

## **Health Scrutiny Panel – Meeting held on Thursday, 8th December, 2011.**

**Present:-** Councillors P K Mann (Chair), Davis, Long, Plimmer, Sharif and Strutton

**Also present under Rule 30:-** Councillor Walsh

**Apologies for Absence:-** Councillor Munawar and Rasib

### **PART I**

#### **105. Declarations of Interest**

None.

#### **106. Minutes of the Meetings held on 13th October and 18th October, 2011**

The Minutes of the Meetings held on 13th October and 18th October, 2011 were approved as a correct record.

#### **107. Member Questions**

None were received.

#### **108. Joint Strategic Needs Assessment - Progress Report and Presentation**

Ms Asmat Nisa Consultant in Public Health and Assistant Director, Public Health Directorate, NHS Berkshire East stated that the Primary Care Trust and the Council had a statutory duty under the Local Government and Public Involvement in Health Act (2007) to undertake a Joint Strategic Needs Assessment (JSNA). Members were reminded that the JSNA was the process that identified current and future health and wellbeing needs in light of existing services and informed future service planning taking into account evidence of effectiveness. The JSNA identified the health and wellbeing needs and inequalities of the local population.

Ms Nisa, presented Scrutiny Panel Members with an overview of the JSNA for 2011. Members were reminded of the JSNA 2010 findings and informed of the key health issues that had emerged over the past 2 years and areas that remained a concern. It was noted that one of the priority needs outlined in the 2010 JSNA related to tuberculosis and that a number of measures had been taken to address those concerns.

The Panel was informed that although the 2011 population figures were due to be published by the Office of National Statistics in 2012, it was evident that the Slough population had increased over the years and was skewed towards a younger population in comparison to other local authorities in the south-east. Population projections showed that the greatest predicted rise was within the 30-34 year olds and 10-14 year olds. A contributing factor to the

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increase in population figures was due to an increase in birth rate within Slough, which was higher than any of its neighbouring local authorities. It was noted that Slough had the fifth highest fertility rate in the UK and the highest in the south-east.

Ms Nisa outlined the priority needs for Slough for 2011 and noted that key differences from 2010 priorities included areas relating to TB and HIV, mental health, sexual health, looked after children and reducing childhood and adult obesity.

Key findings from the JSNA exercise were highlighted and included:

- New insights into current and projected needs of vulnerable groups based on the local Government Improvement and Development JSNA data inventory published in August 2011. A key gap in the projected needs of those with physical disability had been identified by commissioners and the new projections will inform future commissioning.
- Detailed population density maps for planning services have yielded insights into how the provision of age-specific services can be improved
- An update on population growth with insight into the optimum modelling of future migration to inform the planning of school places and housing
- An update on changes in prevalence of GP registered patients with long term conditions – mental health, diabetes and coronary heart disease were the ones that were statistically higher and adult obesity
- Identification of wards with significantly higher rates of emergency admissions.

Members were also informed of areas JSNA products in development which included a guide to accessing underlying data set and templates with hyperlinks to:

- Detailed templates and datasets for each theme
- A summary of the top ten priorities
- An extract of SHAPE population density information for planning
- A powerpoint of the key findings for each area
- Service templates for key social care and health services to aid future commissioning decisions.

Details of the next steps and prioritisation planning were outlined for Members information. It was noted that now that the data had been collated appropriate planning needed to be carried out with regard to services that needed to be provided more effectively and which areas needed to be targeted due to limited resources.

In the ensuing discussion a number of questions were asked. A Member asked what impact GP triage had had on hospital A&E visits. Dr Angela Snowling, Co-author of the Slough JSNA 2011 stated that whilst this information was not available at the moment a number of options were presented to individuals in terms of looking at alternative rather than attending

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A&E. This included using the NHS telephone line and Walk In Centre. It was noted that A&E admissions in Slough remained at a significant higher rate than the national average for England and the reasons why would be investigated further at a working group. A Member queried whether there was any direct correlation between those wards that had a higher rate of hospital admissions and wards within which individuals were not registered with a GP. Dr Snowling stated that whilst there was a direct impact on individuals not registering with GPs and increase in the number of A&E visits, a New Entrants Service had been developed, informing individuals of where services other than the hospital could be accessed.

In response to how the priorities within the JSNA would be monitored, Ms Nisa stated that a detailed action plan for each area would be produced which would monitor outcomes and services provided. A partnership approach in dealing with these issues was critical and key performance indicators would measure what had been achieved.

A Member commented that poverty was the underlying cause of many of the issues and Dr Snowling stated that the issue had been addressed through debt management, training back into work and equipping people with skills and that this had been a very effective service within Slough.

It was noted that the electronic copy of the JSNA would be available in January 2012 on the local authority website.

**Resolved** – That the report and update be noted.

### **109. Future of Mental Health Inpatient Services - Progress Update on Additional Engagement and Consultation Activity**

Bev Searle, Director of Joint Commissioning, NHS Berkshire outlined the results of the additional engagement work agreed by NHS Berkshire and Berkshire Healthcare NHS Foundation Trust (BHFT) in July. Members were reminded that an alternative means of providing Mental Health In-patient Services for East Berkshire patients had been sought for a consideration time and that there was clear consensus that the existing arrangements on three separate sites, in accommodation which does not allow for single rooms, en-suite facilities and safe access to outside space was not an acceptable standard of provision for patients and was likely to compromise clinical outcomes. It was submitted that the number of people requiring mental health in-patient services had continued to decline and with the benefit of additional community services and improvements in quality and productivity it was likely that this trend would continue. The proportion of people receiving mental health services who required inpatient services was growing smaller, but there was a corresponding growth in acuity and the level of risk presented. This added further wait to the requirement for specialist environment to ensure that patients needs were met effectively.

Additional engagement work undertaken had confirmed a good level of understanding of the case for change amongst stakeholders. However, it was

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clear that for some stakeholders concern remained about the distance of Prospect Park Hospital in Reading both for patients and their families, the nature of any transport support available and the planned community service development.

The anticipated benefits of the service were detailed and included:

- The new service would provide both an early intervention and a basis for longer term recovery work which would result in fewer admissions and a reduced length of stay for this client group.
- Individuals would experience a preferred method of service delivery much more capable of meeting their needs.
- The children of people who use the service were likely to experience a happier, more secure upbringing, therefore there was a reduced likelihood of local authority care and a decrease from the probability that they would themselves experience future problems.
- There was an anticipated reduction in the use of GP, Ambulance and A&E time because of less medication to stress them self-harming.
- Increased opportunity for individuals to find pathways into work and other positive ways to contribute to the town's society.

Members were reminded that the cost of a new build facility on the Upton site was previously estimated at approximately £21 million, which would require borrowing above the level of reserves held by BHFT. A new build on Wexham Park site would also approximately cost the same. It was explained that the cost of changes required to Prospect Park Hospital would be between £5-6 million. This funding was already available within the BHFT budget, having been built up over a number of years, as a one-off sum to support anticipated necessary changes to inpatient services. Members were informed that consideration of all options needed to be in the context of the savings plan that BHFT was already embarking on, in order to meet demand and continue to provide effective services. However, any additional investment required or loss of currently identified savings would impact on community service provision.

Members were asked for their views prior to a meeting of the BHFT Cluster Board which was scheduled for January 2012.

The Chair of the Panel stated that, in her view, the Panel could not make an informed opinion without all the information and facts being presented to Members. It was noted that information regarding the financial viability for each of the options needed to be detailed and presented to the Scrutiny Panel. In addition, it was submitted that a decision could not be made whilst the 'Shaping the Future' consultation was ongoing.

A number of Members also expressed concern that they had been led to believe that the Prospect Park facility was ready to move in but it had now transpired that a significant amount of money needed to be spent at Prospect Park and that some services would be outsourced. Furthermore, the report

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that had been presented to the meeting did not reflect the concerns that the Panel had expressed on a number of occasions.

A Member sought clarification with regard to the budget allocated for transport to and from Prospect Park. Ms Searle confirmed that the identification of a £100K recurrent budget to provide transport solution would be available on an annual basis. Members stated that it would not be possible to provide BHFT with an informed response prior to their Cluster Board meeting in January 2012.

It was agreed that Ms Searle would present a detailed report outlining all options available against a number of criteria, including impact on community services, financial options, impact on clinical outcomes and impact on accessibility.

**Resolved** – That a report detailing all possible options with regard to the provision of mental health inpatient services to be provided to a future meeting of the Health Scrutiny Panel.

(The meeting was adjourned for 5 minutes).

### 110. Slough Safeguarding Vulnerable Adults Partnership Board (April 2010 to October 2011)

The Chair welcomed Nick Georgio, the Independent Chair of the Slough Safeguarding Vulnerable Adults Partnership Board to the meeting.

Ged Taylor, Interim Assistant Director Community and Adult Social Care outlined detailed relating to the Slough Safeguarding Vulnerable Adults Partnership Board, summarising the improvements made in the period April 2010 and September 2011.

Members were informed that safeguarding related to reducing harm experience by a vulnerable person by the abusive actions of others. Safeguarding was everybody's business and was about taking action to raise awareness that abuse of vulnerable people was wrong.

The Board's priorities for the period 2011 – 2014 were outlined as:

- Awareness and community engagement
- Prevention
- Risk and choice and control
- Safe delivery of care services
- Partnership working
- Workforce development
- Improved processes and delivery of the Board's work.

It was highlighted that the Board's work had focused on effective strategic leadership, which was necessary to deliver required safeguarding standards

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and performance improvements at a local level. Multi-agency planning and joint working was strengthened to better respond to abuse and neglect.

Members were informed of the progress and achievements that had been made in Slough, which included:

- “Don’t Suffer in Silence” – card campaign which was publicised and distributed across public and voluntary services in the Borough.
- “Stop It Now” campaign established to increase awareness of hate crime experience by people of with learning disabilities.
- Risks presented to over 70 victims of anti-social behaviour were monitored and supported by agencies as a direct result of joint working.
- Regarding a serious incident at a private Nursing Home, the Board commissioned an independent chair to convene a review of the circumstances surrounding the incident (Serious Case Review)
- 380 Safeguarding Awareness Training places were made available through the Council’s Safeguarding Training Programme
- Working arrangements between safeguarding services and community safety teams improved.

It was highlighted that the number of repeat referrals had reduced significantly to 3% compared to 12% in the previous year. However, referrals from statutory agencies had increased, particularly from the health sector, which now formed 37% of the total number of referrals. Concerns raised by family members also fell slightly although this figure remained higher than the Regional average. Self referrals and referrals from neighbours remained largely unchanged. Responding to whether the Local Authority should be concerned in an increase in the number of referrals, it was stated that this should be viewed as a positive measure as potential matters were being identified and there was a greater awareness of issues amongst professionals.

The future priorities for the Board were outlined and included developing a specialist service for hidden vulnerable groups and working with GP’s to ensure their readiness to undertake their new statutory responsibilities in 2013.

A number of detailed questions were asked by Members. It was explained that Safe Place Schemes were being developed and involved providing support to people who were feeling vulnerable when they were out in the community. The scheme worked with the support and commitment of local businesses where a Safe Place sticker was displayed in the window, identifying them as a place where a vulnerable person could, in an emergency, receive immediate short-term help and contact be made on their behalf to the police or carer as required. Members were informed that the scheme was being piloted in Langley and if successful would be rolled out across the borough.

**Resolved** – That the report be noted.

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### **111. Consideration of reports marked for information**

None were received.

### **112. Forward Work Programme**

The programme was updated as follows -

- East Berkshire NHS Car parking review to be listed as unprogrammed.

**Resolved** – That the report be noted.

### **113. Attendance Record**

**Resolved** – That the Members attendance record be noted.

### **114. Date of Next Meeting - 1st February, 2012**

The date of the next meeting was noted.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.40 pm)