

Slough Wellbeing Board – Meeting held on Wednesday, 16th July, 2014.

Present:- Councillors Anderson and Hussain
Ruth Bagley, Ramesh Kukar, Colin Pill, Gavin Wong (substitute for
Simon Bowden) and Jane Wood

Apologies for Absence:- Dr Jim O'Donnell, Dave Phillips and Matthew Tait

PART 1

1. Declaration of Interest

None.

2. Election of Chair and Vice-Chair

Resolved - That Councillor Rob Anderson and Lise Llewellyn be elected
Chair and Vice-Chair of the Board respectively for the ensuing
year.

3. Minutes of the last meeting held on 14th May 2014

Resolved - That the minutes of the meeting held on 14th May 2014 be
approved as a correct record.

4. The Care Act 2014 - Reforming Care and Support

The Board considered a report summarising the wide ranging provisions of
the Care Act 2014, its implications for Slough and the consultations in
progress on the Regulations and guidance yet to be issued.

The Act aimed to make care and support clearer and fairer, consolidating the
social care law and policy of the last 65 years, and introducing the following
measures:

- A cap on care costs that people will incur
- A new deferred payments scheme
- A single national threshold for eligibility to care and support
- Full information, advice and advocacy to help people understand their entitlement and plan for their care
- A guaranteed continuity of care
- Protection to ensure no-one goes without care if their provider fails

This meant that new ways of working would need to be adopted, particularly
in relation to assessment functions and the new responsibilities for carers.
There were significant financial implications in relation to implementation of
the Act. This had been recognised by the Government through provision of
additional funding in three main areas:

- an estimated £316,000 through the Better Care Fund (minimum value
in 2015/16 of £8.762m).

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- £125,000 of un-ring fenced funding to support the implementation of the changes.
- Capital funding to meet the costs of development, amounting to £282,782 (available from 2014/15).

However, the Board recognised that the increasing demand for social care and the new responsibilities under the Act meant that the additional funding would not be sufficient. The precise funding gap for Slough had yet to be quantified. The Government had also recently announced that of the £3.8 billion national allocation for the Better Care Fund, £1 billion would be held back pending delivery on hospital admission avoidance targets. This meant that targets previously set would need to be improved and re-submitted in September 2014. This appeared to be a shift in the original focus of the Better Care Fund. It was suggested that it would be helpful if a diagrammatic illustration could be produced showing the financial pressures on the Council and partners, the outcomes expected and the resources available.

The Department of Health (DoH) had commenced consultations on the Regulations to be issued under the Act, the statutory guidance which would set out what was expected of local authorities in the exercise of their new responsibilities, and the practice guidance, toolkits and other materials to support implementation. The consultation was being promoted by the DoH via 84 questions, a copy of which was annexed to the report.

Resolved –

- (a) That the report and the implications for Slough arising from the Act be noted.
- (b) That a report be brought to a future meeting on progress towards implementation of the new provisions.

5. Slough CCG 5 Year Final Plan

The Board received a report and presentation on the Slough CCG 5 Year Strategic Plan. From the Health and Wellbeing Strategy, it was a prime objective that: 'by 2028, Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives'. This was against a background of significant pressures in the system arising from the failure of Heatherwood and Wexham Park Foundation Trust to meet essential CQC standards and Slough CCG being significantly below England averages on key indicators around GP surgery performance. Looking forward, the population in the area was expected to grow significantly over the next five years, leading to a substantial rise in the number of people aged over 65 (who were more likely to have long term conditions) and a big increase in the number of children. Financial projections suggest an accumulated shortfall of £37m for Slough by 2020/21, broken down between £27.6m of provider efficiency targets and £9m to be found from additional Quality, Innovation, Productivity and Prevention (QIPP).

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To meet this situation, the Strategic Plan proposed major transformational change, to re-model the health and care system and avoid a significant deterioration in performance. This involved action in the following areas:

- Develop and implement new primary care working arrangements including extended hours services and testing access to specialist consultant-led services, diagnostics and outreach services.
- Agree and implement new cluster arrangements for integrated care teams with access to specialist and generic services to support patients.
- Transform urgent care through availability of emergency appointments out-of-hours, a re-modelled Ambulance Service, and development of urgent care centres including the Royal Berkshire Bracknell Healthspace.
- Elective productivity will be developed, involving primary care clinicians drawing on acute sector expertise, with diagnostics services available in communities, and surgery to be followed by an enhanced recovery programme. Heatherwood would be developed as the centre for planned procedures.
- Working together with patients, provider organisations and other stakeholders to develop new pathways, including for frail elderly and dementia, long term conditions, stroke and mental health pathways.
- Building leadership and engagement through a sustained commitment from leaders, clinicians and staff of all organisations involved, as well as patients and the public.

From answers to questions it was noted that the surgeries in Slough had been divided into four clusters. Evening appointments were now available in all clusters, with patients' medical records available across the cluster. Saturday appointments had also started and would soon be available in all clusters. This amounted to about 14,000 additional appointments over the course of a year (a 15% increase). This had been implemented with support from Prime Minister's Challenge Funding, which was non-recurrent, but it was hoped that it would free up funds from elsewhere in the system which could be recycled to maintain the extended hours service.

Given the scale of transformational change required by GPs, surgery staff and the public and patients alike, the Board was pleased to note that an element of the funding was earmarked for GP and staff training together with engagement work with patients.

The Board noted that the format of CCG reporting system of the 'Plan on a Page', a two year Operational Plan and a five year Strategic Plan was set by NHS England. The view was expressed that it would be useful to review the 5 system objectives from the Plan on a Page and show what has been achieved in the first year against the outcome ambitions.

Some general comments were made in relation to capacity issues for the CCG and across the whole system, in what areas the CCG was planning to

prioritise its investment, and also where services were to be held or scaled down in order to create savings.

Resolved – That the report and presentation be noted, with progress to be reported to a future meeting.

6. Update on CAMHS Pathway Mapping and App Development

Consideration was given to a report on the work of the Child and Adolescent Mental Health Service (CAMHS) pathway mapping and app development task and finish group.

The report set out the background to Slough CAMHS, a specialist health service dealing with all aspects of children and young people's mental health. The service was delivered in four different tiers:

- tier 1 comprising non-specialist primary care workers such as school nurses and health visitors working with common childhood problems,
- tier 2 providing support for individuals, families and schools, training of social care and youth support staff and evidence-based interventions to promote emotional health and wellbeing,
- tier 3, mostly provided by Berkshire Healthcare Foundation Trust, day case support, introducing access to psychological therapies service (IAPT), and a range of services at Upton Hospital, and
- tier 4 consisting of specialised day and in-patient units.

In practice there was considerable overlap and integration of the services across the tiers.

Nationally, 6% of the total mental health budget was spent on children yet in Slough 20% of the population comprises children. This results in costs in Slough of about £3.4m on services at tier 1-2 and about £4.6m at tier 3.

A multi-agency task and finish group established had made significant progress in preparing revised pathways for seven areas of children's and young people's mental health. These were: anxiety and depression; attention deficit hyperactivity disorder; autism spectrum disorders; self-harm; obsessions and compulsions; substance misuse; and eating disorders. The Berkshire CAMHS strategy group (comprising all the unitary authorities and CCGs in the county) had agreed to re-commission tier 3 services using the seven pathways. These tier 3 services included day case support for children at Wokingham Hospital Berkshire Adolescent Unit, the Children and Young People's Introducing Access to Psychological services, and the Slough CAMHS service of Berkshire Healthcare at Upton Hospital.

Progress had been made in the development of an app, to be accessible across all platforms, to provide individuals with personal goal tracking, advice, information and assessment on a wellbeing continuum, and if necessary prompt onward referral to tier 2 or 3 targeted services. Co-creation events with young people and special educational needs co-ordinators had been held, with the emphasis on a design that would encourage behaviour change.

Further work with young people and their families was proposed to test the look and feel of the app with a view to the self harm section being developed by early 2015.

As well as a need to focus on self harm as a priority due to rising rates presenting to secondary care, the other priority was around perinatal mental health, with particular reference to diagnosis and reporting of post-natal depression.

Resolved – That the report be noted.

7. Safer Slough Partnership (SSP) Strategic Assessment and Priority View

The Board considered the Safer Slough Partnership (SSP) Strategic Assessment 2014/15 and a covering report drawing out the priorities and actions for the coming year.

The Strategic Assessment highlighted the main crime and anti-social behaviour issues in Slough, showed how the SSP had addressed these in 2013 and outlined the main activity planned for 2014. Initiatives to tackle priorities and achieve targets had included:

- The establishment of a Youth Violence Management Panel enabling a multi-agency approach to tackle youth violence and gang activity in Slough.
- Commissioning a review of domestic abuse to look at strengthening strategic leadership, resulting in the appointment of a full-time Domestic Abuse Partnership Manager, a review of this section of the strategy and the implementation of a new action plan.
- Supporting victims of domestic abuse through the commissioning of Slough Domestic Abuse Services (part of the Home Group) and the voluntary provider Berkshire East and South Bucks Women's Aid.
- Implementing measures to improve intelligence and the response to robbery and burglary, to maintain the long term trend of reduction.
- To tackle Street Sex Working, the introduction of a range of actions (including arrest operations against kerb crawlers and the issuing of removal letters by the UK Border Agency to Eastern European sex workers) to enforce legislation and support the vulnerable.

The Board received crime statistics tabled for its information, showing crimes per 1,000 residents in Slough compared with other police areas across the country. The figures for the period 1st April to 31st May 2014 were showing a marked improvement in the comparative position of Slough to other authority areas in the family, compared to the 2012/13 and 2013/14 totals. This had to be seen against a much higher level of investment in 'police officers per 1,000 crimes' in other areas, particularly in London, compared to Thames Valley. Slough was also showing a continued downward trend in the level of all recorded crime, which compared favourably to other Thames Valley police areas of Reading, Oxford and Milton Keynes.

Following analysis of the crime data, the SSP had identified three key strategic priorities for 2014/15 and had agreed to focus efforts and resources accordingly:

- Reduce violent crime. Particular efforts will be made to reduce (with a focus on alcohol as a contributory factor) domestic abuse.
- Reduce acquisitive crime. A particular effort will be made to reduce burglary.
- Reduce anti-social behaviour (ASB). Emphasis will be placed on responding to ASB casework.

The Board noted that the SSP would also be supporting the Local Safeguarding Children's Board in its work around child sexual exploitation and female genital mutilation and the Safeguarding Adults Partnership Board around protecting vulnerable adults, with particular emphasis on developing awareness of the issues. The SSP would continue to work closely with partners, and the Police Foundation, to increase understanding of crime and ASB in Slough.

Resolved –

- (a) That the report be noted.
- (b) That the SSP be requested to continue to review and analyse the crime data available, to ensure resources are targeted appropriately and used effectively.

8. Progress Report on Local Response to Winterbourne View Concordat

The Board considered a report with an update on the local action in response to the Winterbourne View Concordat and the stocktake of progress.

The Concordat had set out some key actions for local implementation, which had led to the development of a draft Berkshire wide plan to meet the needs of people with a learning disability with complex needs. The stocktake document, signed off by the Council and the CCG, had received positive feedback from the Slough Learning Disability Partnership Board, and highlighted the need for the development of local care and support options for younger adults with complex needs.

The Board noted that there were very few numbers of Slough people currently living in hospital accommodation other than those people detained under the Mental Health Act. For the one person identified a plan is being developed to support this person into a community setting, but the arrangement to facilitate this need to be taken at a pace that would not be detrimental to the individual. Provider monitoring arrangements were robust with a multi-agency approach, and people with learning disabilities are reviewed on a regular basis.

Resolved - That the report be noted.

9. Action Progress Report and Future Work Programme

The Board received a report of completed action and an outline future work programme. An oral update was given on the recent workshop, facilitated by the Kings Fund, and a number of the issues arising. The work programme for the year ahead would be developed in more detail, circulated to members and submitted to the September meeting of the Board for confirmation.

Resolved - That the report be noted.

10. Attendance Record

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

11. Date of Next Meeting

The date of the next meeting was confirmed as 24th September 2014.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 7.05 pm)