalities and family and community poverty**
- 4.1 A number of methodologies, tools and activities have been developed to support a needs assessment that enables us to scrutinise our data more closely from both a *place-based* (at different levels from Authority to Lower Layer Super Output Area) and *people-based* perspective. Both are important to build a sufficient picture of the prevalence of deprivation and its causes as well as informing solutions, however processing of and understanding the data through a multi-layered approach can be complex.
- 4.2 The Government Office for the South East at its final meeting of the Regional Child Poverty Network on October 8th will be presenting the Child Poverty Unit's new Needs Assessment Tool. The Child Poverty Unit's basket of indicators for understanding the impact of child poverty provides useful ways of clustering data (see Figure 2 below).
- 4.3 Action with Communities in Rural England's (ACRE) "Evidencing Rural Need Tool" is another tool developed with the Oxford Consultants for Social Inclusion (OCSI) and which has recently been promoted by the Community Council for Berkshire.
- 4.4 The Joint Strategic Needs Assessment as the Committee has identified, provides insight into data on health inequalities.
- 4.5 The Centre for Excellence and Outcomes (C4EO) has an interactive data tool that provides maps and area profiles. We have accessed free support from a Sector Specialist from C4EO to support our child poverty needs assessment activity. The first draft is being presented at the next West Berkshire Steering Group meeting on 6<sup>th</sup> October.

Figure 2: Child Poverty Unit Basket of Indicators



**5. Recommendations**

- 5.1 It is RECOMMENDED that Members receive the briefing and consider the scope of future scrutiny activity on this topic.

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## Appendices

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None

## Consultees

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A rolling series of engagement activities is in progress.

Workshop at the annual Local Strategic Partnership conference

A Stakeholder Consultation event was held in July to which approx 30 people attended from a range of partner agencies

Parent consultation to inform a Parent Participation Framework has included a focus on deprivation, including through the approaches used (e.g. walkabouts with Community Wardens).

Consultation with West Berkshire's Youth Cabinet and joining up with Children and Young People Plan consultation activity.

|                                    |  |
|------------------------------------|--|
| <b>Title of Report:</b>            | <b>Care for the Future: A developing vision of healthcare for Berkshire and Buckinghamshire.</b> |
| <b>Report to be considered by:</b> | Healthier Select Committee   |
| <b>Date of Meeting:</b>            | 12 October 2010  |
| <b>Forward Plan Ref:</b>           |  |

**Purpose of Report:**      To receive a briefing from Beverley Searle (Director of Partnerships and Joint Commissioning – NHS Berkshire West) on the future impact of the Care for the Future proposals in West Berkshire.

**Recommended Action:**      To consider the briefing and consider what future action is required.

**Reason for decision to be taken:**      To consider what impact the service reconfigurations will have on West Berkshire residents.

**Other options considered:**

**Key background documentation:**

| Portfolio Member Details         |  |
|----------------------------------|--|
| <b>Name &amp; Telephone No.:</b> | Councillor Joe Mooney – Tel: 0118 941 2649 |
| <b>E-mail Address:</b>           | jmooney@westberks.gov.uk                   |

| Contact Officer Details |   |
|-------------------------|---|
| <b>Name:</b>            | Beverley Searle   |
| <b>Job Title:</b>       | Director of Partnerships and Joint Commissioning – NHS Berkshire West |
| <b>Tel. No.:</b>        | 0118 9822 840   |
| <b>E-mail Address:</b>  | Bev.searle@berkshire.nhs.uk   |

## Executive Summary

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### 1. Introduction

- 1.1 Over the past year, NHS organisations in Buckinghamshire and Berkshire have been working together to develop a shared vision of how high quality healthcare can be provided to our population in future. I enclose a report we have published recently which sets out our vision and invites you to respond. The closing date for views and comments is 31 October and you will find details of how you can respond on the back of the document.

### 2. Proposals

- 2.1 A growing and ageing population, increasing demand for health services, and the opportunities of new medical advances mean that the NHS throughout the country has to think differently if it is to continue improving services and meeting the needs of local people within the funding available. In Buckinghamshire and Berkshire, we believe that we can create modern and high quality health services closer to patients' homes, meaning that fewer people will need to spend time in hospital. As part of the project, hospitals in the two counties are also working together to ensure that local people have fair access to high quality hospital treatment when they need it.
- 2.2 The emerging plans, which have been developed with input from clinicians including GPs and hospital consultants, focus on ensuring that everyone in Berkshire and Buckinghamshire gets the very best care no matter where they live or which services they use.
- 2.3 Copies of the attached vision document are being distributed widely across the NHS Berkshire West patch to all key stakeholders and local groups. The PCT held a very successful Health Network event in Newbury on 15<sup>th</sup> September where Care for the Future was discussed. Further events are planned for the coming months.

### 3. Recommendations

- 3.1 To consider the briefing and consider what future action is required.

## Appendices

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Appendix A – Care for the Future: A developing vision of healthcare for Berkshire and Buckinghamshire.



# CARE FOR THE FUTURE

A developing vision of future healthcare for Berkshire and Buckinghamshire



*Nëse ky dokument ju duhet i përkthyer, ju lutemi shkoni tek faqja e mbrapa  
Se necessitar deste documento traduzido, por favor consulte a última página.*

如果你需要本文件获得翻译，请转看背页

*Hadii aad rabto in lagu soo turjubaano dokumantigan, fadlan fiiri bogga  
xaga dambe*

*Dacă aveți nevoie de o traducere a acestui document, vă rugăm citiți  
ultima pagină*

که تاسو د دغه سند ژباړې ته اړتیا لرئ، مهرباني وکړئ وروستی پاڼې ته ولاړ شئ

यदि तपाईंलाई यो कागजातको अनुवाद चाहिँमा, कृपया पछाडको पृष्ठ हेर्नुहोला

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*Jeśli potrzebujecie Państwo tłumaczenia tego dokumentu, prosimy przejść  
na ostatnią stronę.*

جے تہاڻوں ایس دستاویزدا ترجمہ کروان دی لوڑیگی اے تے، مہربانی کردیاں بویاں پچھلے صفحے تے  
جاوؤ۔



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## ACUTE TRUSTS IN THAMES VALLEY

- ▲ Acute trust
- Community hospital
- PCT boundary
- Motorway
- Primary road





# INTRODUCTION



This document sets out how we plan to improve the NHS for the 1.4 million people living in Berkshire and Buckinghamshire.

These plans are being developed by GPs, consultants, nurses, midwives and other healthcare professionals, patients and the public and our partners in local authorities and social services.

The NHS in Berkshire and Buckinghamshire is bringing people together to shape these plans, understand what matters most to people and agree what works best so that, together, we can make the best decisions about how and where care is provided in the future.

Each NHS organisation in Berkshire and Buckinghamshire already has its own plans for continuing to improve services, addressing local issues, and rising to the challenges that the NHS faces. Some of these plans are at the early stages; others are already being discussed with local people, staff and partners.

For example, in Buckinghamshire, we are already looking at how best to provide urgent care through our IMPACT project and through

this have already set up a GP lead health centre in Wycombe Hospital, and extended our GP out of hours service. In Berkshire East, following on from the *Right Care, Right Place* consultation, the PCT set up an urgent care centre in Maidenhead, a walk-in centre in Slough and is developing an urgent care centre at Wexham Park hospital, due to open later this year, to improve access to health services. And in Berkshire West, projects have been developed to shift care out of the acute sector and to manage proactively long term conditions to avoid unnecessary emergency admissions.

However, by working together with a shared vision through Care for the Future, we will be able to ensure that all our plans bring the greatest improvements and benefits for local people and patients. We will be able to find shared ways to meet rising demands, reduce variations between services and get the greatest benefit from new medical advances.



# SUMMARY



Local health professionals and NHS organisations have joined forces to improve the NHS for the 1.4 million people living in Berkshire and Buckinghamshire.

## WHY CHANGE?

The NHS is busier than ever before, treating more patients more quickly and to higher standards. Much has been done to develop high quality, community-based services so patients receive care closer to home.

As a health system we are used to making the best use of our resources but in the future we need to ensure we make even better use of what is available to us.

The NHS needs to adapt to meet the way society and technology are changing. Keeping things the same as they are now is not an option:

- Advances in medicine mean that many tests, treatments and procedures could be delivered more conveniently for patients outside of hospital
- People have told us they would like to receive even more care and have a wider range of services available closer to home
- The population is growing and people are living longer. Age-related long-term illnesses such as diabetes and high blood pressure are increasing the demand for healthcare services
- Unhealthy lifestyles, high levels of obesity, excess alcohol consumption and smoking all put the health service under even greater pressure
- The demand for services is steadily increasing at a time when funding is affected by the economic downturn.





## **WORKING TOGETHER TO DEVELOP A VISION OF HEALTHCARE FOR THE FUTURE**

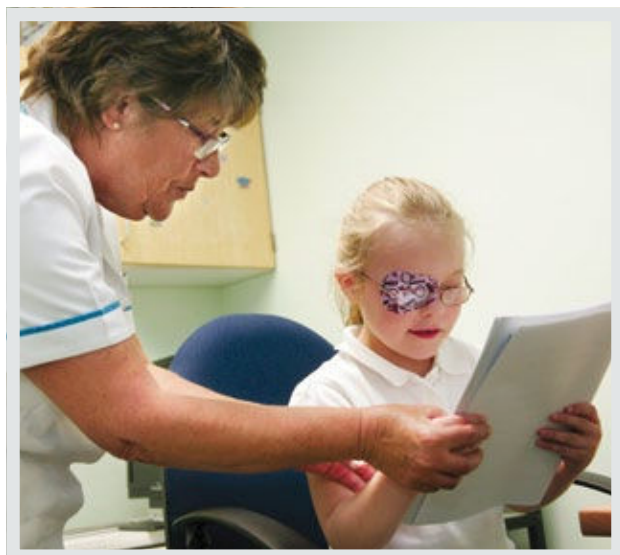
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By working together with a shared vision through Care for the Future, we will be able to bring the greatest improvements and benefits for local people and patients. In particular, we can both improve services and significantly reduce costs by working together to make sure we get the right 'pathways' of care in place across and between our services for individual patients.

Together we have four clear aims:

- To develop a shared vision of the best possible healthcare for the local population
- To improve people's quality of life and life expectancy, within the resources available to us
- To focus on preventing ill health as well as providing treatment
- To manage our financial resources more effectively so that we can reinvest in further improvements for patients.

As we work on this over the coming months we want you to help us shape our ideas and plans. No decisions have been made yet.



We want to hear the views of as many people as possible to understand what matters most to you so that together we can make the best decisions about how and where care is provided in the future.

## **THE BENEFITS FOR PATIENTS**

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Patients will see real benefits. Everyone can be confident that they are enjoying the best health and receiving the highest standards of care, no matter where they live or which services they chose to use. Care will be provided in much more convenient ways and there will be better co-ordination between different services.

## **NEXT STEPS**

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This report contains our preliminary thoughts and ideas. These have been developed by medical directors, GPs, consultants, nurses and midwives, patient and public representatives and other health professionals such as pharmacists, dieticians and physiotherapists from across our seven organisations. Before we develop these further we want to share them with you and invite your feedback.

In the coming months we will be developing our proposals in greater detail and holding public discussions in Berkshire and Buckinghamshire.

## **YOUR FEEDBACK**

---

Until then, if you wish to comment on our ideas and emerging vision, we would very much like to hear from you. You can contact us at:

Care for the Future,  
57 - 59 Bath Road  
Reading  
Berkshire RG30 2BA

Telephone: 0118 982 2789  
Email: [careforthefuture@nhs.net](mailto:careforthefuture@nhs.net)



# OUR CHANGING NHS

The NHS has made significant improvements in recent years. Patients who used to wait over a year for treatment are now seen within a few weeks. Patients are able to have a greater say over when and where they are cared for. It is easier to see a GP at more convenient times. And our hospitals are cleaner and offer patients greater privacy than before.

But the world doesn't stand still, and neither can the NHS. We know we need to do even better. Across our local area there are some excellent services. But we want everyone to enjoy the very best health and have access to the highest quality services regardless of where they live or the care they need.

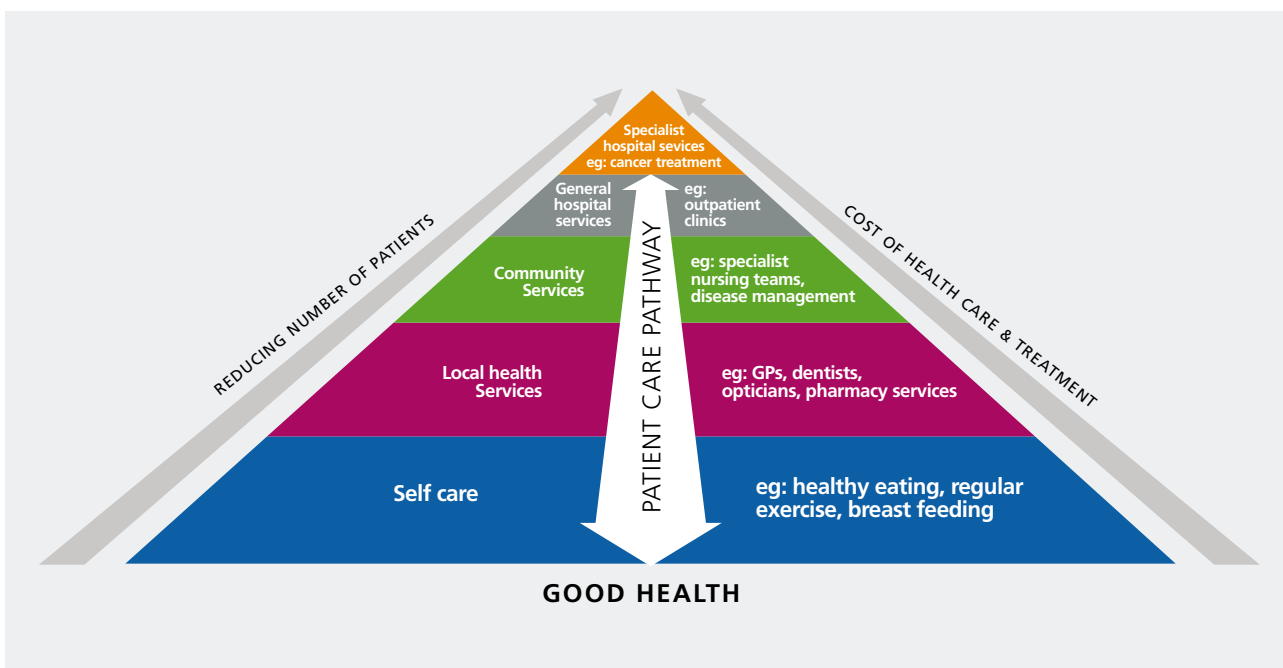
## GETTING THE RIGHT CARE

Traditionally, people often think of healthcare as hospital services. Yet only a small proportion of what the NHS does every day takes place in hospitals. The vast majority of people's contact with the NHS is with their GP, practice nurse or community service.

The diagram below shows that most people can maintain their health through self care, with occasional advice and support from their GP, nurse, pharmacist, dentist or optician.

However, some people require more continuous medical help. For example, a patient who needs to control their diabetes with the support of their GP or specialist nurse.

And then there are a relatively smaller proportion of patients who need greater health and social care support. This might include regular hospital admissions or continuing care services such as patients on dialysis or with more serious heart disease.





## MORE SERVICES IN THE COMMUNITY

In recent years, the way people receive their healthcare has increasingly been through services provided at GP practices and within the local community. Tests, scans and simple procedures that used to require a hospital visit or overnight stay can now be done more safely, conveniently and cost-effectively at GP surgeries, in clinics in the community, or in a patient's own home.

In the future we will see further development of more convenient and effective local services. To do this we will need more clinical staff caring for people in their own homes.



## MORE SPECIALIST HOSPITAL SERVICES

As more of what used to happen in hospitals takes place in the community and in people's homes, hospital services, and the healthcare professionals providing them, are becoming more specialised. Advances in medicine and medical technology mean that new and innovative treatments are available. But all the evidence shows that patients get better results if they are treated by staff with specialist knowledge in specialist facilities. This means that in the future there will be a greater concentration of specialist care in fewer sites.

## USING RESOURCES MORE WISELY

The way health services have been organised and delivered in the past isn't always appropriate now, and there are ways we can become more efficient.

For example, we know patients sometimes spend too long in hospital because the discharge system is not as efficient as it could be. We also know that people do not always use the right health services in the right way – around a third of people using our local A&E departments could have been treated elsewhere and, nationally, a fifth of people seeing a GP could have treated themselves. And we could free up clinical staff to spend more time with patients by giving them new technology to help with administration.





# THE CHALLENGES



We want to continue improving the NHS for patients across Berkshire and Buckinghamshire. But we have to do that in the context of increasing demand for services, the changing needs of our local people, and the constraints on the resources and finances available to us.

## A GROWING AND AGEING POPULATION

The populations of Berkshire and Buckinghamshire are growing. People in our area tend to be healthier and so live longer than average when compared with the rest of the country. This is good news, but it does mean that as we get older we start to suffer from more long-term conditions, such as dementia and heart disease. Local health services will need to grow and adapt to these changing needs.

## UNHEALTHY LIFESTYLES

Obesity, smoking and alcohol consumption are major public health issues. It is estimated that 60% of the UK population could be obese by 2050. Although our population is generally a healthy one, among some groups of people, these issues are major causes of concern. Unhealthy lifestyles lead to an increase in long-term illnesses such as diabetes, heart disease and high blood pressure.





## KEEPING UP WITH MEDICAL ADVANCES

New drugs and treatments mean we can provide better patient care but sometimes at a much higher cost to the NHS. There are finite resources available within the health system and not all the drugs and treatments work for everybody, so we have to make careful decisions about how to get the best value for money to achieve the best possible outcomes for all our patients.

## VARIATIONS BETWEEN SERVICES

The NHS performs well overall in Berkshire and Buckinghamshire and there are many excellent services. However, there are variations in the quality, ease and speed of access, and the patient outcomes between some services. Our local people should expect to enjoy the very best health and highest quality services regardless of where they live or the care they need.

## DOING MORE WITHIN FUNDING CONSTRAINTS

Public services are receiving less funding as we try to reduce the national debt. Although the national NHS budget is being 'ring-fenced'

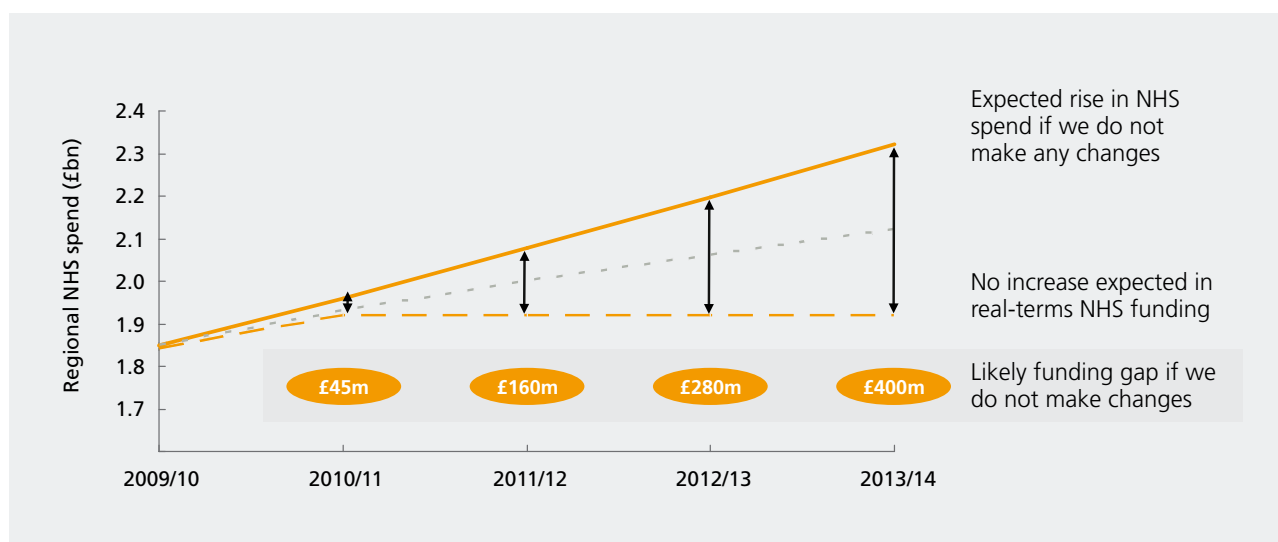
to protect it, it will not grow as it has in the past. Meanwhile, the cost of health services will continue to rise and the demands placed on services will also increase as our population grows and ages.

Therefore, our planning assumption is that we do not expect any increases in NHS funding in Berkshire and Buckinghamshire in the coming years. We've estimated that, unless we take action now, the health system in Berkshire and Buckinghamshire could face a financial shortfall of up to £400 million by 2013/14.

Addressing this financial shortfall will be a challenge, but we have identified ways in which we can do it.

Reducing management costs, the renegotiation of contracts, and changes in the national NHS payment system which will encourage all providers to be more efficient, should save over £250m annually.

And, by comparing how we deliver our services for different conditions and types of care against best practice, we believe we can achieve further savings of over £200m every year by providing the right services, in the right way, in the right place and at the right time.





# WORKING TOGETHER TO IMPROVE SERVICES

Each NHS organisation in Berkshire and Buckinghamshire already has its own plans for continuing to improve services, addressing local issues, and rising to the challenges that the NHS faces. Some of these plans are at the early stages; others are already being discussed with local people, staff and stakeholders.

But by working together with a shared vision through Care for the Future, we will be able to ensure that all our plans bring the greatest improvements and benefits for local people and patients. We will be able to find shared ways to meet rising demands, reduce variations between services, and get the greatest benefit from new medical advances.

In particular, we can both improve services for patients and significantly reduce costs by working together to make sure we get the right 'pathways' of care in place across and between our services for individual patients. This will deliver some of the most significant improvements for patients and enable us to address the financial shortfall that we will face if we don't take action now.

Working together also means we can ensure that:

- Changes made in one area do not have a negative impact on another area
- We can share our learning and opportunities to make improvements
- We share our resources, using them more efficiently.

## WHO IS INVOLVED?

Care for the Future involves GPs and the primary care trusts, acute hospitals and providers of community health services in Berkshire and Buckinghamshire

We are being supported by NHS South Central Strategic Health Authority and working closely with South Central Ambulance Service NHS Trust.

## OUR AIMS

Together we have four clear aims:

- To develop a shared vision of the best possible healthcare for the local population
- To improve people's quality of life and life expectancy, within the resources available to us
- To focus on preventing ill health as well as providing treatment
- To manage our financial resources more effectively so that we can reinvest in further improvements for patients.



# DEVELOPING A VISION OF FUTURE HEALTHCARE

We are proud of the improvements the NHS has made in recent years, but we know that patients expect more and we want to do better.

We want to build on the improvements we have already made to create an NHS in Berkshire and Buckinghamshire that provides all patients with access to the right care, in the right place and at the time it is needed. We want to:

- Put patients at the heart of all we do, giving them more choice and control
- Ensure that all services are focused on delivering the very best outcomes for patients
- Continue developing more convenient community-based services so that hospital staff can concentrate on providing high quality, safe, expert, specialist care
- Ensure we use our resources as efficiently as possible so that we can reinvest more in further improving services.

To do this we are developing a vision for the future of healthcare in Berkshire and Buckinghamshire. We are working with doctors, nurses and others who provide care, patients, carers, the public and our partners to agree how we want care to be provided in the future.

## OUR PRINCIPLES

Our work to develop our vision is based on a shared set of underlying principles. We will:

- Seek to reduce inequalities in health and improve patient outcomes
- Promote and support self care and good health wherever possible
- Actively support vulnerable patients and individuals at risk of becoming ill
- Work with patients, carers, GPs and staff in the redesign of services
- Treat patients in their local community where practical and effective
- Recognise that while some core services should be provided from every hospital, some specialist services are best provided from fewer sites to enable the best possible care and safe treatment
- Ensure that appropriate quality and standards of care are maintained and continually improved
- Support the personalisation of care and enable patients to exercise greater choice
- Use clinical best practice and evidence as a benchmark in making decisions about plans for future healthcare.

## HOW WE ARE DEVELOPING OUR VISION

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Any changes need to be directed by the doctors, nurses and others who provide our healthcare services and fully involve patients, carers and the public.

In the first phase of this work we set up four Care for the Future working groups. These were led by medical directors and included GPs, consultants, nurses and midwives, social care staff and managers, patient and public representatives and other health professionals such as pharmacists, dieticians and physiotherapists from across our seven organisations.

Each group was given the task of looking at a particular type of care:

- **Planned care:** care that is pre-arranged such as scheduled hospital operations or outpatient appointments
- **Urgent care:** emergency services, including people going to A&E or being admitted to hospital in an emergency
- **Long-term conditions:** chronic illnesses such as diabetes, heart disease or asthma
- **Paediatrics:** children's services, including maternity and neonatal services.

This phase of work also included research and careful analysis of best practice in healthcare in this country and abroad. By doing this we could identify areas where we could make improvements and ensure that any ideas could be tested against what has already worked well elsewhere.

These groups went through a number of steps to help them clarify and challenge their thinking about health and health services – from health prevention to treatment (both out of and in hospital) through to rehabilitation. They were asked to focus on opportunities to improve the quality of primary, community and acute (hospital) care and to take account of the following:

- Current and future healthcare needs of the local population
- UK and international healthcare best practice
- Increasing focus on prevention as well as treatment
- Future restrictions on funding.

The groups came up with a number of preliminary findings which are the first step to developing clearer proposals for improving the quality of patient care, increasing the services provided to patients in the community and making the most efficient use of our valuable resources. These findings are outlined in the next section.

## NEXT STEPS IN DEVELOPING OUR VISION

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These working group ideas are at a very early stage. More discussion is needed to assess whether they will work in practice and, if so, how we will implement them. This will be led by the doctors and nurses who are providing the services now, and who will be providing them in the future.

In the coming months we will be discussing this report in detail with our own employees, with doctors, nurses and GPs and with other NHS organisations. We will also be asking local councils, patients groups and the public for their early views on these findings.

When we have developed more detailed plans, we will begin consultations with the public so that everyone has an opportunity to see what we are proposing and have their say.

Our aim is to start implementing agreed changes by 2011 so that the people of Berkshire and Buckinghamshire will be able to enjoy high-quality, modern and reliable health services in the future.

In the meantime, we'd like to hear your views and comments. You can get in touch with us at the contact details in the Summary of this document on page 5.



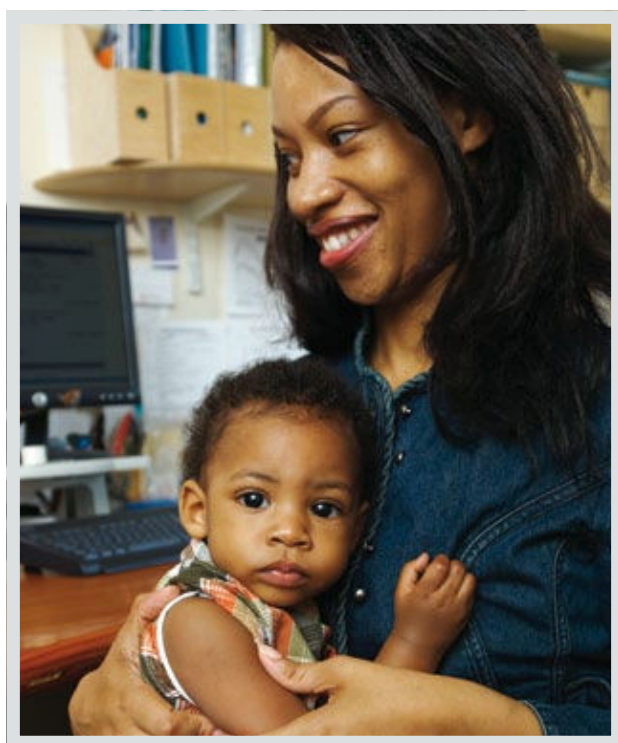
# EMERGING FINDINGS

## HEALTHCARE OUT OF HOSPITAL AND CLOSER TO PEOPLE'S HOMES

In recent years, a number of new initiatives have been developed at GP level and within the community, including certain services that would have been located in a hospital. For example:

- Supporting and managing the conditions of patients with constant and recurring long term conditions such as asthma and diabetes
- Carrying out diagnostic and investigative procedures and minor surgery
- Developments in providing healthcare for older people in their homes rather than in hospital.

Despite this progress, to support an ageing population and meet long term care needs, we must develop considerably more services outside hospital settings in local communities.



The Care for the Future clinical working groups came up with a number of emerging findings and guiding principles around how patients could be helped to better look after themselves and how more effective services could be provided out of hospital.

These included:

- Strengthening primary care and providing care closer to patients' homes, for example by giving GPs access to a range of diagnostic tests directly, before referring patients to hospital specialists
- Multidisciplinary teams with a range of skills to support and help GPs who have patients with long term conditions, so GPs are more able to treat those patients with more complex needs
- Encouraging patients to take more responsibility for managing their own care, for example by giving patients information on their condition and access to support networks and making better use of technology to help patients manage their conditions themselves
- Providing outpatient appointments, diagnostics and treatment locally and performing minor operations outside hospitals
- Developing community nursing teams with 12 hours a day seven days a week access to support children with long term conditions
- More local intermediate care services within the community to bring care closer to those discharged from hospital but still needing support before they are able to live independently at home
- Health advice, support and information easily available to all via a single point of access which could also book appointments.



## DEVELOPING KEY SERVICES AT LOCAL HOSPITALS

Our vision for helping people manage their conditions more effectively at home, supported by a comprehensive range of community based services, support and help, means we can focus on providing high quality specialist care at our hospitals.

Local hospitals have an important role to play in delivering modern healthcare and will continue to do so. Given the challenges described earlier, we need to look at the best way to deliver hospital services and how they can complement care closer to home. We need to make sure that the right services are provided in the right hospitals so everyone has access to the highest quality care.

The Care for the Future clinical working groups came up with a number of emerging findings and guiding principles around how hospital services could be provided. These included:

- Some conditions requiring highly specialised care are best treated in specialist centres. This means that a few patients in a few specialties will not be treated in local hospitals in the future, and their care will be provided at specialist centres
- We will work with the ambulance service to ensure that patients are taken directly to the hospital that can best deal with their needs, and to ensure that patients are returned to their local hospital after acute care just as soon as it is safe to do so
- Separate pathways are needed to deal with complex cases or an emergency and those that can be treated as day cases without an overnight stay
- The increase in the number of doctors required to provide specialist care around the clock, whilst meeting the Working Time Directive, means that acute hospital services need to be provided on a larger scale at fewer sites
- To make sure specialist clinicians remain well skilled and to ensure high quality care, the range of services offered will vary across different hospitals
- If services are centralised, significant changes to pre-hospital care are required so patients are adequately assessed and transported to appropriate locations
- To enable specialist centres to develop, day surgery should be the norm for most types of treatment, with admission to hospital reserved for specialist or emergency cases
- When patients are admitted, they should be given the date on which they are due to be discharged, to help them and the teams who will be caring for them to plan ahead
- To support this type of healthcare arrangement, networks of specialists will be needed to work across different hospital sites.





# WHAT IT WILL MEAN FOR PATIENTS

Patients will see real benefits. Everyone can be confident that they are enjoying the best health and receiving the highest standards of care, no matter where they live or which services they chose to use. Care will be provided in much more convenient ways and there will be better co-ordination between different services.

## MORE CARE, CLOSER TO HOME

As well as being able to have more tests and simple procedures, like mole removal, at your GP's surgery, some hospital consultants will also be able to see and treat you there if you like, making it easier to access hospital services in your community. District nurses and hospital services will link in better with your GP, meaning you won't have to give the same information over and over again or wait so long for referrals to be made. There will also be more community support available to you in the evenings and at weekends.

## HOSPITAL SERVICES TAILORED AROUND YOU

If you do need to go to hospital for an operation, it is likely that any tests, scans or assessments will have already been carried out at your GP practice or community clinic. Medical advances, such as keyhole surgery, are making operations quicker and safer and mean that patients are back on their feet much sooner. More operations will be carried out as day surgery, whenever doctors think it is safe to do so. This means that you are less likely to need to stay overnight in hospital. Community nurses will visit you at home to provide follow up care, such as changing dressings.

## THE VERY BEST SPECIALIST CARE FOR THOSE WHO NEED IT

Patients with urgent specialist care needs, for example patients suffering from stroke or heart attack, will be seen by doctors and nurses with the highest levels of expertise. These staff will

be concentrated in fewer – but more specialist – centres of expertise. These hospitals can have specialist consultants available around the clock. Evidence shows that these produce better outcomes for patients with specialist needs than smaller hospitals.

## MORE INTEGRATED SERVICES

If you have a complex or long term condition you will be supported by a 'multidisciplinary' team. These are groups of healthcare professionals who work together to provide all the different types of care that someone needs in a joined up way. For example, someone with diabetes could need the support of a specialist nurse, district nurse, dietician, podiatrist and eye specialist. Rather than seeing these people individually, they would work together to support you, ensuring that the advice and services they provide are joined up. There will also be a better join up with social services. If you are admitted to hospital, social services will immediately be involved in making sure everything is set up and ready to give you the support and any equipment you need at home when you are discharged.

## MORE INFORMATION

You will be given more information about your condition and treatment, giving you more control over your care and enabling you to better manage your own health wherever possible. People will have access to more advice and support, including 24 hour helplines to help manage existing conditions and to stay healthy.



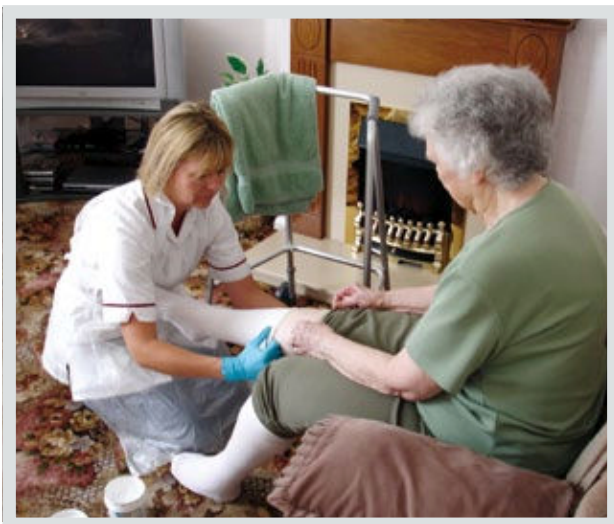
# BUILDING ON THE BEST

There are already many examples of best practice around our region that we can learn from. Often simple ideas greatly improve patient care and save money.

## COMMUNITY MATRONS KEEP PATIENTS OUT OF HOSPITAL

Since April 2009, a team of dedicated community matrons and case managers in NHS Berkshire West has helped over 400 people receive healthcare at home rather than spend time in hospital. They help patients, mainly over-65s, to manage multiple long-term health conditions such as respiratory problems, diabetes, neurological and heart conditions.

Each community matron has a caseload of around 50 patients at one time who have been identified as being at risk from frequent admission to hospital. They work with the patients, GPs, district nurses and other health and social care workers to identify the patient's needs and ensure that they receive the right healthcare, reducing the need for unplanned hospital admissions. If a patient is admitted to hospital, they work with hospital staff so the patient can return home as quickly as possible.



## BETTER SUBSTANCE MISUSE SERVICES IN THE COMMUNITY

A new community-based alcohol and substance misuse service has been running in NHS Berkshire East since January 2010, reducing the number of emergency hospital admissions.

Patients now have a choice of detox services in hospital or the community. Counselling and drop-in clinics are available in the community for patients throughout their treatment journey, reducing the risk of them continuing or returning to alcohol or drugs. Key workers support GPs to better care for patients with alcohol or substance misuse problems from their own surgeries.

## PROMOTING HEALTHY HEARTS

NHS Berkshire East's Healthy Hearts team achieved national recognition after screening more than 700 people for heart problems. Their aim is to reach 20% of people who are most at risk of heart problems but do not have an existing diagnosis.

By catching problems early, people can be offered treatment before their condition worsens, maintaining their quality of their life and reducing the likelihood of an emergency hospital admission. GPs and pharmacists are now being trained to carry out more heart checks, so that even more people can be screened earlier.





### **TELEHEALTH KEEPS PEOPLE INDEPENDENT IN BUCKINGHAMSHIRE**

Sixty Buckinghamshire patients with conditions such as diabetes, chronic lung disease and coronary heart disease are benefitting from a Telehealth system.

The system takes their pulse, oxygen levels, blood pressure and weight measurements at regular intervals and sends them to a local community matron or specialist nurse to monitor remotely. Previously they would have to make frequent hospital trips to have their condition managed.

Margaret Robson from Aylesbury, who lives with Coronary Obstructive Pulmonary Disorder (COPD), said: "The monitor is very reassuring and I wouldn't be without it now. Knowing there is somebody on hand all the time has put me completely at rest."

Community matron, Chris Finegan, added: "Telehealth enables us to intervene earlier when a COPD patient's symptoms worsen, and earlier treatment means a better outcome for the patient. It improves their quality of life."

### **MAKING MORE TIME FOR PATIENT CARE ON WARDS**

The Productive Ward programme has been introduced across community hospitals in NHS Berkshire West to help staff spend more time on direct patient care. Staff have been able to analyse how time is used on and around the wards. For example, simply storing items in the best place can save hours of nursing time otherwise spent on fetching and returning them. In addition to helping nurses and therapists spend more time on patient care, it also improves safety and efficiency, boosting the aims of delivering safe, high quality care to patients.

## SAFE, HEALTHY STARTS FOR CHILDREN AND YOUNG PEOPLE

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The Family Nurse Partnership in Slough provides young, first-time mothers with additional visits and support before and after the birth of their child. Studies have shown that this project will improve overall health outcomes for children and reduce obesity as they grow up.

The Little Acorn Children's Centre at St Mark's Hospital was highlighted as an example of good practice for successful joint working between health, social care and education. Speech and language therapy and breastfeeding support were identified as strengths.

## OXYGEN THERAPY AT HOME

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Patients with lung problems in NHS Buckinghamshire are increasingly having oxygen therapy at home rather than in hospital with the aim of improving their quality of life, giving them greater choice and control over the management of their condition and reducing hospital admissions.

Betty Wigg from Aylesbury said: "Whenever I suffer from shortage of breath, I go onto the oxygen machine based in my home. I prefer care at home. I can get on with my day-to-day life, and I have the freedom to do what I want. There's no need to go into hospital."

Lesley Harridge, Community Matron, said: "As well as receiving oxygen at home, senior clinical staff see patients as often as is necessary. This may be once or twice a month, or every day if they are acutely unwell to ensure that they are making a good recovery."



## NEW WALK-IN CENTRE REDUCING A&E ATTENDANCE

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A new walk-in centre at Upton Hospital in Slough is reducing the number of people who visit A&E unnecessarily. Open 8am–8pm every day, patients can drop in to see a doctor or nurse for fast, effective and convenient help for a wide range of minor illnesses and injuries including infections, cuts and burns. About a quarter of people attending A&E could have been treated more appropriately elsewhere. The walk-in centre is helping to bring that figure down.

## SUPPORTING CARERS TO CARE

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In NHS Berkshire East, voluntary organisations have been commissioned to provide respite care for young carers and people with mental illness or dementia. Recognising the important role that carers play, the aim is to support carers in their caring role and also to support them to have a life of their own. Activities included training, practical help, transport, short breaks or group activities and the carers have welcomed the initiative.



# GLOSSARY

**We have tried to make sure that we have not used any jargon in this document. However, you may come across some words that you are not familiar with, and may hear some of the following used in discussions about the vision and our plans.**

**Acute:**

Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment. It is not necessarily severe and is often of short duration. Acute is also used to describe hospitals where treatment for such conditions is available.

**Benchmarking:**

Benchmarking is the process of comparing business processes and performance with the best in the industry or from other industries to help identify where improvements in quality and cost can be made.

**Clinical best practice:**

The technique, method or process that healthcare experts believe, based on evidence, is the most effective for any particular condition or situation.

**Clinicians:**

A professional directly providing healthcare services.

**Commissioners:**

A team of people responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf from providers. The term is currently most often used to refer to primary care trusts (PCTs).

**Community health services:**

Care provided outside hospital by nurses, midwives, therapists and other professionals.

**Day surgery:**

A surgical procedure that does not involve an overnight stay in hospital.

**Diagnostics:**

Tests and scans, such as X-rays, blood tests and MRI scans and other procedures to help identify the cause or extent of a problem.

**GPs (General Practitioners):**

Doctors who work from a local surgery or health centre providing medical advice and treatment to patients who have registered on their list.

**Health inequalities:**

The gap between the health of different parts of our population because of where they live or their background.

**Life expectancy:**

The average number of years an individual could be expected to live.

**Long-term conditions:**

Long-lasting illnesses such as diabetes, heart disease and asthma.

**Multidisciplinary team:**

A group of health and care professionals who provide different services but work together to provide complementary services for patients.

**Paediatrics:**

The branch of medicine concerned with the treatment of infants and children.

**Pathways:**

The patient pathway is the route followed by a patient through and out of the various NHS and social care services that they need.

**Planned care:**

Care that is pre-arranged, such as scheduled hospital operations or outpatient appointments.

**Practice nurse:**

A nurse working in a GP surgery.

**Primary care trust (PCT):**

Responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf. Often referred to, for example, as NHS Berkshire West.

**Specialist nurse:**

Experts in the diagnosis and treatment of certain types of conditions.

**Stakeholders:**

People, groups or organisations who can affect or be affected by an organisation's actions or have an interest in its work. In the NHS, the term usually applies to the broad range of organisations and partners that work with the NHS and hold it to account, such as local councils, voluntary and community organisations, private providers, patient and carer representative groups, LINKs, MPs, etc.

**Urgent care:**

Care services which people need to use unexpectedly. It includes A&E and 999 services, but can also include emergency appointments with GPs, visits to walk-in centres or minor injuries' units.

**Vulnerable patients:**

Someone who may not be able to take care of themselves because of a mental health problem, a disability, because they are old and frail, or have some form of illness.

**Working Time Directive:**

A law that limits the number of hours someone can work. It has meant changes to the way hospitals are staffed overnight.

Ky dokument është rreth planeve tona për të përmirësuar shërbimet e kujdesit për shëndetin në gjithë Berkshire dhe Buckinghamshire. Ju kërkon mendimet dhe komentet tuaja. Nëse këtë dokument e doni të përkthyer, ju lutemi nga kontakti në mënyrat e dhëna më poshtë.

Este documento refere-se aos nossos planos de melhoria dos serviços de cuidados de saúde em Berkshire e Buckinghamshire. São-lhe pedidos os seus pontos de vista e comentários. Se necessitar deste documento traduzido, por favor contacte-nos (consulte os nossos dados abaixo).

本文件是关于我们改善整个伯克郡 (Berkshire) 和白金汉郡 (Buckinghamshire) 之健康护理服务的计划。它征求了你的看法和建议。如果你需要本文件获得翻译，请按照下列的详细说明与我们联系

Dokumantiganu waxa uu ku saabsan yahay qorshahanaga lagu casriyaynayo adeega daryeelka caafimaadka ee deegaanada Berkshire iyo Buckinghamshire. Waxana lagaa codsanayaa aragtidaada iyo wixii faalo ah. Hadii aad rabto in lagu soo turjubaano dokumantigan, fadlan nagala soo xidhiidh xidhiidhadan hoos ku xusan

Acest document prezintă planurile noastre cu privire la îmbunătățirea serviciilor de sănătate în Berkshire și Buckinghamshire și vă solicită părerile și comentariile dumneavoastră. Dacă aveți nevoie de traducerea acestui document, vă rugăm să ne contactați la datele de contact de mai jos.

دا سند په ټول برکشایر او بکننگهم شایر کې د روغتیايي خدماتو د ښه کولو په اړه زموږ د پلانونو په هکله دی. په سند کې ستاسو د نظرونو او څرگندونو غوښتنه شوی ده. که د دغه سند ژباړې ته اړتیا لرئ، مهرباني وکړئ له موږ سره تماس ونیسئ. د تماس جزئیات لاندې ورکړل شوي دي.

यो कागजात बर्कशरि तथा बकडिघमशरि क्षेत्रमा स्वास्थ्य सेवानाई सुधार गर्ने हाम्रो योजनाको बारेमा हो । यसलाई तपाईंको वचिर र सुझावहरुको आवश्यकता छ । यद तपाईंलाई यो कागजातको अनुवाद चाहिमा, कृपया हामीलाई नमिन ठेगानामा संपर्क गर्नुहोस् ।

تتناول هذه الوثيقة خططنا المتعلقة بتحسين خدمات الرعاية الصحية في بيركشاير Berkshire وباكنتهام شایر Buckinghamshire. وتطلب هذه الوثيقة الحصول على آرائك وملاحظاتك حول هذا الأمر. وفي حال رغبتك بترجمة هذه الوثيقة، فيرجى الإتصال معنا على العنوان التالي:

यह दस्तावेज बर्कशायर तथा बकघिमशायर में स्वास्थ्य सेवाओं को सुधारने की हमारी योजनाओं के बारे में है. इसमें आपके वचिर तथा टपिपणियाँ प्छी जाती हैं. यद आप इस दस्तावेज का अनुवाद चाहते हैं तो कृपया हमसे नमिनाकति वविरण पर संपर्क करें

په دستاويز بارکشایر اور بکنگهم شایر میں صحت کی خدمات کو بہتر بنانے کے لیے ہمارے منصوبے کے بارے میں ہے. اس میں آپ کے نظریات اور خیالات کے بارے میں پوچھا گیا ہے. اگر آپ کو اس دستاويز کا ترجمہ درکار ہو تو برائے مہربانی نیچے دی ہوئی رابطے کے تفصیلات کے ذریعے ہم سے رابطہ کیجئے.

Dokument ten dotyczy naszych planów poprawy usług medycznych na terenie Berkshire i Buckinghamshire. Prosimy w nim o Państwa opinie i komentarze. Jeśli potrzebują Państwo tłumaczenia tego dokumentu, prosimy skontaktować się z nami - dane kontaktowe znajdują się poniżej.

په دستاويز برکشایر ته بکنگهم شایر دے لئی صحت دی دیکه پهل دیان خدمات نو چنگا کرن دے لئی ساتیال منصوبیاں دے بارے وچ بیگی اے. ایه تهلانے وچاراں ته خیالان دے بارے وچ اکهدا اے. جے تهلانوں ایس دستاويز دے ترجمے دی لوژ بیگی اے ته، مهربانی کردیاں هویاں تهلے دتی ہوئی تفصیل ته ساتے نال رابطہ کرو.

This document is available in large print, Braille and on audio tape.  
If you would like this document in another language or format,  
please contact us:

By post: Care for the Future, 57 - 59 Bath Road, Reading, Berkshire RG30 2BA  
By telephone: 0118 982 2789  
By email: [careforthefuture@nhs.net](mailto:careforthefuture@nhs.net)

This document has been produced by the primary care trusts (PCTs), acute hospitals and providers of community health services in Berkshire and Buckinghamshire:

- Berkshire Healthcare NHS Foundation Trust
- Buckinghamshire Hospitals NHS Trust
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- NHS Berkshire East PCT
- NHS Berkshire West PCT
- NHS Buckinghamshire PCT
- Royal Berkshire NHS Foundation Trust

We are being supported by NHS South Central Strategic Health Authority and working closely with South Central Ambulance Service NHS Trust.

September 2010

|                                    |  |               |
|------------------------------------|--|---------------|
| <b>Title of Report:</b>            | <b>Healthier Select Committee<br/>Work Programme</b> | <b>Item 7</b> |
| <b>Report to be considered by:</b> | Healthier Select Committee                           |               |
| <b>Date of Meeting:</b>            | 12 October 2010                                      |               |

**Purpose of Report:** To receive, agree and prioritise the work programme of the Healthier Select Committee for the remainder of the 2010/11 Municipal Year.

**Recommended Action:** To approve the work programme for the coming year.

| <b>Healthier Select Committee Chairman</b> |   |
|--|---|
| <b>Name &amp; Telephone No.:</b>           | Councillor Geoff Findlay – Tel (01635) 871992 |
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## **Supporting Information**

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### **1. Introduction**

- 1.1 The latest version of the work programme is attached at Appendix A for the Select Committee's approval.
- 1.2 Members are asked to prioritise the work they wish to undertake first.

## **Appendices**

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Appendix A – Healthier Select Committee Work Programme

# HEALTHIER SELECT COMMITTEE WORK PROGRAMME

| Reference (a) | Subject/purpose (b)   | Methodology (c)  | Expected outcome (d)   | Review Body (e) | Dates (f)               | Lead Officer(s)/ Service Area (g)  | Portfolio Holder(s) (h)  | Comments (h)   |
|---------------|---|--|--|-----------------|-------------------------|--|--------------------------|--|
| OSMC/09/16    | Local Area Agreement Targets (LAA)<br>Monitoring of progress of Health and Wellbeing LAA targets.   | In meeting review with information supplied by, and questioning of, lead officers. | Monitoring item  | HSC             | Start: 06/07/10<br>End: | Bev Searle -<br>Director of Partnerships & Joint Commissioning - 0118 982 2760<br>NHS Berkshire West       | Councillor Pamela Bale   | Monitoring of LAA activity.  |
| OSMC/09/17    | Capacity of maternity services at the Royal Berkshire Foundation Hospital.<br>Fact finding report to establish the current capacity to meet demand for services.  | In meeting review with information supplied by, and questioning of, lead officers. | Monitoring item  | HSC             | Start: TBC<br>End:      | Chief Executive and Chairman of the Royal Berkshire Hospital.<br>Royal Berkshire Hospital Foundation Trust | Councillor Joe Mooney    | Investigation of the reported pressures on the maternity unit.                                 |
| OSMC/09/12    | Review of the Council's eligibility criteria for social care.<br>To review the existing criteria for accessing social care in light of the findings of the National Care Enquiry.   | In meeting review with information supplied by, and questioning of, lead officers. | Investigate how the national changes will influence access to local social care, and make recommendations. | HSC             | Start: TBC<br>End:      | Jan Evans -<br>2736<br>Community Services  | Councillor Joe Mooney    | Review of how national changes may need to influence local criteria for accessing social care. |
| OSMC/10/86    | Investigation deprivation and child poverty in the ten most deprived wards in the District.<br>To investigate what work is being done to tackle deprivation and how this can be applied to improve the quality of life across the District's most deprived wards. | In meeting review with information supplied by, and questioning of, lead officers. | Investigate ways to improve outcomes, and make recommendations to partner agencies.                        | HSC             | Start: 12/10/10<br>End: | Julia Waldman -<br>Children & Young People   | Councillor Gordon Lundie |  |

# HEALTHIER SELECT COMMITTEE WORK PROGRAMME

| Reference (a) | Subject/purpose (b)  | Methodology (c)  | Expected outcome (d)  | Review Body (e) | Dates (f)               | Lead Officer(s)/ Service Area (g)   | Portfolio Holder(s) (h) | Comments (h) |
|---------------|--|--|---|-----------------|-------------------------|---|-------------------------|--------------|
| OSMC/10/87    | Electronic booking system for consultant appointments at the Royal Berkshire Foundation Hospital<br>To determine ways to rectify problems being experienced by patients using the electronic booking system.   | In meeting review with information supplied by, and questioning of, lead officers. | Investigate ways to improve the current system, and improve patient experience. | HSC             | Start: TBC<br>End:      | Chief Executive and Chairman of the Royal Berkshire Hospital. Royal Berkshire Hospital Foundation Trust | Councillor Joe Mooney   |              |
| OSMC/10/89    | "Care for the Future" - service redesign proposals for urgent care needs, planned procedures, appointments, long-term conditions, end of life care, maternity and paediatrics.<br>To determine the nature of the service redesign proposals and make representation to the NHS Berkshire West. | In meeting review with information supplied by, and questioning of, lead officers. | A review of proposals and formal submission to the NHS Berkshire West.          | HSC             | Start: 12/10/10<br>End: | Bev Searle - Director of Partnerships & Joint Commissioning - 0118 982 2760<br>NHS Berkshire West       | Councillor Joe Mooney   |              |