

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 12 JANUARY 2021 FROM 7.00 PM TO 9.25 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Abdul Loyes (Vice-Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather, Jim Frewin, Barrie Patman and Michael Firmager

Others Present

Nick Durman, Healthwatch Wokingham Borough
Madeleine Shopland, Democratic & Electoral Services Specialist
Nicky Lloyd, Chief Executive, Royal Berkshire NHS Foundation Trust
Andrew Statham, Director of Strategy, Transformation and Partnerships, Royal Berkshire NHS Foundation Trust
John Underwood, Freshwater
Katie Summers, Director of Operations, NHS Berkshire West CCG
Caroline Tack, Head of Planning and Transformation, NHS Berkshire West CCG
Dr Debbie Milligan, NHS Berkshire West CCG
Sally Moore, Communications, Royal Berkshire NHS Foundation Trust

36. APOLOGIES

An apology for absence was received from Jim Stockley.

37. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 18 November 2020 were confirmed as a correct record and will be signed by the Chairman at a future opportunity.

38. DECLARATION OF INTEREST

Councillor Jones declared a Personal Interest in item 41 An update on the redevelopment of Royal Berkshire Hospital, on the grounds that he was a member of the Royal Berkshire Hospital NHS Trust Board of Governors, and a family member worked at the hospital.

Councillor Frewin declared a Personal Interest in item 41 An update on the redevelopment of Royal Berkshire Hospital, on the grounds that a family member worked at the hospital and also as he was a First Responder.

39. PUBLIC QUESTION TIME

There were no public questions.

40. MEMBER QUESTION TIME

There were no Member questions.

41. AN UPDATE ON THE REDEVELOPMENT OF THE ROYAL BERKSHIRE HOSPITAL

Nicky Lloyd, Chief Executive, Royal Berkshire NHS Foundation Trust, Andrew Statham, Director of Strategy, Transformation and Partnerships, Royal Berkshire NHS Foundation Trust and John Underwood, Freshwater, provided an update on the redevelopment of the Royal Berkshire Hospital.

During the discussion of this item, the following points were made:

- Nicky Lloyd informed the Committee that the hospital was experiencing a lot of activity through Covid. She thanked South Central Ambulance, the Community team, GPs, care homes and the voluntary sector, amongst others, for their support at this difficult time. The hospital was in a state of escalation and whilst staff were taking a calm, orderly approach, the situation was being kept under review.
- Whatever built environment was planned for needed to be adaptable and flexible.
- Members were advised that the Strategic Outline Case had been submitted to the regional team on 21 December. There was a number of next steps that the Trust had to work through, including keeping stakeholders informed of the process.
- Members were reminded that the Trust was one of 21 Trusts that has received seed funding to develop ideas for new hospital facilities.
- All redevelopment opportunities were currently being considered.
- Possible scenarios included:
 1. 'Do nothing' – addressing only the most high-risk backlog maintenance.
 2. Do minimum – addressing more backlog maintenance
 3. New Emergency Care Block – expanded A&E, new ICU and theatres.
 4. New Emergency Care Block plus new Elective Care Block and a new women's and children's facility – grow clinical services, better address developing local needs.
 5. Substantially new hospital on current site – supports growing demand, greater integration of health and care services, medical school and research centre.
 6. Completely new hospital on a greenfield site – could address all local needs and provide the blank canvass for a zero carbon health facility.
- Options 1 and 2 were more for benchmarking purposes.
- Pros and cons of the options that were being considered included:
 - Adjacencies – those services that needed to be situated near each were co-located.
 - Environment – developing a green and low carbon environment.
 - Economy – supporting the local economy and creating jobs.
 - Compliance – considering which option ensured greatest compliance with modern safety guidelines.
 - Cost – developing the most cost-effective scenario.
 - Convenience – considering which scenario could be easily and conveniently delivered.
- The Committee was encouraged to visit the Building Berkshire Together microsite.
- In response to a Member question as to whether a combination of options had been considered, Andrew Statham indicated that some split site options had been looked at. There was a strong clinical view that there needed to be the retention of as much mass as possible because of the interdependencies of services. This did not preclude the potential replication of successful parts of other sites such as at West Berkshire and Henley, particularly in a new site.
- Patient and staff views and accessibility were important considerations that would be taken into account.
- Members noted the increase in the offering of outpatient appointments since the pandemic. The pandemic had highlighted a need for flexibility in service design.
- In response to a question regarding the plans for the oldest part of the hospital, Nicky Lloyd commented that the North Block was ageing. It would not be possible to bring that section up to the required standard due to its layout and the fact that parts were Grade 1 protected. Consideration was being given to how the estate and its history could be retained. She referred to an area that was being considered for non-patient facing services.

- Some Members questioned, if a new site were the selected option, whether a brownfield site, as opposed to a greenfield site, could be used.
- The Trust was linked in with the Thames Valley Chamber of Commerce and any redevelopment would help boost the local economy, by creating jobs. The importance of retail within the hospital sites and the work of the Friends of the Hospital was highlighted.
- It was important that the built environment served staff and patients in the best way possible.
- Andrew Statham stated that the Trust would need to look at sites that had good access for staff, patients, and emergency vehicles.
- The Trust was mindful of its impact on the climate and this would form an important part of its plans.
- A Member asked about whether changes would be made to parking on site and referred to a hospital on the South coast where staff parked primarily in a Park and Ride facility. Nicky Lloyd indicated that a lot of work had been undertaken to steer the Trust's Travel and Transport Policy. This included access for deliveries and secure access for Emergency vehicles and accessibility for staff, patients, and contractors, to different areas of the site. Currently at the Reading site there was not a clear one-way system and there was congestion particularly around the A&E area. A design objective would look at flow and logistics. The Trust had been working closely with the University of Reading and Reading Borough Council on options around additional parking spaces and park and ride. In addition, cycle and shower facilities were being improved to further encourage cycling and walking to work amongst staff. Nicky Lloyd also referred to a subsidy scheme for purchasing cycles. Currently extra bus services were being run, which were commissioned from the local authority, and shuttle buses were run to the Henley site from Reading.
- Increased online outpatient appointments was helping to reduce footfall on to the main site. Andy Statham commented that outpatient services had moved from approximately 5% online to approximately 20%. The Trust was working closely with NHS 111 and the Walk in Centre and the ability to have booked 111 appointments had been helpful.
- Nationally, there had been a 25-35% reduction in A&E attendance during the pandemic.
- In response to a Member question, the Committee was assured that maternity, A&E and other services would be continued safely during any cross over period between the current estate and either a new site or a refurbished site. The funding provided would determine the scale of ambition. Work had been carried out about what services could move to other of the Trust's sites. Audiology and ear, nose and throat had moved largely to the Townlands site, although a presence was still retained on the Reading site.
- Members questioned whether the Trust had a preferred option and were informed that they did not. However, options 4, 5 and 6 were the only ones that would come close to resolving issues. Feedback was awaited from the regulator.
- It was confirmed that a new hospital on a new site was the most expensive of the options.
- A Member questioned whether a hydrotherapy pool would be included in the new design and was informed that the design and functionality was still to be determined and discussions would be had with commissioners as to the volume of services required.
- Anticipated population growth and ageing in the future and likely health care possibilities had been investigated to assist in modelling. The core services

currently served between 500,000 and 600,000 people and specialist services served approximately 1 million people. The local population was growing. However, the bigger factor was that the population was ageing, and that people were now living longer with multiple complex conditions.

- The Trust was open to work with commercial partners.
- Members questioned whether it was better to be located on the existing site or a new site, in order to attract new staff and medical students. Andy Statham emphasised that further work around where current and future staff came from and would come from, would be undertaken. Attracting and retaining quality staff was key to the success of the organisation.
- Nicky Lloyd confirmed that if the option of an alternative site were selected a land sale and disposal of part of the current site would be anticipated.
- Members were reminded that the Trust had received draw down funding with which to de-steam the Reading site and to make it more energy efficient.
- Massing was a key consideration of the process.
- In response to a question regarding potential timescales, Nicky Lloyd emphasised that it was vital to ensure that funding was well spent.
- Nicky Lloyd and Dr Debbie Milligan, NHS Berkshire West CCG, asked the Committee to encourage others to adhere to the guidance of 'Hands, Face, Space' and social distancing. People were encouraged to continue to use the hospital, GPs and NHS 111 either via telephone or online, as appropriate if they had non Covid related health concerns.

RESOLVED: That the update on the redevelopment of the Royal Berkshire Hospital be noted.

42. FUTURE COMMISSIONING OF NHS HYDROTHERAPY SERVICES IN BERKSHIRE WEST

Katie Summers, Director of Operations, NHS Berkshire West CCG, Caroline Tack, Head of Planning and Transformation, NHS Berkshire West CCG and Dr Debbie Milligan, NHS Berkshire West CCG, provided an update on the future commissioning of NHS hydrotherapy services in Berkshire West.

During the discussion of this item the following points were made:

- James Kent, Accountable Officer, NHS Berkshire West CCG, would be writing to the Chairmen of the Berkshire West Health Overview and Scrutiny Committees, to update them on the future commissioning of NHS hydrotherapy services in Berkshire West.
- The hydrotherapy pool at the Royal Berkshire Hospital had been closed on numerous occasions due to maintenance issues. Since the advent of Covid, the pool had been closed.
- The pool was also used by private patients as well as NHS patients.
- In Berkshire West, NHS hydrotherapy services were provided as part of the physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG.
- Berkshire West commissioned circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800, or 1.2% represented hydrotherapy. The service was used by approximately 300 patients per annum at a cost of £240,000 per year.
- It had been agreed in July 2020 by the Berkshire West CCG Governing Body that a 12 week public consultation be undertaken to seek a broad range of stakeholder

views in order to help inform the CCG in determining whether it should continue commissioning hydrotherapy services for NHS funded patients.

- 498 responses had been received. Only 59 of these identified as being an NHS patient who had been prescribed hydrotherapy by a clinician. Members were reminded that only a consultant or physiotherapist could prescribe physiotherapy.
- Available evidence regarding the clinical effectiveness over land-based physiotherapy, was currently limited.
- Based on the clinical effectiveness, value for money and analysis of the consultation, the CCG had agreed to not routinely fund NHS hydrotherapy services apart from on an exceptional basis via an Individual Funding Request (IFR). The Committee was pleased that the service would still be available for those with a particular clinical need.
- The CCG was looking for alternative hydrotherapy pools in Berkshire West to ensure that those patients who had a clinical need for the service, still had access to it.
- In response to a Member question, Katie Summers emphasised that the hydrotherapy service was not being decommissioned.
- A Member questioned how funding for an individual patient could be applied for and if there was a limit to this funding.
- Members questioned the date of the research regarding hydrotherapy and asked if there was more recent research on the benefits, available. Caroline Tack advised that the Chartered Society of Physiotherapists would be working with the CCG to develop the critical criteria for hydrotherapy. They would also advise on suitable alternative pool locations and be undertaking research on the benefits of hydrotherapy. The Aquatic Therapy Association of Chartered Physiotherapists would also help identify alternative pool sites.
- A Member questioned whether consideration would be given to using the hydrotherapy pool at the Royal Berkshire Hospital again should no suitable alternatives be identified, and new research highlighted the benefits of hydrotherapy. Katie Summers indicated that this would be put to the Royal Berkshire Hospital to include within their business case.
- Hydrotherapy for NHS patients was usually for up to 6 weeks, as if a benefit had not been identified by then, it was unlikely that hydrotherapy would prove effective.
- In response to a Member question regarding services during the pandemic, Katie Summers clarified that hydrotherapy was just one type of treatment and patients would continue to be supported virtually or over the phone.
- Members asked whether specific types of pools had to be used for hydrotherapy. Katie Summers commented that hydrotherapy pools were warmer than normal swimming pools. It was also important that they were accessible to all, including those with mobility issues.
- Some Members asked that no changes be made to the hydrotherapy service until alternative locations were identified.
- A Member raised a question regarding medical staff having access to free parking in Council car parks during the pandemic, rescinded. It was agreed that this would be followed up.

RESOLVED: That the update on the future commissioning of NHS hydrotherapy services in Berkshire West, be noted.

43. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Members considered the update from Healthwatch Wokingham Borough, including the response from the CCG in relation to Healthwatch's review of GP surgery websites and

the review report around experiences of perinatal services. The Committee requested that Healthwatch be higher up the agenda at the next meeting.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted.

44. FORWARD PROGRAMME

The Committee considered the forward programme for the remainder of the municipal year.

Members were reminded that the extraordinary meeting previously scheduled for 17 February, was cancelled.

RESOLVED: That the forward programme be noted.