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Taking pride in our communities and town

Date of issue: Friday 17th January, 2014

MEETING	**CABINET** (Councillors Anderson (Chair), P K Mann, Munawar, Pantelic, Parmar, Sharif, Swindlehurst and Walsh)
DATE AND TIME:	MONDAY, 20TH JANUARY, 2014 AT 6.30 PM
VENUE:	MAIN HALL, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER:	NICHOLAS PONTONE
(for all enquiries)	01753 875120

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Item 7 was not available for publication with the rest of the agenda.

PART 1

AGENDA ITEM	REPORT TITLE	PAGE	WARD
7.	References from Overview & Scrutiny	1 - 50	All

sustainable forest

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SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 20 January 2014

CONTACT OFFICER: Sarah Forsyth (Scrutiny Officer)
(For all enquiries) (01753) 875657

WARD(S): All

PORTFOLIO: All

PART I
NON-KEY DECISION

REFERENCES FROM OVERVIEW AND SCRUTINY

1. Purpose of Report

The purpose of this report is to advise Cabinet of recommendations from the Overview and Scrutiny Committee and Health Scrutiny Panel.

2. Recommendations

i) That the Cabinet note the findings of the Overview and Scrutiny Committee's Review of childhood obesity in Slough (Appendix 1), and consider the following recommendations (lettered as in the main report):

a) That the Cabinet agree the prioritising of work currently underway to improve the scope of healthy offers across a range of price levels by local retailers, specifically within the vicinity of local schools.

c) That the council work with all schools to encourage the inclusion of cooking classes and nutritional education in the curriculum for all schools in the borough.

e) That the council, through the Transport Working Party, provide support to the schools for initiatives to improve the use of sustainable travel to and from schools, recognising not only the health benefits, but also the congestion and environmental benefits improved School Transport Plans can have.

f) That the council look at its methods of advertising the local leisure offer, particularly the available open spaces for 'unorganised' sporting activities, and include details of how improvements can/have been made when the Overview and Scrutiny Committee review the initial effectiveness of the new Physical Activity and Sport Strategy 2013-15 in autumn 2014.

g) That the Cabinet commission officers to undertake a piece of work reviewing the balance of the leisure offer in the borough to ensure an appropriate mix for both boys and girls.

h) That a formalised process for information sharing on initiatives to tackle childhood obesity be developed between the CCG, children's centres, health visitors, SBC's Culture and Sport team and schools. This Review

recommends that the CCG leads on this, to ensure their engagement, as they would be able to develop an overall picture of health and refer patients to the most appropriate services or initiatives that are available.

ii) That the Cabinet note the findings of the Health Scrutiny Panel's Accident and Emergency Provision and Wexham Park Hospital Review (Appendix 2).

3. Slough Wellbeing Strategy Priorities

Childhood Obesity

- **Health**

  The Review covered issues looking at enhancing the positive health and wellbeing of families across the borough, increasing physical activity and healthy eating amongst children and their parents, and improving the emotional and physical health of children. The recommendations looks at how the council and its partners can promote and support positive changes in behaviour, encouraging families to eat and drink sensibly, and exercise more by make use of the parks, open spaces and leisure facilities on offer.

- **Regeneration and Environment**

  The Review also looked at improvements in cycling and walking facilities to make the introduction of activity into everyday activities easier.

- **Economy and Skills**

  In considering recommendations around accessibility of fast food for school children, the need to balance this with the council's support for local business start ups and support for local shops was considered.

- **Safer Communities**

  A key element to encouraging greater use of parks and open spaces in the borough is ensuring that residents feel they are a safe place to spend their leisure time.

Accident and Emergency Provision

- **Health**

  The Review covered issues around enhancing positive health and wellbeing for the residents of Slough, promoting positive behaviour change so that the various elements of the healthcare system are used appropriately through better informing patients of the options available such as GPs and pharmacies.

4. Other Implications

(a) Financial

Childhood Obesity - the recommendations relate primarily to the use of staff time, however, as programmes of work develop there may need to be consideration of financial implications should the need arise.

Accident and Emergency – there are no financial recommendations for Cabinet consideration relating to the recommendations set out the report at this time.

(b) Risk Management

Appropriate risks are set out in the reports along with recommendations for mitigating actions.

(c) Human Rights Act and Other Legal Implications

With effect from 1 April 2013 each local authority has a mandatory legal duty under Section 2A of the National Health Service Act 2006 (as inserted by Section 12 of the Health and Social Care Act 2012) to take such steps as it considers appropriate for improving the health of the people in their area.

(d) Equalities Impact Assessment

There has not been an Equalities Impact Assessment undertaken as part of these Reviews, however, a number of issues around accessibility and appropriateness of services has been discussed and set out in the reports.

5. Appendices

1 - Childhood Obesity – Findings of Overview and Scrutiny Committee (July – December 2013)

2 - Accident and Emergency Provision and Wexham Park Hospital – Findings of Health Scrutiny Panel Task and Finish Group (July – December 2013)

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Appendix 1

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Taking pride in our communities and town

Childhood Obesity

Findings of Overview and Scrutiny Committee

July – December 2013

Contents

Foreword

It gives me great pleasure to introduce the findings of the Childhood Obesity Review.

It is hoped that this report will be successful in bringing many of the issues surrounding obesity and choosing healthy lifestyles to the forefront.

The aim of the Review was to identify ways the council and its partners can promote healthy lifestyle choices for young people. The key objectives were to develop appropriate recommendations around the prevention of an over-concentration of fast food outlets around school premises, providing support to schools as they work to maintain their commitment to promote healthy choices, and ensure that policies relating to the provision of safe and accessible play areas were effectively implemented.

During the course of this extensive review we have had the benefit of in depth information and evidence from a number of our key partners and many council officers. I would like to thank all of them for their commitment to this project which has been a shared endeavour and for the quality of the information provided to the committee which has enabled us to produce a comprehensive analysis of the issue as well as produce a set of workable recommendations. On a positive note, the Review has demonstrated very clearly that there is a great deal of good work already happening in our Borough. Prime examples of that are: the effective practical and educational work being done in our Childrens Centres; the creative and imaginative way our schools are responding to the challenge of educating our children on the importance of nutrition and physical exercise in developing a healthy and enjoyable lifestyle and the plethora of recreational and sporting opportunities available in our Town.

In conclusion there is much to commend but also areas of weakness that must be addressed if we are to reverse the trend in rising childhood obesity levels. We hope the recommendations made in this report will provide a cohesive framework for improvement. As stated in the report “doing nothing is not an option”.

Councillor Patricia O’Connor
Chair, Overview and Scrutiny Committee

Recommendations

a) That the Cabinet agree the prioritising of work currently underway to improve the scope of healthy offers across a range of price levels by local retailers, specifically within the vicinity of local schools.

b) That, in the municipal year 2015/16, the Overview and Scrutiny Committee review the childhood obesity levels data from areas that have introduced exclusion zones around schools, to assess evidence of their impact and re-consider the options for such a policy to be introduced in Slough.

c) That the council work with all schools to encourage the inclusion of cooking classes and nutritional education in the curriculum for all schools in the borough.

d) That the Slough Headteachers look to prioritise their School Transport Plans, co-ordinating with each other for maximum effect, and raising the profile of the options available to parents.

e) That the Council, through the Transport Working Party, provide support to the schools for initiatives to improve the use of sustainable travel to and from schools, recognising not only the health benefits, but also the congestion and environmental benefits improved School Transport Plans can have.

f) That the Council look at its methods of advertising the local leisure offer, particularly the available open spaces for 'unorganised' sporting activities, and include details of how improvements can/have been made when the Overview and Scrutiny Committee review the initial effectiveness of the new Physical Activity and Sport Strategy 2013-15 in autumn 2014.

g) That the Cabinet commission officers to undertake a piece of work reviewing the balance of the leisure offer in the borough to ensure an appropriate mix for both boys and girls.

h) That a formalised process for information sharing on initiatives to tackle childhood obesity be developed between the CCG, children's centres, health visitors, SBC's Culture and Sport team and schools. This Review recommends that the CCG leads on this, to ensure their engagement, as they would be able to develop an overall picture of health and refer patients to the most appropriate services or initiatives that are available.

i) That the Overview and Scrutiny Committee receive an update in January 2015 from the CCG on the progress made to implement the areas of work recognised as needing improvement:

- referrals, and the monitoring of progress through the system following a referral;
- the introduction of a system of regular health checks for children up to the age of 16 across all surgeries; and
- the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.

j) That the Overview and Scrutiny Committee write to the Care Quality Commission to request that the new inspection regime for GP practices include assessment of their provision for tackling childhood obesity as it is a contributory factor in so many related serious illnesses.

1 Background

The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges facing the 21st Century. In England, the latest figures (2011/12) show that 19.2% of children in Year 6 (aged 10-11) were classified as obese, and a further 14.7% as overweight. In the younger age groups, 9.5% of children in Reception (aged 4-5) were classified as obese, with 13.1% as overweight. This means that almost a third of 10-11 year olds and over a fifth of 4-5 year olds were classified as being either overweight or obese nationally. Looking at these figures it is easy to see how childhood obesity could be considered one of the biggest challenges facing the NHS in the future, as the associated health risks increase the pressure on already stretched health services.

Obesity is a known factor in a number of serious illnesses, including:

- Type 2 diabetes
- Heart disease
- Certain types of cancer
- Depression
- High blood pressure
- Stroke

In 2007, the cost to the economy (including the NHS) of people being overweight or obese was an estimated £16 billion, and was predicted to rise to £50 million a year by 2050, if the trend continued (Foresight Tackling Obesities: Future Choices).

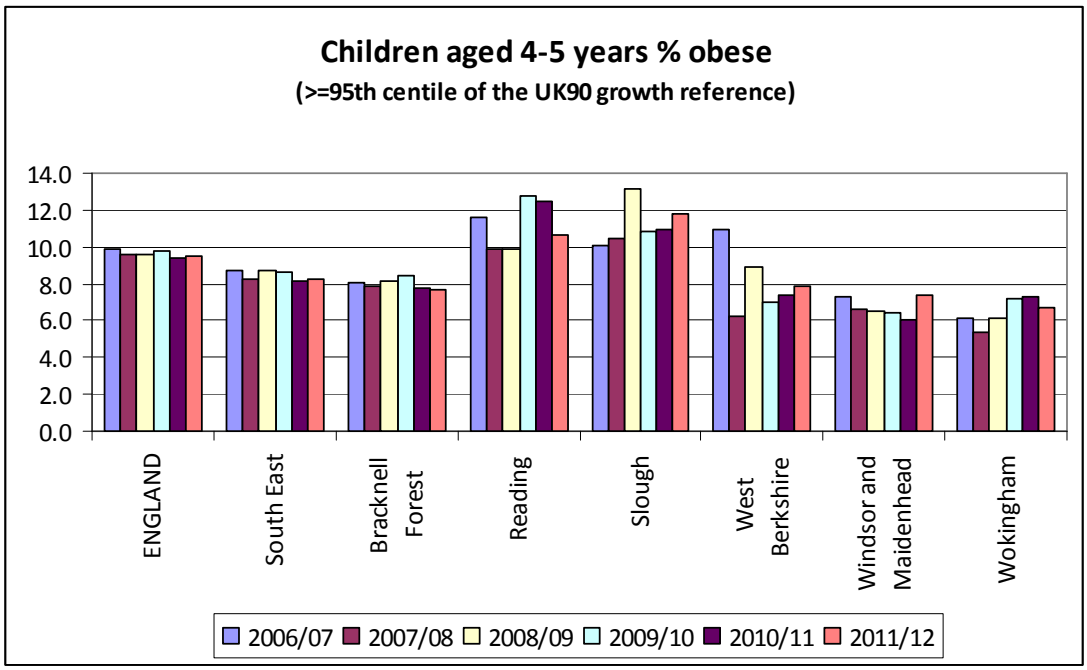
With an increasing concern about the obesity levels in the UK amongst both children and adults, it is important that coordinated efforts are made to tackle the problem at a local level. In recent years the Government has published numerous strategies and guidance on tackling obesity, culminating it Healthy Weight, Healthy Lives: A Cross-Government Strategy for England, published in January 2008.

2 Does Slough have a problem with childhood obesity?

2.1 The comparative figures for Slough against the regional and national averages show that the levels of childhood obesity in Slough are a cause for concern, with only the borough of Reading showing consistently similar levels.

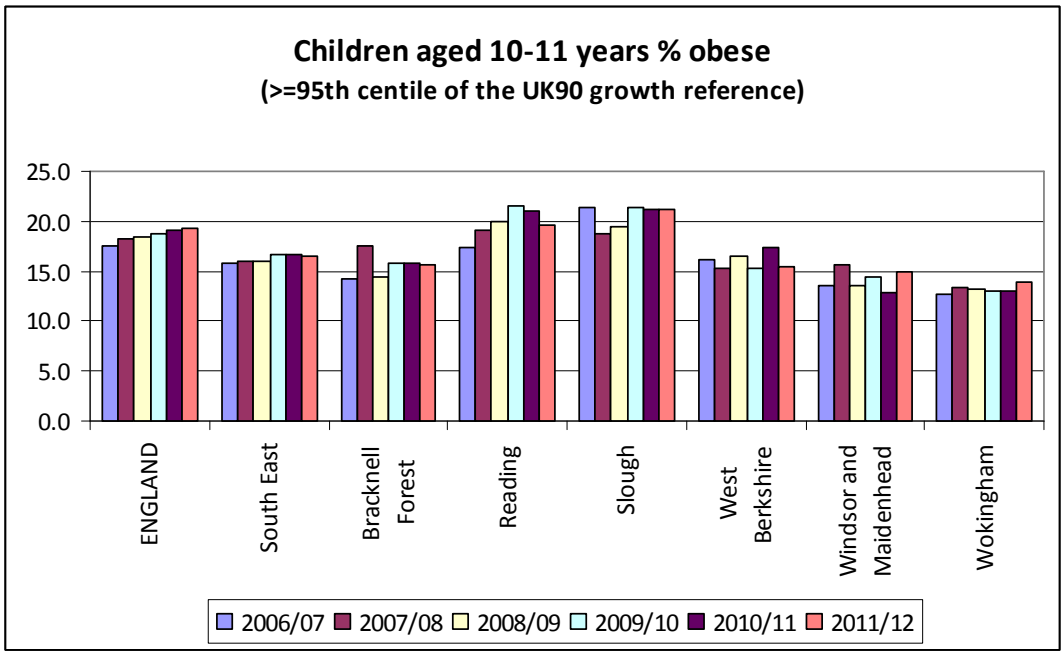
Reception (% classified as obese)

LA	**06/07**	**07/08**	**08/09**	**09/10**	**10/11**	**11/12**	**12/13**
ENGLAND	9.9	9.6	9.6	9.8	9.4	9.5	9.3
South East	8.7	8.3	8.7	8.7	8.2	8.3	7.9
Bracknell Forest	8.0	7.9	8.2	8.4	7.8	7.7	7.7
Reading	11.6	9.9	9.9	12.7	12.5	10.6	9.8
SLOUGH	**10.1**	**10.5**	**13.1**	**10.8**	**11.0**	**11.8**	**12.3**
West Berkshire	10.9	6.2	8.9	7.0	7.4	7.9	7.7
RBWM	7.3	6.6	6.5	6.5	6.0	7.4	5.9
Wokingham	6.1	5.4	6.1	7.2	7.2	6.7	6.0



Year 6 (% classified as obese)

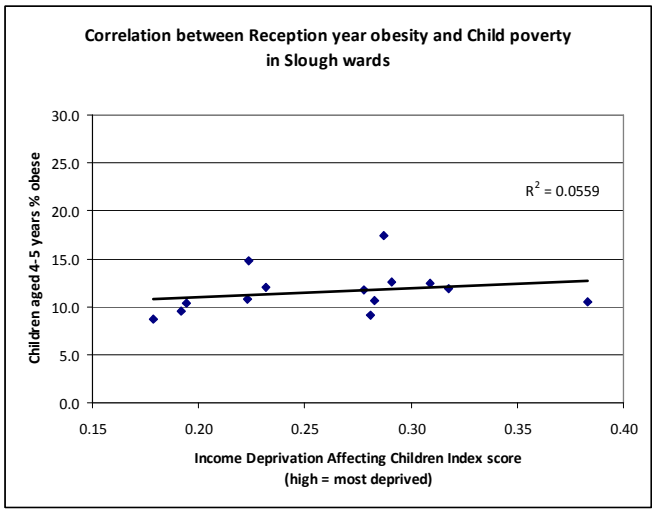
LA	06/07	07/08	08/09	09/10	10/11	11/12	12/13
ENGLAND	17.5	18.3	18.3	18.7	19.0	19.2	18.9
South East	15.9	16.1	16.0	16.6	16.6	16.5	16.0
Bracknell Forest	14.3	17.5	14.5	15.9	15.9	15.7	15.5
Reading	17.3	19.1	19.9	21.6	21.0	19.6	18.8
SLOUGH	**21.3**	**18.8**	**19.4**	**21.4**	**21.2**	**21.3**	**20.9**
West Berkshire	16.2	15.3	16.5	15.2	17.4	15.5	14.3
RBWM	13.6	15.6	13.5	14.4	12.8	14.9	12.3
Wokingham	12.8	13.4	13.1	12.9	12.9	13.9	12.9

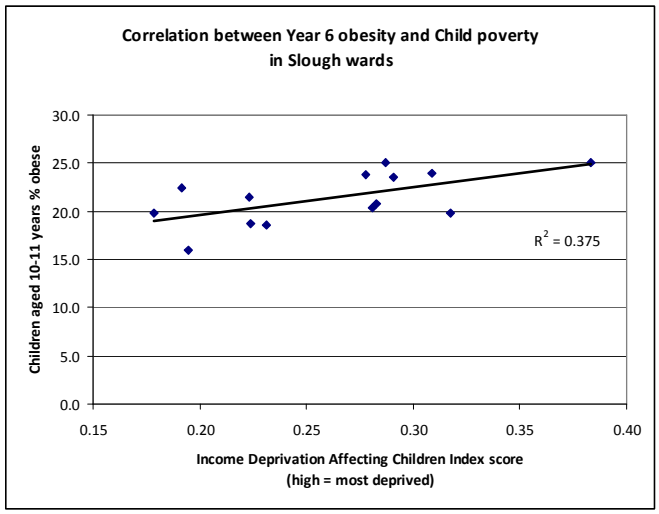


National Child Measurement Programme 2009/10 to 2011/12 – prevalence of obesity by school year and electoral ward of child residence.

	Reception (age 4-5 years)				
	Number measured	Number obese	% obese	95% confidence limits	
				Lower	Upper
Colnbrook with Poyle	172	30	**17.4%**	12.5%	23.8%
Kedermister	271	40	**14.8%**	11.0%	19.5%
Baylis and Stoke	486	61	**12.6%**	9.9%	15.8%
Central	451	56	**12.4%**	9.7%	15.8%
Haymill	324	39	**12.0%**	8.9%	16.0%
Britwell	396	47	**11.9%**	9.0%	15.4%
Wexham Lea	417	49	**11.8%**	9.0%	15.2%
Farnham	351	38	**10.8%**	8.0%	14.5%
Cippenham Meadows	444	47	**10.6%**	8.1%	13.8%
Chalvey	426	45	**10.6%**	8.0%	13.8%
Upton	291	30	**10.3%**	7.3%	14.3%
Langley St Marys	188	18	**9.6%**	6.1%	14.6%
Foxborough	283	26	**9.2%**	6.3%	13.1%
Cippenham Green	335	29	**8.7%**	6.1%	12.2%

	Year 6 (age 10-11)				
	Number measured	Number obese	% obese	95% confidence limits	
				Lower	Upper
Chalvey	296	74	**25.0%**	20.4%	30.2%
Colnbrook with Poyle	148	37	**25.0%**	18.7%	32.5%
Central	346	83	**24.0%**	19.8%	28.8%
Wexham Lea	417	99	**23.7%**	19.9%	28.1%
Baylis and Stoke	428	101	**23.6%**	19.8%	27.8%
Langley St Marys	209	47	**22.5%**	17.4%	28.6%
Farnham	350	75	**21.4%**	17.5%	26.0%
Cippenham Meadows	384	80	**20.8%**	17.1%	25.2%
Foxborough	285	58	**20.4%**	16.1%	25.4%
Cippenham Green	293	58	**19.8%**	15.6%	24.7%
Britwell	354	70	**19.8%**	16.0%	24.2%
Kedermister	309	58	**18.8%**	14.8%	23.5%
Haymill	285	53	**18.6%**	14.5%	23.5%
Upton	213	34	**16.0%**	11.7%	21.5%





2.2 With the National Child Measurement Programme figures 2009/10 to 2011/12 showing the prevalence of obesity by school year based on child residence, there is a mixed result in terms of correlating deprivation levels with obesity, although there appears to be a trend. Although imperfect, this data uses the best available information and conclusions can be made based on the reasonable probability that there is a relationship between the levels of childhood obesity and deprivation.

2.3 There are a number of factors present in the demographics of Slough which, while not direct causes, could make the child population of Slough more susceptible to obesity. It is recognised that ethnicity (specifically from Asian and Black groups) and higher levels of deprivation generally correlate with higher rates of childhood obesity, with both instances making the likelihood of a higher prevalence in Slough possible (NOO, 2012). However, there are other factors that have an influence on levels of obesity (both positive and negative): media, social interaction, psychological, economic, nutrition, activity levels, infrastructure, biological, and medical. Whilst genetic factors influence the susceptibility of an individual child to obesity, environmental, psychological, social and cultural factors, lifestyle preferences and behavioural habits are all thought to play a part in determining the prevalence of obesity.

2.4 The figures presented above demonstrate that there are significant levels of obesity amongst the child population in Slough. With obesity being a known factor in a number of associated serious illnesses, and the future health of the population of Slough as a whole at risk as well as the ability of the local health service to cope, it is clear that more work must be done to tackle this growing problem in its earliest stages.

3 What options are there to alter the physical environment?

3.1 At its meeting on 27 November 2012, the Council resolved the following:

"that the health and well being priorities of the Sustainable Community Strategy (2011) and other relevant national and regional guidance in relation to improving the health of children be expanded by considering ways to prevent any new premises with A5 from opening within 300-500 metres of any school within the Slough borough borders and that consideration of the issue takes place through referral to the O&S Committee for Member input and appropriate recommendations be made to the Planning Committee on new policy."

3.2 There are currently 90 A5 classed hot food takeaway premises in Slough. These premises differ in purpose from restaurants and cafes (class A3), drinking establishments (class A4) and shops (class A1). A class A5 hot food takeaway is an establishment whose primary business

is the sale of hot food for consumption off the premises. A map showing the current locations of takeaways in relation to the borough's secondary schools is attached as Appendix B.

3.3 With this level of A5 premises already established in the borough and their locations, consideration needed to be given to the likely number of new premises the introduction of an exclusion zone would impact, and therefore what level of impact such a policy would have on childhood obesity levels.

3.4 In assessing the potential scope for such a restrictive policy, relevant factors included:

- the stay on-site policies operated by all schools for pupils up to Year 11;
- data from the School Food Survey which suggests that 16% of the sample secondary group currently visited a takeaway once a week; and
- the range of other outlets such a policy would not restrict which also sold unhealthy items such as ice cream vans, newsagents, supermarkets and petrol stations.

3.5 The introduction of restrictions on A5 (hot food takeaways) near schools has been implemented in a number of areas across the country. Most of the areas are clustered in London, West Midlands and North West, with no areas outside of London in the South East. With the possible exception of Worcester, the authorities are urban areas characterised by high levels of deprivation[1].

3.6 The authorities in these cases have used the planning system in a number of different ways to restrict A5 premises: some have used supplementary planning documents (SPD) and some have used other planning documents such as local plans or development management policies (DPD). Any policy put in place must be consistent with the National Planning Policy Framework (NPPF) which states that: 'The planning system can play an important role in…creating healthy, inclusive communities' (NPPF paragraph 69), but is not more specific than that.

3.7 The use of exclusion zones has been considered for:

- shopping centres
- high streets
- primary schools
- secondary schools/sixth form colleges
- youth facilities/community centres
- playing fields/parks/children's play areas
- leisure centres

3.8 However, the primary areas for restrictions has been around primary and secondary schools, generally a restriction zone of 400 metres. Some authorities have only applied the restriction zone to secondary schools on the basis that primary school pupils are not permitted to leave school grounds at lunchtimes.

3.9 <u>London Borough of Tower Hamlets</u>
In 2010, Tower Hamlets undertook a Scrutiny Review on reducing childhood obesity through the promotion of healthy eating by increasing the availability of, and access to, healthy food choices and reducing the availability of, and access to, food that are high in fat, sugar and salt. The recommendations coming out of this Review included the development of an evidence base to underpin the introduction of policies for the management of an over-concentration of fast-food outlets, and in particular restrictions of an over-concentration of fast-food outlets within the vicinity of schools.

[1] Obesity-based policies to restrict hot food takeaways: progress by local planning authorities in England (www.medway.gov.uk, 21 January 2013)

The Healthy Spatial Planning Project (part of Tower Hamlets' Healthy Borough Programme) 'Tackling the Takeaways: A New Policy to Address Fast-Food Outlets in Tower Hamlets,' which followed the Scrutiny Review, set out the evidence base for the introduction of such a policy, and looked to establish a robust development management framework for managing the number and location of hot food takeaways, as well as recommending approaches for integrating health issues into planning policy. This was in line with the Marmot Review as well as the Government's Healthy Weight, Health Lives which called for 'local authorities [to] use existing planning powers to control more carefully the number and location of fast-food outlets in their local areas.'

3.10 London Borough of Barking and Dagenham (LBBD)

The LBBD introduced an SPD in 2010 called Saturation Point: addressing the health impacts of hot food takeaways. Whilst an SPD does not have the same status as a Development Plan, it is an important material consideration in the determination of planning applications. The borough decided that it wanted to champion the creation of a built environment which makes healthier choices easier, including the availability of healthy food.

The SPD is aimed at reducing the risk of obesity amongst the borough's population, and in particular children, by:

- reducing prevalence and clustering of hot food takeaway shops, especially those in proximity to schools, parks and local youth amenities such as leisure centres;
- seeking developer contributions from new takeaways towards initiatives to tackle obesity (£1000 through a section 106 agreement);
- working with hot food takeaways to improve the nutritional value of the food they sell; and
- improving the opportunities to access healthy food in new developments.

In order to achieve this, planning permission for new hot food takeaways (use class A5) will not be granted in the hot food takeaway zone (within 400m of the boundary of a primary or secondary school in the borough).

3.11 Research conducted by Final Draft Consultancy[2] found that at least nine of the local authorities who had implemented such policies had cited them (amongst other reasons) in refusing applications for hot food takeaways. Of these, five had had their policies tested successfully on appeal (another local authority was going through the appeal process). However, it is not possible to know how many fast food takeaway applications have been rejected on the grounds of obesity-influenced policies, but it is believed that between 40-50 have been rejected using policies designed to restrict the number of outlets in a particular area.

3.12 Whilst there have been mixed results in terms of planning decisions taken using the restriction policy in the London Boroughs of Tower Hamlets and Barking and Dagenham; there is also, so far, limited evidence of a positive impact on levels of childhood obesity as the tables below demonstrate. However, the introduction of such zones is a relatively new approach, the impact of which may take several years to show, and there is still a sense that such a policy in combination with other approaches such as nutritional education, would assist with improving the levels of childhood obesity in an area.

[2] Obesity-based policies to restrict hot food takeaways: progress by local planning authorities in England (www.medway.gov.uk, 21 January 2013

3.13 Obesity Rates – London Borough of Tower Hamlets (Source: www.hscic.gov.uk)

2009/10			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	11.3% (1.2%)	13.3% (1.3%)	2,560
Year 6	15.6% (1.4%)	25.7% (1.7%)	2,422

2010/11 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	11.2% (1.2%)	12.7% (1.2%)	2,881 (94%)
Year 6	14.2% (1.4%)	25.6% (1.8%)	2,409 (90%)

2010/11 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	11.3% (1.2%)	12.7% (1.2%)	2,865 (94%)
Year 6	14.4% (1.4%)	25.8% (1.8%)	2,347 (90%)

2011/12 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	10.8% (1.2%)	13.1% (1.3%)	2,774 (91.9%)
Year 6	15.1% (1.4%)	25.1% (1.7%)	2,506 (90.4%)

2011/12 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	11% (1.2%)	13% (1.3%)	2,753
Year 6	15.1% (1.4%)	25.3% (1.7%)	2,429

3.14 Obesity Rates – London Borough of Barking and Dagenham (Source: www.hscic.gov.uk)

2009/10			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	13.6 % (1.3%)	14.1% (1.3%)	2,734
Year 6	15.7% (1.6%)	23.6% (1.8%)	2,048

2010/11 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	14% (1.2%)	13.8% (1.2%)	2,957 (94.7%)
Year 6	17% (1.6%)	24.2% (24.2%)	2,124 (90%)

2010/11 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	13.8% (1.2%)	13.9% (1.2%)	3,023 (94.7%)
Year 6	17% (1.6%)	24.3% (1.8%)	2,151 (90%)

2011/12 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	12.9% (1.2%)	13.7% (1.2%)	3,143 (95.4%)
Year 6	15.3% (1.5%)	26.9% (1.9%)	2,188 (93.4%)

2011/12 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	12.9% (1.2%)	13.5% (1.2%)	3,237
Year 6	15.4% (1.5%)	26.9% (1.8%)	2,281

3.15 The Slough Borough Council Planning Committee recently agreed that there would be no immediate review of the existing planning documents for Slough. As a result of this, the introduction of a planning policy restricting A5 premises around schools would not be added to the Local Plan, but would be produced as a SPD, which would carry less weight, based on the NPPF stated above. An SPD would also be subject to public consultation and an Equalities Impact Assessment to ensure that it does not have a disproportionate effect upon certain groups.

3.16 The map attached as Appendix C shows what the introduction of a restriction zone of 500m around all schools in the Borough of Slough would look like. This demonstrates the significant impact such a policy would have on the introduction of new A5 business to the borough, and although they are criticised for having a negative impact on healthy eating, hot food takeaway premises contribute to the local economy, providing local employment and bring diversity to the High Street and neighbourhood shopping centres.

3.17 A smaller restriction zone would limit the impact on businesses, but also potentially limit the impact on obesity levels. With schools in the borough operating stay on-site policies for pupils up to Year 11 a policy which looks to restrict opening times for these premises between 3 p.m. and 4.30 p.m. during term time might be more effective.

3.18 Other programmes of work which could be linked with in order to tackle the issue of restricting child access to hot food takeaways include the Catering for Health Award (run in conjunction with neighbouring authorities) which provides opportunities to work with local businesses around the inclusion of healthy menu choices, adopting healthier catering practices which involve reducing the fat, sugar and salt content in the food they serve. So far this scheme has been targeted at businesses in the town centre, but has the potential to be rolled out across the borough.

3.19 The Food Hygiene Scheme would also be a programme of work that could be linked to working with businesses to improve the offer of healthy choices available. A further option, which could be linked to the Catering for Health Award or Food Hygiene Scheme, is the development of a voluntary code setting out certain expected standards of promoting healthy choices on the menu.

3.20 In reviewing the location of A5 takeaways in the borough the Committee also had to take into account the need to balance health needs with the economic needs of the borough's residents. The limited evidence of such a policy proving effective nationally at tackling levels of childhood obesity currently along with the level of existing businesses within the potential exclusion zone which would not be impacted by the proposed changes also had to be taken into account. It was agreed, on balance, that the impact on child access to hot food takeaways would be minimal, and therefore it would not be suitable to introduce such a policy to Slough at the

current time. However, the work with local businesses to improve their healthy offer should be broadened so that children frequently those establishments had more opportunity to make a healthy choice.

Recommendations

a) That the Cabinet agree the prioritising of work currently underway to improve the scope of healthy offers across a range of price levels by local retailers, specifically within the vicinity of local schools.

b) That, in the municipal year 2015/16, the Overview and Scrutiny Committee review the childhood obesity levels data from areas that have introduced exclusion zones around schools, to assess evidence of their impact and re-consider the options for such a policy to be introduced in Slough.

4 What is the role of schools and how can we support them?

4.1 Schools are a key component of the battle against childhood obesity, and therefore, the priority level they give this issue can have a direct influence on the obesity levels of students under their care.

4.2 All schools have a delegated budget to cover school catering arrangements. Within Slough there are a mix of catering services providing services to schools covering packed lunch only schools, dining centres where food is transported from one site to another, and those who have full production kitchens. Under current arrangements, this breaks down as:

- Central contract (between Cambridge Education and ISS Education) – 16 school (1 packed lunch only)
- In house – 7 schools
- Director contract provider (Catering Academy, ABM Catering, ISS Education, Surrey Commercial Services, St Bernards Secondary) – 8 schools (1 packed lunch only)

4.3 The system is further complicated, with schools able to use different providers for individual services e.g. the school themselves may run a breakfast club, one company the lunchtime service, and another the after school club. In the borough, there are 18 breakfast clubs and 10 after school clubs run through the primary schools, and the complexity of the system makes monitoring the overall picture difficult.

4.4 Under the central contract, a typical meal offered to children includes:

- a main meal consisting of starchy carbohydrate, protein portion and at least one portion of vegetables;
- a choice of 4-6 salad items (children help themselves);
- a choice of either fruit, yoghurt, cheese and crackers or main dessert e.g. cake; and
- milk or water.

This meal costs a paying parent £1.75-2.00. Some schools have introduced a cashless system, where parents can pay online or in advance via cheque, which mitigates the risk of the child using cash meant for a school meal on snack foods outside of school (although, it should be noted that this risk is considerably higher in secondary school age children).

4.5 In October 2013 the government announced plans to introduce universal school meals for all Key Stage 1 children (Reception to Year 2), with the expectation that this would save families approximately £400 per year. This move is welcomed, although there will be logistical challenges for some schools that do not have the capacity in their facilities to accommodate the numbers of students this plan covers, and this is something that needs to be monitored closely as this policy comes into effect.

4.6 There is an annual School Food Survey undertaken across Slough to collect data on the following:

- school meal uptake;
- number of Free School Meals;
- compliance with food and nutrient standards;
- what pupils choose from the school catering services (school meals); and
- what pupils are provided with by their parents (packed lunches).

4.7 The latest information available for this Review was from 2011/12, which indicated that across the borough, an average 35% of children had a school meal, compared with a national average of 46.3%. The 2011 Census results indicated that 2389 (20%) of pupils within the surveyed schools were entitled to Free School Meals (FSM), but that in 2011/12 only 75% of those pupils took up this offer. The reasons as to why some children do not take up the offer of FSM are not known, however, the council is in the process of rolling out a software package across all schools (all but one had signed up) which would simplify the process for parents to check eligibility and apply for FSM.

4.8 The School Food Survey is a good snapshot of children's food choices and trends of choice when compared over several years (data goes back to 2007); and allows for the sharing of best practice, provides evidence to Ofsted and Healthy Schools, and most importantly allows for targeted programmes of work as well as guiding early years services such as packed lunch workshops for those entering Reception.

4.9 There are a number of projects specifically linked to the School Food Survey, including:

- Mission Healthy Eating – a programme of work specifically aimed at improving the nutritional quality of packed lunches and promoting school meal uptake
- Food Awareness Week
- Catering for Health
- Lunchtucker Trial
- Packed Lunch workshops

Other sessions known to occur in schools include cookery workshops, coffee mornings for parents with guest speakers and parent/toddler sessions. Appendix D of this report sets out the various Public Health programmes of work for improving the nutritional health of children in Slough.

4.10 Nationally there have been a number of steps taken to improve the standards of food in schools. The Labour Government introduced food and nutrient-based standards which were phased in from 2006-2009, which were meant for all schools and covered all meal services including breakfast and after school clubs. Unfortunately, under the Coalition Government, new academies and free schools have been exempt from following this legislation. However, the recent publication of the School Food Plan has looked to rectify this and includes an action plan for head teachers across all types of school on how to transform what children are eating at school and how they learn about food; specifically cooking is being made part of the national curriculum up to the age of 14.

<u>Recommendation</u>

c) That the council work with all schools to encourage the inclusion of cooking classes and nutritional education in the curriculum for all schools in the borough.

5 The need to encourage greater physical activity

5.1 There is well established evidence indicating that there are a number of incentives and barriers affecting children and young people's choice and opportunity to engage in sport and physical activity generally.

5.2 In younger children, up to the age of eight, an element of 'fun' is a strong incentive; and evidence shows that children in this age group enjoy playing sport more if they have started early and have support from their parents and peers. The barriers for this age group include:

- gender and cultural stereotyping about the appropriateness of some sports for particular genders by parents and peers;
- costs of participation in organised sports (both time and money);
- physical activities becoming more technical and performance orientated, making them less 'fun';
- dislike of a focus on team sports;
- poor quality of places to play;
- intimidation from older children;
- perceived stranger danger (by both parents and children); and/or
- risk of personal accidents (perceived by both parents and children).

5.3 For older children, there are a number of factors which are likely to encourage participation in physical activity and sport:

- social and family influences – such as the social sanctioning of activities by peers providing opportunities to gain social standing, as well as having active and supportive parents and siblings;
- enjoyment of an activity;
- socialisation – including the opportunity to extend friendship networks beyond school;
- intrinsic and extrinsic rewards – such as achieving a socially desirable body type, or receiving praise and encouragement which helps with self confidence and the development of a positive self identity).

However, this age group also experiences barriers, such as:

- social pressure to conform;
- negative experience of the school environment – such as inappropriate PE kit and discomfort about sharing showers, changing rooms etc.
- negative experiences of sports facilities – public spaces such as gyms or exercises classes could be intimidating;
- having to perform in public;
- a fear of forced competition;
- a fear of sexual or racial harassment;
- intimidation from older children; and/or
- a fear of rival gangs in an area.

5.4 These incentives and barriers demonstrate the need for a number of approaches to encouraging more engagement in physical activity and sport across all age groups, as there is no one single solution. An example of a programme could be:

Offering opportunities to undertake physical activity without the need for an organised sport setting is getting children to walk and cycle more as a means of transport, embedding physical activity into their daily routines.

Incentives:

- *personal freedom and independence*
- *enjoyment and fun with friends; and/or*

- *opportunity to explore local neighbourhoods with their friends or alone.*

Barriers:

- *children's and parents' fear of traffic – particularly evident in the after school period;*
- *parental restrictions on independent movement;*
- *school influence over cycling policy and storage facilities; and/or*
- *adult disapproval of children playing outside.*

5.5 Within schools, there is a lot of work taking place to increase the number of Physical Education (PE) and sport opportunities for young people in the borough. The Slough Schools Sports Network (SSSN) helps schools to provide an ethos of PE and healthy lifestyles, engaging all young people in physical activity; as well as aiming to ensure that the PE experience is of a suitably high quality.

5.6 The SSSN's primary role is the delivery of the School Games programme, a central Government agenda, providing a unique opportunity to motivate and inspire young people to take part in competitive sport. This programme is managed through four levels of activity:

- Level 1 – sporting competition for all students in school through intra-school competition
- Level 2 – individuals and teams are selected to represent their schools in local inter-school competitions
- Level 3 – the county/area will stage multi-sport Sainsbury's School Games festivals as a culmination of year-round school sport competition
- Level 4 – the Sainsbury's School Games finals: a national multi-sport event where the most talented young people in the UK are selected through National Governing Bodies of Sport elite youth programmes.

5.7 In 2012/13 in Slough this meant:

- 35 competitive events run over the year (14% increase on the first year)
- 20 different sports offered (25% increase on the first year)
- Years 1 to 13 offer of competition
- The highest level of competition entries at Level 2 (both primary and secondary)
- Winning 39% of Level 3 county competitions – the most in Berkshire (9% increase on the first year)

5.8 The levels of competition across this programme of work are varied, providing opportunities not only for sporty children, but also those new to competing and those who are less able. With the SSSN engaging over 5000 young people at Level 2 and Level 3 events, not including the thousands of children taking part in Level 1 activity within their own schools, the last 18 months has shown a huge level of success. The SSSN is only funded to work with Years 3 to 13, but the importance of maximising physical activity opportunities for Reception and Year 1 children has meant the provision of services to these years, and only further underlines the importance of sustaining this programme in the battle against childhood obesity in Slough.

5.9 The SSSN is a key player in linking the physical activity work taking place in schools with that in local clubs and community provision.

5.10 Outside of school hours, there are a number of opportunities for children and young people to engage in physical activity:

- there are over 90 formally established sports clubs in the borough and immediate surrounding area, which operate junior clubs who cater for children five years and above;
- the borough's leisure centres have comprehensive programmes of activities, including Swim Skool and tennis programmes (including school holiday programmes);

- a number of voluntary sector agencies offer activity programmes for children and young people;
- there are over 70 play areas in the borough for informal activity;
- there are eight multi-use games areas (MUGAs) in the borough for informal activity;
- there are two skate parks in the borough;
- there are over 60 pitches and courts available in the borough for both formal and informal activity;
- a number of satellite sports clubs are planned to be established on school sites over the next two years, offering greater opportunity for children to take part in organised activity outside of school time in a secure community-based environment;
- initiatives such as Door Step Sports Clubs, Chances for Change, Healthy Lifestyle Clubs, Walk and Talk etc. will also widen the offer to children and families helping them to become more active;
- free taster sessions were made available at local sports clubs throughout October 2013 (information around the take up of this offer was not available at the time of writing this report); and
- Play Day and Urban Action events offer the opportunity for children and young people to take part in new sports and physical activity.

5.11 The Physical Activity and Sport Working Group was formed in 2012 to bring together services and agencies looking to address the low participation rates in physical activity locally. This work has culminated in the development of the Slough Physical Activity and Sport Strategy, setting out the following vision:

"***Sport and physical activity is adopted as a habit for life for all Slough residents – more people, more active, more often."***

5.12 This Strategy was published in December 2013 and sets out a challenging programme of work around:

- ensuring that the sporting and physical activity opportunities available in the town meet the needs of the entire community through their lives;
- targeting those groups and communities with greater health risks and shift from sedentary behaviour to a more active lifestyle;
- enabling local people to choose to build physical activity and sport into their daily lives, through equipping them with information about local opportunities and encouraging them to take responsibility for their own, and others' physical activity levels based upon the behaviour changes social marking approach advocated by Public Health England;
- developing a mix of indoor and outdoor facilities for sport and physical activity that encourages access and supports the identified needs of the population; and
- enabling those key partners involved in sport and physical activity from the public, private, education and voluntary sectors, particularly GPs and public health staff, to work together effectively to make the best use of evidence and resources.

5.13 With all programmes of work to tackle childhood obesity, a collective approach is key; and Public Health involvement plays central part in drawing together the various strands into a holistic approach. Therefore, it is exciting to see the launch of the Lets Get Going programme in Slough. Following on the heels of the successful engagement of Slough's schools in the People Health's Trust Healthy Lifestyles programme, Lets Get Going will be targeting schools based on their National Child Measurement Programme (NCMP) data and obesity levels. Provided through Berkshire Youth, the initial phase of the programme will be rolled out in three schools, offering a 10 week, holistic programme looking at nutrition, physical activity, behavioural change and after-school healthy lifestyles clubs aimed at children with behavioural and/or weight issues, as well as children with normal weight who can use the programme to enhance their fitness and activity.

5.14 Whilst the above recognises the work that is taking place to improve organised and sporadic sport uptake, there needs to be a greater focus on how we can bring greater physical activity levels to general daily activities. Whilst there is a general perception that parents unnecessarily driving their children to school is a national problem, the levels in Slough are a particular problem, with national figures demonstrating that during the morning peak travel time one in five journeys is taking a child to school, but in Slough this is one in three journeys. Those who make these journeys over a short distance and are not going on to another destination (such as work) should be the target of school transport plans to use sustainable alternative modes of travel.

5.15 Having reviewed the scale of work taking place to increase activity levels amongst children in the borough, this Committee believes there are two aspects which are key to future success:

- increasing the level of activity in a child's every day life; and
- improved marketing of the leisure offer available in the borough to increase uptake.

Recommendations

d) That the Slough Headteachers look to prioritise their School Transport Plans, co-ordinating with each other for maximum effect, and raising the profile of the options available to parents.

e) That the Council, through the Transport Working Party, provide support to the schools for initiatives to improve the use of sustainable travel to and from schools, recognising not only the health benefits, but also the congestion and environmental benefits improved School Transport Plans can have.

f) That the Council look at its methods of advertising the local leisure offer, particularly the available open spaces for 'unorganised' sporting activities, and include details of how improvements can/have been made when the Overview and Scrutiny Committee review the initial effectiveness of the new Physical Activity and Sport Strategy 2013-15 in autumn 2014.

g) That the Cabinet commission officers to undertake a piece of work reviewing the balance of the leisure offer in the borough to ensure an appropriate mix for both boys and girls.

6 What role can GPs and other primary care professionals play in tackling childhood obesity?

6.1 A January 2013 report from the Royal College of Physicians called on the medical profession to lead from the front in delivering a solution to the issue of obesity (both child and adult), with GPs playing 'a pivotal role not just in obesity prevention, but also in management.'[3] The underlying principle of this approach is around making every contact count.

6.2 However, whilst it is understood that there have been discussions within the Slough Clinical Commissioning Group (CCG) about the levels of childhood obesity in Slough, at present, they are not involved with any specific programmes of work, and this is a recognisably neglected area of work in primary care.

[3] Royal College of Physicians, Action on Obesity: Comprehensive Care for All, Report of a Working Party (January 2013) p.40

6.3 The CCG has recognised that there are a number of areas where they should be looking to strengthen practices, including:

- referrals, and the monitoring of progress through the system following a referral;
- the introduction of a system of regular health checks for children up to the age of 16 across all surgeries;
- the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.

Particularly surprising has been the lack of communication between GPs and the rest of the system looking to deal with this problem. This Review has been impressed by the co-ordination between Public Health, schools, council physical activity programmes and Health Visitors, but this communication appears to have broken down in relation to GPs, which is very concerning.

6.4 One positive step has been that the Slough CCG has recently launched a website for parents in Slough (www.childhealthslough.com) with the aim of introducing information on childhood obesity for parents. The Slough CCG is also considering the provision of leaflets in GP surgery waiting rooms, and organising events to engage with parents on the issue, but these seem to have involved little input from other services looking to inform parents on children's health. These initiatives provide perfect opportunities to engage with the Children's Centres and other partners working to tackle this problem, and ensure that the approach is effectively marketed for maximum impact.

6.5 Across Slough, the 10 children's centres provide a 'one-stop shop' for local neighbourhood services for families and young children. As well as providing facilities for health visitors and other programmes of work, the children's centres offer direct services which can impact on levels of childhood obesity in the borough:

- health services, ante-natal and post-natal support (stressing the importance of breastfeeding and weaning programmes), Healthy Start vitamins and Food Bank vouchers;
- Stay and Play groups, Play and Learn groups and targeted Family Learning;
- flexible childcare with education for children from three months, providing meals for children throughout the day;
- help and advice on a wide range of family matters such as budget management, or support to apply for grants for cooking apparatus for the family home;
- healthy eating workshops and cookery classes for feeding a family, providing role model practice to assist parents in caring for their children; and
- adult education and training, plus advice and guidance for adults seeking employment.

6.6 The support, and access to families, that children's centres provide is essential to the early identification of risks, and the establishment of good habits which can help obesity as a child develops. The children's centres have extensive access to families, providing 15 hours of free nursery education for the most disadvantaged two-year olds in the borough. This two-year old programme includes the provision of free meals and allows for bespoke family learning programmes to be developed through engagement with the families. These family learning programmes can address a number of specific issues relating to parenting capacity and other family and environmental issues that may be affecting the children's wellbeing and development, including factors that may lead to unhealthy eating habits later on.

6.7 All the children's centres in the borough have signed up to the Smiling for Life initiative, which promotes healthy snacks, as well as the Catering for Life Award that covers the provision of healthier food choices. The national Early Years Foundation Stage framework, which all of the centres follow in supporting children from birth to five years, teaches children about healthy eating choices and the importance of physical exercise. In addition to these programmes, all

the children's centres have signed up to the Slough Walks and Talks initiative for 2014, aimed at getting children to be more active in their every day lives.

6.8 6,500 under fives are registered with the borough's children's centres; this is out of a total of approximately 13,000 under fives across the borough. Therefore, advertising the services of the children's centres is important to increase the uptake by families, and this could potentially sit alongside registration with GPs.

6.9 Health Visitors, whose numbers are increasing, work closely with the children's centres, using their facilities to provide services in an environment that is familiar and safe for families. The Healthy Child Programme delivered by Health Visitors provides services covering pregnancy through the first five years of life. This care begins with ante-natal classes, run by Heatherwood and Wexham Park Hospital Trust, where there is an emphasis on health during pregnancy and breastfeeding; this is then followed by post-natal groups continuing the work around breastfeeding, and then advice on weaning and nutrition, as well as the social and psychological development of the child. Whilst general information around ante-natal classes indicates that health after birth is covered within ante-natal classes there is a lack of confidence that this is the case. This Review believes that every contact should count in the battle against childhood obesity, and ante-natal classes are a good opportunity to begin the education process for new parents, with simple leaflets on the importance of the mother's health when breastfeeding etc.

6.10 Health Visitors also work closely with School Nurses who undertake the child measurement programme in Years 1 and 6, providing the national data informing borough-wide decisions around the provision of services; as well as offering regular weighing and dietary advice and the general promotion of healthy lifestyles.

6.11 Both Health Visitors and School Nurses are able to refer those identified with a need to specific weight management programmes, or directly to community dieticians or GPs, CAMHS, or community paediatricians if the case involves complex development issues in relation to obesity. The data around the levels of referral were not available for this Review, and this would have been useful to understand the uptake on services from those identified as being in need.

<u>Recommendations</u>

h) That a formalised process for information sharing on initiatives to tackle childhood obesity be developed between the CCG, children's centres, health visitors, SBC's Culture and Sport team and schools. This Review recommends that the CCG leads on this, to ensure their engagement, as they would be able to develop an overall picture of health and refer patients to the most appropriate services or initiatives that are available.

i) That the Overview and Scrutiny Committee receive an update in January 2015 from the CCG on the progress made to implement the areas of work recognised as needing improvement:

- referrals, and the monitoring of progress through the system following a referral;
- the introduction of a system of regular health checks for children up to the age of 16 across all surgeries; and
- the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.

j) That the Overview and Scrutiny Committee write to the Care Quality Commission to request that the new inspection regime for GP practices include assessment of their

provision for tackling childhood obesity as it is a contributory factor in so many related serious illnesses.

7 Conclusions

In discussing this issue, we recognise that this is highly sensitive, and there is still an element of stigma which may stop people seeking help for themselves and/or their children, there is one clear message that has come out of this Review, and that is that doing nothing is not an option.

In focusing on what could make the maximum impact on the levels of childhood obesity in Slough there appears to be a triangle of factors:

- Family eating practices and the nutritive quality of the food being consumed (cooked meals vs. takeaways)
- Physical activity levels
- Parental obesity (obese parents are 40% more likely to have obese children)

The involvement of all key partners is crucial to helping create the capability amongst individuals and families to help themselves, and making every single contact count in this is vital.

The recently released figures for the National Child Measurement Programme 2012/13 indicate cause for cautious optimism that the good work being done in primary schools has not just stopped the rise in the levels of obesity, but is actually beginning to reduce it. However, the same set of results show a further rise in obesity levels at Reception, and demonstrate the need to look again at how our services in the early years are still in need of improvement; it is hoped that the recommendations proposed in this report can contribute to this improvement going forward.

8 Acknowledgements

The Committee would like to thank the following people for their involvement in this Review, whether providing written information or attending committee meetings to provide evidence and discuss the issues:

Shabnam Ali – Economic Policy Development Officer, Slough Borough Council
Laura Brookstein – Network Manager, Slough School Sport Network (SSSN)
Jean Cameron, Development Manager, Children's Centres, Slough Borough Council
Philippa Collings, Public Health Nutrition Lead, Slough Borough Council
Ginny de Haan - Head of Consumer Protection & Business Compliance, Slough Borough Council
Alison Hibbert – Head of Culture and Sport, Slough Borough Council
Sarah Parsons, Locality Manager from Children and Families Services, Berkshire Healthcare NHS Foundation Trust
Dr Onteeru Reddy – Programme Manager, Public Health and Wellbeing, Slough Borough Council
Jo Ricketts – Nutritional Adviser, Slough Borough Council
Dr Sabina Shaik, Paediatric Lead, Slough Clinical Commissioning Group
Dr Angela Snowling – Consultant in Public Health (Slough), Slough Borough Council
Mary Sparrow, Head of Wexham School Specialist Sports College and Chair of the SSSN
Paul Stimpson - Strategic Lead Planning Policy and Projects, Slough Borough Council

APPENDIX A

Terms of Reference – Childhood Obesity

Title	Tackling Childhood Obesity in Slough
Membership	Overview and Scrutiny Committee
Chairing	Councillor O'Connor
Lead Executive Member	Councillor Walsh – Commissioner for Health and Wellbeing
Strategic Director	Jane Wood – Strategic Director, Wellbeing
Officers	Sarah Forsyth – Scrutiny Officer
Objectives	1. To consider whether the current approach to tackling childhood obesity in Slough is effective. 2. To consider what alternative approaches could be used to tackle childhood obesity in Slough, including the use of planning laws relating to A5 premises (as requested by Council).
Key Lines of Enquiry	1. To investigate the overall picture of the problem in Slough, and benchmark where Slough is regionally and nationally. 2. To investigate options for restricting the opening of new A5 premises within 300-500 metres of any school. 3. To investigate ways of supporting schools in encouraging better eating habits. 4. To investigate how to encourage more physical activity for young people.
Operation	The Committee will produce a report following its evidence gathering sessions, which will be submitted to the appropriate decision-makers for consideration of any recommendations.
Schedule of Meetings	Series of agenda items at regularly scheduled Overview and Scrutiny Committee meetings.
Dates	May – December 2013

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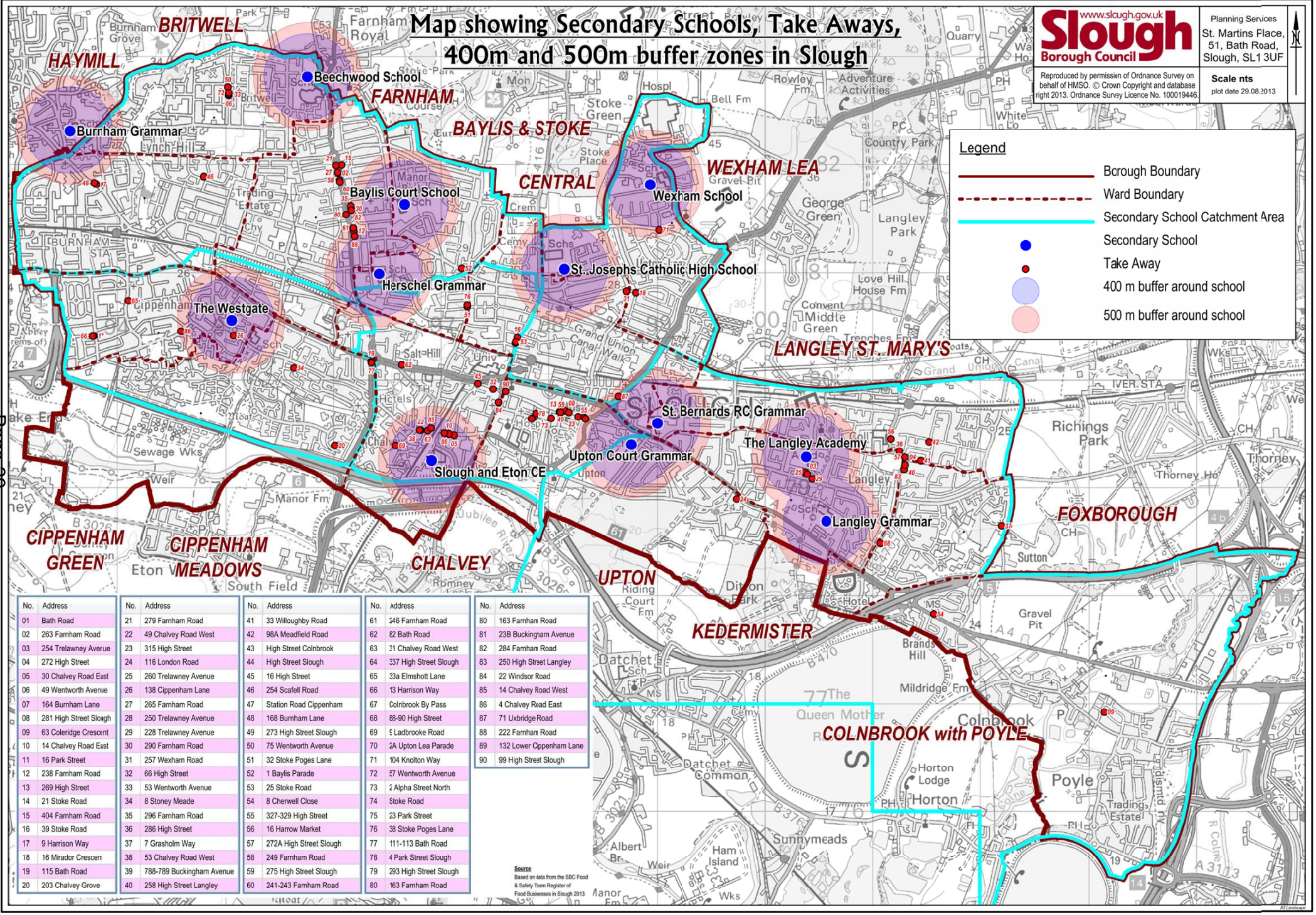
Map showing Secondary Schools, Take Aways, 400m and 500m buffer zones in Slough



No.	Address
01	Bath Road
02	263 Farnham Road
03	254 Trelawney Avenue
04	272 High Street
05	30 Chalvey Road East
06	49 Wentworth Avenue
07	164 Burnham Lane
08	281 High Street Slough
09	63 Coleridge Crescent
10	14 Chalvey Road East
11	16 Park Street
12	238 Farnham Road
13	269 High Street
14	21 Stoke Road
15	404 Farnham Road
16	39 Stoke Road
17	9 Harrison Way
18	16 Mirador Crescent
19	115 Bath Road
20	203 Chalvey Grove

No.	Address
21	279 Farnham Road
22	49 Chalvey Road West
23	315 High Street
24	116 London Road
25	260 Trelawney Avenue
26	138 Cippenham Lane
27	265 Farnham Road
28	250 Trelawney Avenue
29	228 Trelawney Avenue
30	290 Farnham Road
31	257 Wexham Road
32	66 High Street
33	53 Wentworth Avenue
34	8 Stoney Meade
35	296 Farnham Road
36	286 High Street
37	7 Grasholm Way
38	53 Chalvey Road West
39	788-789 Buckingham Avenue
40	258 High Street Langley

No.	Address
41	33 Willoughby Road
42	98A Meadfield Road
43	High Street Colnbrook
44	High Street Slough
45	16 High Street
46	254 Scafell Road
47	Station Road Cippenham
48	168 Burnham Lane
49	273 High Street Slough
50	75 Wentworth Avenue
51	32 Stoke Poges Lane
52	1 Baylis Parade
53	25 Stoke Road
54	8 Cherwell Close
55	327-329 High Street
56	16 Harrow Market
57	272A High Street Slough
58	249 Farnham Road
59	275 High Street Slough
60	241-243 Farnham Road

No.	Address
61	246 Farnham Road
62	82 Bath Road
63	31 Chalvey Road West
64	337 High Street Slough
65	33a Elmshott Lane
66	13 Harrison Way
67	Colnbrook By Pass
68	88-90 High Street
69	9 Ladbrooke Road
70	2A Upton Lea Parade
71	104 Knolton Way
72	57 Wentworth Avenue
73	2 Alpha Street North
74	Stoke Road
75	23 Park Street
76	38 Stoke Poges Lane
77	111-113 Bath Road
78	4 Park Street Slough
79	293 High Street Slough
80	163 Farnham Road

No.	Address
80	163 Farnham Road
81	23B Buckingham Avenue
82	284 Farnham Road
83	250 High Street Langley
84	22 Windsor Road
85	14 Chalvey Road West
86	4 Chalvey Road East
87	71 Uxbridge Road
88	222 Farnham Road
89	132 Lower Cippenham Lane
90	99 High Street Slough

Source
Based on data from the SBC Food & Safety Team Register of Food Businesses in Slough 2013

www.slough.gov.uk
Slough Borough Council
Planning Services
St. Martins Place,
51, Bath Road,
Slough, SL1 3UF

Scale nts
plot date 29.08.2013

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500 m Buffer around Special, Primary and Secondary Schools

Also includes Burnham Grammar, Langley Manor and Long CloseSchools

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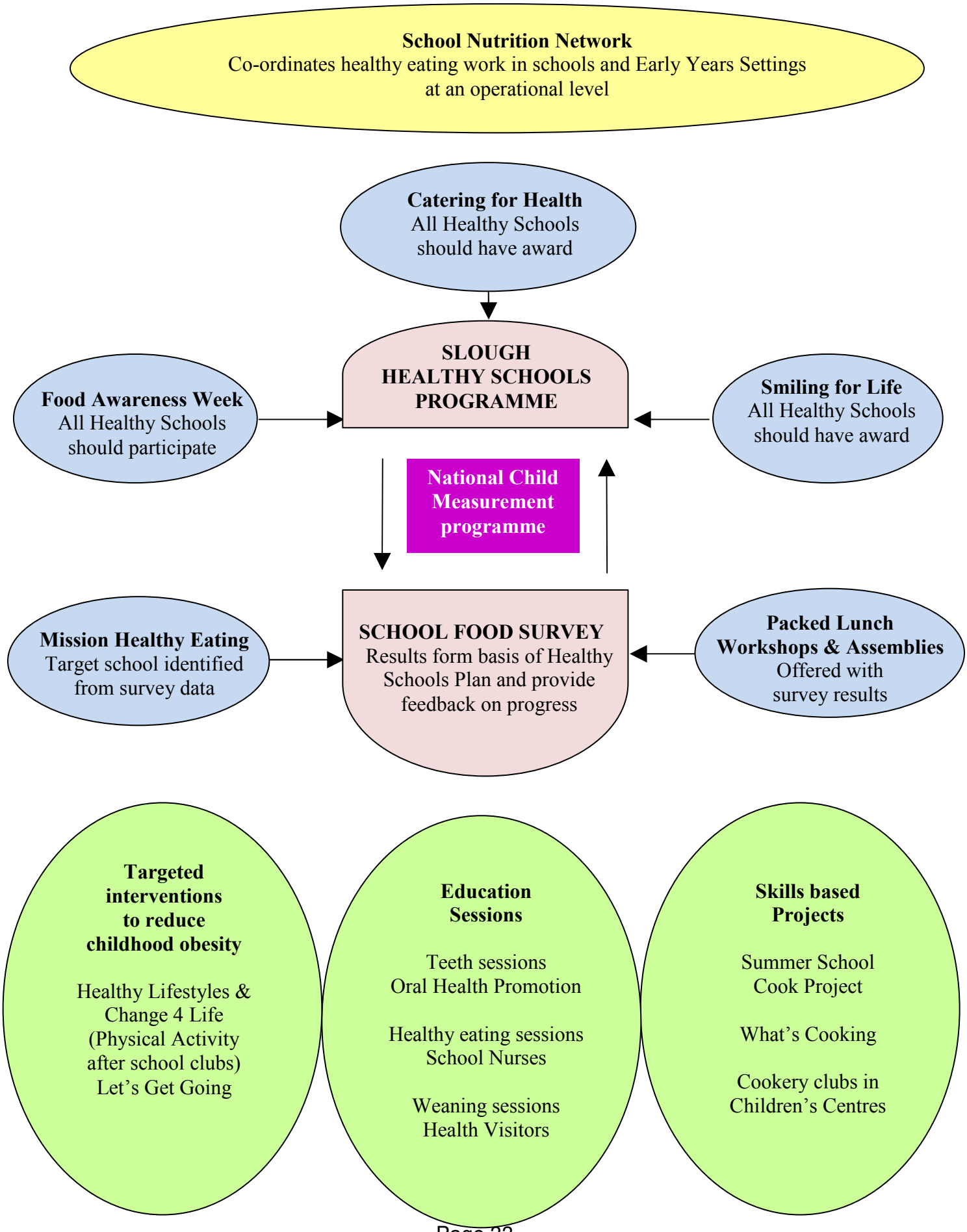
PUBLIC HEALTH NUTRITION

To improve the nutritional health of Slough children



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Appendix 2

www.slough.gov.uk
Slough Borough Council

Taking pride in our communities and town

Accident and Emergency Provision at Wexham Park Hospital

Findings of Health Scrutiny Panel Task and Finish Group

July – December 2013

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Foreword

It gives me great pleasure to introduce the findings of the Health Scrutiny Panel Task and Finish Group looking at the Accident and Emergency provision at Wexham Park Hospital.

It is hoped that this report will bring many of the issues facing the Department to light, and the opportunities for supporting work to reduce the pressure on services through improvements at Wexham Park Hospital, access to GPs and public understanding of what urgent care services are available in the borough.

The Task and Finish Group worked extremely hard to draw out the different elements of this complex picture, and I would like to thank Councillors Chohan, Davis, S Dhaliwal, Mittal and Strutton for their contributions to this work. In addition, I would like to thank, on behalf of the whole Task and Finish Group, Grant MacDonald from Heatherwood and Wexham Park Hospitals NHS Foundation Trust and David Williams from the Clinical Commissioning Group for providing invaluable information to our discussions; and Sarah Forsyth and Amanda Renn for their support in drawing our discussions and conclusions together.

Colin Pill
Chair, Accident and Emergency Task and Finish Group

Recommendations

Demand and Capacity

a) That the Health Scrutiny Panel assess the impact of the redesign of the A&E department's layout on the capacity of the Department to manage high levels of demand over the winter period following the end of the financial year 2013/14.

b) That the Health Scrutiny Panel undertake a line of questioning in March 2014, when discussing improvements in the quality of care provision at the Trust, on the effectiveness of the discharge processes at the hospital and how the hospital staff and social care staff co-ordinate ongoing care needs.

Staffing

c) That the Health Scrutiny Panel monitor the effectiveness of the Trust's plans for recruiting qualified, skilled, experienced staff and retaining them; and how the Trust is being established as employee of choice in a highly competitive market?

d) That Heatherwood and Wexham Park Trust consider using HCAs, Porters and other support staff in A&E to improve the overall patient experience through the provision of 'hotel'-type strands of work, such as providing drinks to patients or ensuring patients are comfortable and properly clothed etc.

Patient Flow

e) That the Health Scrutiny Panel assesses the impact of the Rat-ing triage system after six months.

f) That the introduction of an electronic patient records system, currently within the medium term plans of the Trust, is brought forward.

g) That plans for improving diagnostic and pharmaceutical support in order to speed up the flow of patients through the hospital system are considered by the Health Scrutiny Panel, particularly in relation to weekend service provision, in the 2014/15 municipal year.

Avoiding Unnecessary Attendances

h) That the Health Scrutiny Panel review the Urgent Care Action Plan at 6 monthly intervals in order to assess the impact of changes are having on service delivery and levels of attendances at Wexham Park Hospital Accident and Emergency.

i) That the CCG review the accessibility of surgery numbers in Slough and work with individual surgeries where the 084 numbers are still in operation to phase these out, and confirm to the Health Scrutiny Panel a timetable for completing.

j) That a public survey is undertaken one year after the launch of the Talk Before you Walk campaign to begin to assess the penetration of the campaign and the understanding of the messages being given. This can then be used by the Health Scrutiny Panel to inform and evaluate how behaviour may be changing over time to assess the effectiveness of the campaign.

k) That the CCG consider a pilot scheme, along the lines of that undertaken in Walsall, to introduce a payment to surgeries who will provide an additional 3 hour evening session,

weekly, offering a range of clinical appointments (GP, nurse practitioner, practice nurse) for that period. The advertising of this pilot scheme should be targeted specifically at full time workers. The pilot would enable an assessment of need for this particular patient-group, and once the need has been judged and decision could be taken as to whether the additional service hours should be permanently introduced across the borough, with surgeries deciding individually whether to opt out of providing the service.

1 Background

1.1 Accident and Emergency departments are specialised units within acute hospitals, providing access to treatment for life threatening emergency injuries and illnesses 24 hours a day. Across the UK there are over 20 million attendances at A&E departments each year, where an A&E doctor or nurse assess a patients condition and decide on further action, whether this be treatment within the department or admission to the hospital.

1.2 Over the past year the condition of A&E departments across the UK has come under intense scrutiny. It has been reported in the press that the pressures on A&E departments has been growing, culminating in a level of crisis during the winter of 2012/13. A review by The King's Fund in autumn 2012 found that the number of people facing long waits when attending A&E departments had risen by 21% over the previous year. The national target for A&E departments is to see 95% of patients within four hours, and whilst this target was met across the UK as a whole, individual hospitals, Wexham Park among them, have struggled.

1.3 There are different types of A&E departments, and the data collated by the Department of Health breaks attendance and admissions down according to type. The three types are:

- Type 1 – A consultant-led 24-hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients. Known as Major A&E.

- Type 2 – A consultant-led single specialty A&E services (e.g. ophthalmology, dental) with designated accommodation for the reception of patient.

- Type 3 – Other types of A&E/Minor Injury Units/Walk-In Centres, primarily designed for the receiving of A&E patients. A Type 3 department may be doctor-led or nurse-led; and it may be co-located with a major Type 1 or 2 A&E or sited in the community. A defining characteristic of a Type 3 department is that it treats, at least, minor injuries and illnesses and can be routinely accessed without appointment.

1.4 Wexham Park Hospital has a Type 1 facility (Heatherwood Hospital currently operates a Type 3 facility). Due to the unplanned nature of patient attendance, the A&E department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. The department operates 24 hours a day, and staff levels are adjusted regularly in an attempt to mirror patient volume/need. On average, Heatherwood and Wexham Park Hospitals NHS Foundation Trust deals with more than 100,000 A&E attendances every year.

1.5 On 17 July 2013, the Care Quality Commission (CQC) published its findings from an inspection of Wexham Park Hospital in May 2013. This report set out a series of issues relating to A&E which the Hospital was required to address:

- That people's privacy, dignity and independence was not always respected.
  - The design of the A&E department was cited as a particular challenge in this regard, with those arriving by ambulance entering the building via the resuscitation area, during which time they were able to observe patients already being treated.
  - Patients were queuing on ambulance trolleys in corridors as there was no place to them when they arrived.
  - Doubling up of bays meant staff were unable to keep conversations confidential and patients' dignity was not respected.
- That patients did not always have their care needs adequately assessed, planned, and delivered.
  - In relation to A&E the particular focus was the pressure that staff were under due to the high level of attendances and lack of in-patient beds available. This meant that the

quality of care could be inconsistent, and there were delays in assessment and treatment, long patient waiting times and queues of patients on ambulance trolleys waiting to be triaged. This lead to a concern that patient safety could be compromised.
    - The A&E department was noted, however, for having a real sense of teamwork.
- That standards of cleanliness and infection control were not satisfactory in some areas.
    - In A&E concerns raised during a July 2012 infection control standards audit had not been addressed, including: intravenous (IV) fluids stored in an open corridor which was unsupervised and unlocked; vials of emergency drugs left on countertops when they should have been stored in locked cupboards; lack of a cleaning schedule or checklist for cleaning trolleys; and equipment being visibly unclean.
    - In addition, CQC raised concerns about inappropriate storage of dirty linen and a lack of storage space in general, and 45% compliance with hand hygiene standards (from a further audit in April 2013).
- That there were not enough qualified, skilled and experienced staff to meet people's needs.
    - Whilst this was a concern trust-wide, CQC felt there were sufficient numbers of consultants and doctors in A&E, however, there was a concern (raised during a Joint Clinical Quality Review Group) that A&E staff were working additional hours, and throughout the inspection concerns were raised about the pressure on staff in the department.
- That the Trust had failed to ensure the quality of patient care in managing the high demand in A&E and knock on effect on in-patient beds.
    - This meant that the Trust had struggled to meet the four-hour A&E waiting time and ambulance handover targets.
    - CQC noted that the Trust had brought in an external A&E improvement group to look at ways to improve patient flow through the department.
- That accurate and appropriate patient records were not maintained.
    - A specific concern relating to A&E in this regard was that records were not bound together to prevent sections being lost.

The findings of the CQC inspection, in many ways mirrored the concerns of the A&E Task and Finish Group, and therefore, the Group agreed to set out the Review through four key areas:

- Demand and Capacity
- Resources/Staffing
- Patient Flow
- Unnecessary attendances at A&E

- Patient views – whilst recognising the importance of patient views, with Healthwatch newly established the timing of this Review did not allow for a joint piece of work to gather patient views. Such a piece of work should be looked at as part of any follow up pieces of work that come from this Review.

1.6 In order to inform these areas, the Group met with the following witnesses:

- Grant MacDonald (Deputy Chief Executive, Heatherwood and Wexham Park Hospitals NHS Foundation Trust)
- David Williams (Director of Strategy and Development, East Berkshire Clinical Commissioning Groups)

2 Demand and Capacity

2.1 The nature of the demand for unscheduled care means it cannot be regulated. By nature it is unpredictable and volatile. Wexham Park A&E deals with approximately 280 patients per day (104,000 per year); but these attendances are not consistently spread out through the day, and the levels of required activity vary in each case making capacity planning extremely challenging.

2.2 The general rising trend in Wexham Park A&E attendances saw a rise of approximately 3% in 2012, with the current year looking at a further increase of approximately 6% if the trend continues. This leads to the challenge of capacity planning, which must be dealt with through two general elements:

- Capacity within the A&E department
- Capacity of admitting departments (as this is often the key to the waiting time for admittance)

2.3 Wexham Park has attempted to address first the issue of capacity within the A&E department. CQC highlighted the difficulties presented by the layout of the department, so there has been a reorganisation which, it is hoped, will increase capacity whilst also dealing with the issue of patient dignity and privacy. There has been a new modular unit brought in to house the waiting area, which has freed up the previous waiting area for clinical space, with the reconfigured layout ensuring that those arriving by ambulance no longer need to be brought in through the resuscitation area. With the creation of 40% more private bays in adult A&E[1], there should no longer be the need to stack patients because of a physical lack of capacity.

2.4 The reorganisation of the layout of A&E should also be used to provide an appropriate collation area for those patients returning to the department on completion of tests. Previously, these patients have been left without knowing where to go and waiting for a member of the nursing staff to notice them and direct them appropriately. A collation area would lessen this stressful situation for the patient, as well as improving the process for the nursing staff who will know where these patients are.

2.5 As we have said previously, capacity within the hospital's admitting departments is often the key to the target of 4 hours being met. Following the difficulties experienced last winter, Wexham Park Hospital has undertaken a bed capacity review, using the midnight bed status over the past 6 months, and the past 38 months (this has enabled an understanding of the impact of the closure of A&E at Wycombe Hospital to be developed), and using a queuing theory model to understand where escalation is needed.

2.6 With the admission rate for the next 6 months predicted to require an extra 8 beds, and a target to reduce those staying longer (28+ days group which has grown) by 16 beds, and using an estimated 85-92% occupancy rate, the calculations estimate the requirement of an additional 2 beds on top of the baseline planning number.

2.7 This all means that an additional 57 beds were required. With Ward 17 providing 28 beds, this still leaves a shortage of approximately 26 beds. Wards 10 and 11 are scheduled to be refurbished and opened in March/April 2014 with approximately 55 beds, as a new surgical block. In the meantime, the Trust has identified a range of options to meet the planning shortfall.

2.8 What is clear from this exercise is the need for the whole system to work together. With improvements in primary and social care to limit those needing to go into hospital in the first place, and then providing suitable care in homes to allow those admitted to leave hospital at the earliest possible time.

[1] There has also been a 40% increase in private bays in the children's A&E but this is not within the scope of this Review.

Recommendations

a) That the Health Scrutiny Panel assess the impact of the redesign of the A&E department's layout on the capacity of the Department to manage high levels of demand over the winter period following the end of the financial year 2013/14.

b) That the Health Scrutiny Panel undertake a line of questioning in March 2014, when discussing improvements in the quality of care provision at the Trust, on the effectiveness of the discharge processes at the hospital and how the hospital staff and social care staff co-ordinate ongoing care needs.

3 Staffing

3.1 The Review was provided with a breakdown of staffing levels in A&E at all times. The table below sets this out:

SHIFTS	Early		mid		Late		Twilight		Night		
	Trained	HCA	Trained	HCA	Trained	HCA	Trained	HCA	Trained	HCA	
Shift Leader	1 x 7				1 x 7				1 x 7		
Triage	1 x 5/6				1 x 5/6				1 x 5/6		
Resuscitation	1 x 6				1 x 6				1 x 6		
	1 x 5		1 x 5		1 x 5				1 x 5		
Majors A	1 x 7	1			1 x 7	1			1 x 6	1	
	1 x 5		1 x 5		2 x 5				2 x 5		
Majors B	1 x 6				1 x 6						
	1 x 5				1 x 5		*1 x 5		2 x 5		*18.00 - 02.00
Majors C											
Paediatrics	1 x 6				1 x 6						
	1 x 5				1 x 5				2 x 5		
EDDU	2 x 5				2 x 5				2 x 5		
UCC	1 x ANP				1 x ANP		1 x ANP				
	1 x 5				1 x 5		*1 x 5				*16.00 - 00.00
Total	**14**	**1**	**2**		**15**	**1**	**3**	**1**	**13**	**1**	
Total	14		2		15		3		13		
2012/13 (pre Wycombe)	13				15				11		
Peak periods											
Stacking	2 x 5						2 x 5				
	08.00-16.00						15.00-23.00				

3.2 Wexham Park A&E operates on a staffing rota split into shifts. In addition to the standard early, late and night shifts there are mid and twilight shifts. This system means that on an average day there are 14 trained nurses on an early shift with support from one health care assistant (HCA), these will be supplemented with two trained nurses on the mid shift (starting between 10 and 12). The late shift consists of 15 trained nurses and one HCA, supplemented by three nurses and one HCA on the twilight shift.

3.3 In terms of doctors, Wexham Park A&E operates with at least one consultant on the early shift and one on the late shift. There are also, currently, five doctors on the early shift (consisting of two middle grade (registrars) and three juniors, known as Senior House Officers (SHOs). On the mid shift, there is a supplementary doctor, usually an SHO. The late shift in split in two for the doctors, between them comprising of six doctors (three registrars and three SHOs). The twilight shift adds an additional registrar and SHO, and on the night shift there is one registrar and four SHOs. The Trust confirmed that the staffing levels remain the same during weekends and bank holidays.

3.4 During identified peak periods a further two trained nurses (known as stack or queue nurses) work shifts of 8 a.m. – 4 p.m. and 3 p.m. – 11 p.m. with the hours being extended or varied as appropriate. In addition to the nursing team, there is an additional registrar on the rota and additional SHOs between 10 a.m. – 6 p.m.

3.5 It is noted that there has been an increase in the number of permanent consultants in the department and that the recruitment for the middle grade (registrars) has been successful.

3.6 A concern, which it is recognised is not necessarily controllable, is that whilst there has been an overall increase in nursing levels (across the Trust) that turnover has also been high, meaning that there are still a number of vacancies, although this does not necessarily impact directly on staffing levels in A&E. The continuous nursing recruitment through open advert, campaigns (both local, national and international) and the use of recruitment firms should all be noted for how the Trust is attempting to deal with this issue. There are however still concerns about international recruitment and the need to ensure that language and cultural barriers do not interfere with the effective provision of service, particularly in the high pressure environment of A&E.

3.7 There is recognition that when compared against the national acuity tool, Wexham Park staffing levels are above the national average, and this Review Group expects this to continue with the necessary levels of staff on shift to meet the increased physical capacity of the A&E department. However, the Trust does need to improve the optimisation of staff in individual shifts. An example of this could be the use of HCAs in A&E. The allocation of one HCA per shift is due to the limited work for them in this environment, however, there is the potential to use this role to provide more 'hotel'-type strands of work, such as providing drinks to patients or ensuring patients are comfortable and properly clothed etc., which will improve the overall patient experience, and take pressure off of the nursing staff when such requests are made by patients. It is felt that more focus on the traditional elements of care, in addition to high quality clinical treatment, will help Wexham Park A&E becoming a leader of A&E provision, maximising the patient experience.

Recommendations

c) That the Health Scrutiny Panel monitor the effectiveness of the Trust's plans for recruiting qualified, skilled, experienced staff and retaining them; and how the Trust is being established as employee of choice in a highly competitive market?

d) That Heatherwood and Wexham Park Trust consider using HCAs, Porters and other support staff in A&E to improve the overall patient experience through the provision of 'hotel'-type strands of work, such as providing drinks to patients or ensuring patients are comfortable and properly clothed etc.

4 Patient Flow

4.1 The flow of a patient through the service is key to patient experience and a measure of staffing effectiveness.

4.2 The first stage for A&E is the effectiveness of the triage system. An effective triage process will ensure that patients are directed quickly to appropriate areas for treatment, such as urgent care, minors or majors. Wexham Park A&E is currently trialling the use of 'Rat-ing', this Rapid Assessment and Treatment (RAT) process typically involves the early assessment of 'majors' patients in the Emergency Department, by a team led by a senior doctor, with the initiation of investigations and/or treatment. This approach consciously removes 'triage' and initial junior medical assessment from the care pathway, and the first doctor a patient sees is one who is fully

qualified to make a competent initial assessment, define a care plan and make a decision as to whether a patient requires admission or referral to an in-taking specialist team. Nurses and junior doctors allocated to the RAT team then implement the initial stages of the care plan. At the time of writing we do not have any feedback from this trial.

4.3 A lack of electronic patient records at Wexham Park could also be seen as an issue, particularly following the findings of the CQC inspection. Wexham Park is looking at ways of improving this, and it is noted that the introduction of electronic records is part of the Trust's 'medium term plans', the timescale for which is unclear. This is a key element for improving service provision. Records should follow patients automatically through the system which means that patients would not need to repeat information, and provides additional assurance that accurate treatment for the individual's circumstances would be administered. The Trust does have a bed management tracking system in place on the wards, but this does not apply to A&E (where a bespoke system would be required). It is also noted that the Trust does have good working processes for the transfer of patient records to GPs, however, this does not address the issue of record keeping within the hospital or the effectiveness of the transfer of patient records from A&E to admitting wards. An effective patient records system is required at Wexham Park. Staff in A&E need the support of up to date technology, to streamline records management, and reduce the problems over safeguarding information; creating efficiency savings through realtime completion, and a more effective system for records to follow the patient through each stage of the system.

Recommendations

e) That the Health Scrutiny Panel assesses the impact of the Rat-ing triage system after six months.

f) That the introduction of an electronic patient records system, currently within the medium term plans of the Trust, is brought forward.

g) That plans for improving diagnostic and pharmaceutical support in order to speed up the flow of patients through the hospital system are considered by the Health Scrutiny Panel, particularly in relation to weekend service provision, in the 2014/15 municipal year.

5 Avoiding Unnecessary Attendances

5.1 The increases in pressure on Wexham Park Hospital's A&E department are consistent with the general pattern across the UK. However, for Slough's residents it is important that the system, as a whole, works together to target this problem and bring about a more sustainable future for the service. In this regard, the Slough Clinical Commissioning Group (CCG) is vital to ensuring that only those who truly need to use A&E attend, by making primary care options more effective, accessible and better understood by the local population.

5.2 The Slough CCG commissioned a report (Verve Report) by Verve Communications Limited with the central purpose of understanding the public's awareness, perceptions and motivations for accessing A&E services and how the CCG could enable, support and encourage patients to make the right choices about where they access urgent and unplanned care.[2]

5.3 The CCG recognised the key patient patterns that emerged from the Verve Report findings, specifically:

[2] Urgent and unplanned care in east Berkshire (Verve Communications Limited, June 2013)

- that A&E is a strong brand and a popular choice for urgent care, with patients often not contacting their GPs at all in such circumstances for diagnosis and/or treatment;
- that 999 is also a strong brand;
- that GP services are perceived as a routine service, and not for urgent or emergency cases; and
- that there is an issue around GP access in Slough.

5.4 In order to tackle pressures on A&E specifically over the winter period, Slough had been awarded a £6.6m grant from the Department of Health (DoH) to support the service. With HWPT having already undertaken steps to increase the physical capacity of the department, there are three specific areas the Urgent Care Action Plan (developed by the CCG, HWPT and Social Services) aims to target with this money:

1) GPs and access to urgent care alternatives
2) boosting staffing in A&E alongside the increases in ward capacity; and
3) the introduction of measures to speed up the discharge process to move patients safely back into the community at the earliest opportunity.

5.5 In addition, the CCG are putting in place:

- 5% additional appointments daily at each surgery across the borough using innovation funding;
- linking NHS 111 with the GP appointment systems so that patients do not have to make a further call to organise an appointment;
- launching the 'Talk Before You Walk' campaign to better sign post residents to the most appropriate service for their needs;
- increasing the coverage of flu jabs across the NHS and social care sector to protect frontline staff;
- provide funding for two additional ambulances specifically to deal with GP call outs over the winter period; and
- investing in additional community matrons who would be able to effectively treat patients in their own homes.

5.6 Whilst recognising the recognition of the pressure on A&E across the primary, secondary and social care sectors, and the scale of work that is taking place to try and mitigate these problems, this Task and Finish Group does have concerns as to whether the Urgent Care Action Plan (UCAP) of the CCG will provide a robust enough response over the winter period. The Group is also concerned about the sustainability of improvements in the system's ability cope with these pressures as the additional DoH funding has only been confirmed for the current year, with the likelihood of a further year's funding being made available, but nothing beyond this.

5.7 A particular area of concern around the UCAP is how effective it would be at dealing with the problem of GP accessibility in Slough, which is a central factor in people going straight to A&E for urgent care diagnosis and treatment.

5.8 Even before they ask for a GP appointment, there is, at least, one GP surgery in Slough using an 084 number which charges at a higher call rate than a local number. This Task and Finish Group understands that NHS England recently wrote to the Local Area Team asking them remind all practices in their areas of their contractual obligations regarding the possible impact on health inequalities and access to health care, and the need to take all possible steps to phase out the use of such numbers. This Task and Finish Group supports this position and would ask that the CCG specifically take up this matter with the one surgery in Slough affected.

5.9 In addition, the Task and Finish Group understand from anecdotal evidence that the NHS 111 system thresholds may default patients to the emergency category. The CCG confirmed that the thresholds used by NHS 111 in Slough are based on national pathways.

5.10 Whilst it is good news that the CCG has agreed to fund an additional 5% of appointments at each surgery in the borough, there are some concerns as to how these additional appointments will be made available, how they will be distributed across the working day, and what the longer term options are as the funding is only guaranteed for one year (with an assumption of a secondary year over the 2014/15 winter period) and therefore will not address the broader GP accessibility problems in Slough.

5.11 The CCG has confirmed that these appointments will not be actively communicated to patients beyond a generic statement that additional capacity is being provided. The reason for this is that these extra appointments are to be ring fenced for NHS 111 and A&E to offer to patients. Whilst linking up NHS 111 with the GP appointments system is a positive step, the accessibility issues around GP appointments will not be mitigated if additional appointments are not widely available to the public contacting their surgery, and therefore the additional 5% appointments would not assist with a number of the issues this Review has highlighted. As yet, the issue around timely and convenient access to GP appointments for full-time workers has not been dealt with and therefore this large patient group may feel the only viable option available to them is to attend their local A&E department. None of the plans made available to this Group have indicated how this will be addressed, and therefore this appears to be a weakness in the current plans.

5.12 There has been a recent pilot in Walsall, where the local CCG introduced a scheme that paid individual surgeries to stay open later at night, specifically for those who work during normal business hours. The Walsall CCG scheme paid surgeries £570 for a weekly three hour session, providing a variety of clinical services (GP, nurse practitioner, practice nurse) in order to divert patients from A&E to their local GP. The Walsall pilot was then rolled out across the borough, although some GP practices opting out. Such a pilot in Slough would enable the CCG to effectively assess the demand for such a service provision.

5.13 The Talk Before You Walk campaign should raise awareness of other options for urgent care rather than using A&E as a first port of call. It is making use of a wide range of approaches through more traditional leafleting, newspaper and radio messaging, as well as social media. The Slough-specific programmes of work include mass mail-outs to households registered with a Slough GP, television information screens in surgeries and information packages on children's health distributed through children's centres.

5.14 Whilst this approach is a good start, particularly the element around children's centres, the mail-out should be to all households in the borough rather than just those already registered with a GP. A particular problem around attendances at A&E is by those not registered with a GP and therefore a mail-out to all households would also look to engage those not currently registered with a GP and could be used to provide information on the benefits of doing so. It will also be important to ensure that all those within the health care service, primary, secondary and community must be delivering the same message.

5.15 The Task and Finish Group would like to see how the campaign is really going to influence patients' every day actions, and successfully ingrain the messages into normal practice over the longer term, and assessment of this can only be done in hindsight.

<u>Recommendations</u>

h) That the Health Scrutiny Panel review the Urgent Care Action Plan at 6 monthly intervals in order to assess the impact of changes are having on service delivery and levels of attendances at Wexham Park Hospital Accident and Emergency.

i) That the CCG review the accessibility of surgery numbers in Slough and work with individual surgeries where the 084 numbers are still in operation to phase these out, and confirm to the Health Scrutiny Panel a timetable for completing.

j) That a public survey is undertaken one year after the launch of the Talk Before you Walk campaign to begin to assess the penetration of the campaign and the understanding of the messages being given. This can then be used by the Health Scrutiny Panel to inform and evaluate how behaviour may be changing over time to assess the effectiveness of the campaign.

k) That the CCG consider a pilot scheme, along the lines of that undertaken in Walsall, to introduce a payment to surgeries who will provide an additional 3 hour evening session, weekly, offering a range of clinical appointments (GP, nurse practitioner, practice nurse) for that period. The advertising of this pilot scheme should be targeted specifically at full time workers. The pilot would enable an assessment of need for this particular patient-group, and once the need has been judged and decision could be taken as to whether the additional service hours should be permanently introduced across the borough, with surgeries deciding individually whether to opt out of providing the service.

6 System Link Up

6.1 The Task and Finish Group welcomes the good collaborative approach to the issues around A&E involving HWPT, the Slough CCG and adult social care, culminating in the UCAP; this includes regular joint meetings to discuss pressures on A&E, daily GP/A&E consultant audits of unnecessary attendances at A&E, and monthly performance reviews. With GPs writing to their registered patients who use A&E unnecessarily, there is also an opportunity to include messages around appropriate alternative services for their specific circumstances.

7 Conclusion

7.1 This Review recognises that a lot of work has been done to improve Wexham Park A&E's level of preparation for the winter period, but also that much of the effectiveness of this preparation will only be known under testing.

7.2 There is also a recognition of the need for the system to work as whole, and we are particularly keen to see quick progress made by the CCG on their work to cut the number of attendances at A&E through better access to, and understanding of the services available in, primary care. However, to be successful the three elements of this system (primary, social and secondary care) must work together, with no 'passing the buck' to the other areas. It would be good to see this partnership clearly, transparently working effectively to reassure the public of the good processes that are being put in place for the whole of the pathway. It is hoped that the recommendations made by this Review can inform and support those strains of work already underway to improve the service provision that Slough residents receive when access urgent and emergency care in the borough.

Appendix A – The Committee agreed the following Terms of Reference for this Review:

Review Title	Accident and Emergency Provision at Wexham Park Hospital
Membership	Health Scrutiny Panel Task and Finish Group – Councillors Chohan, Davis, S Dhaliwal, Mittal and Strutton, and Colin Pill (Healthwatch Slough)
Chairing	Colin Pill
Lead Executive Member	Councillor Walsh – Commissioner for Health and Wellbeing
Strategic Director	Jane Wood – Strategic Director for Wellbeing
Officers	Sarah Forsyth – Scrutiny Officer Amanda Renn – Corporate Policy Officer
Objectives	To review the provision of accident and emergency Services at Wexham Park Hospital.
Key Lines of Enquiry	1) How busy is the A&E department at Wexham Park and what impact is this having on waiting times? 2) Does the A&E department have the necessary resources (including staffing levels and make-up) and what investment is scheduled for A&E to meet changing needs? 3) What other programmes of work are being done to assist with attendance levels? 4) What is the patient experience of A&E at Wexham Park?
Operation	The Task and Finish Group to produce a report following evidence gathering, detailing its findings and any recommendations.
Schedule of Meeting(s)	Task and Finish Group meetings
Duration of Review	July – November 2013

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