

## **Health Scrutiny Panel – Meeting held on Monday, 6th October, 2014.**

**Present:-** Councillors Pantelic (Chair), Bains, Cheema, Chohan, Davis, Dhillon, M Holledge, Rana and Strutton (Vice-Chair)

Non-Voting Co-optee – Colin Pill, Slough LINK representative

**Also present:-** Councillor Hussain

**Apologies for Absence:-** None

### **PART I**

#### **22. Declarations of Interest**

No declarations were made.

#### **23. Minutes of the Last Meeting held on 29 July 2014**

**Resolved –** That the minutes of the last meeting held on 29<sup>th</sup> July 2014 be approved as a correct record.

#### **24. Member Questions**

There were no questions from Members.

#### **25. Adult Safeguarding Annual Report 2013/14**

The Panel considered the draft Annual Report of the Slough Safeguarding Adults Board which set out the work of the partnership between April 2013 and March 2014. Members noted that the Board, which brought together the Council, Clinical Commissioning Group, NHS partners, Thames Valley Police and other organisations, provided strategic leadership on the safeguarding of adults and was now in its sixth year of operation.

The key developments detailed in the 2013/14 report were summarised as follows:

- The Care Act 2014 had enshrined safeguarding adults in legislation and put Safeguarding Adults Boards on a statutory footing.
- The Board had developed and signed a 'Multi-Agency Risk Framework' policy and individual agencies had updated their policies accordingly.
- There had been an increase in the number of Deprivation of Liberty Safeguard applications from 15 in 2012/13 to 24 in 2013/14. This figure was anticipated to rise significantly due to recent case law.
- Improvements had been made to the referral process between the partner agencies when visiting properties.
- There had been a decreased number of alerts in Slough from 499 in 2012/13 to 452 in 2013/14, due to a combination of demographic

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factors, the work of the Care Governance Board and the move of the mental health in-patient resource from Wexham Park to Upton Hospital in Reading.

- There had been an increase in the proportion of cases in which Police action had been taken, up from 6% of alerts/referrals to 18%, however, the number of successful prosecutions remained low and it was recognised that further work was required.
- Eleven strategic priorities had been identified for 2014/15 which built on the work of the board over the previous 12 months.

*(Councillor Dhillon joined the meeting)*

Members asked about the reasons behind the significant proportion of cases of reported abuse which resulted in either no action or the outcome was unknown following investigation. In response, Members were informed that there were a range of reasons, often because the accusation was unsubstantiated, and only a small number of reports were considered to be malicious. It was noted that the Council and Thames Valley Police worked closely together to take the necessary action arising from reports of abuse, although further work was needed with the Crown Prosecution Service as the number of prosecutions remained low. Members were reassured that other steps could be taken, for example disciplinary proceedings, in cases where Police action or prosecution was not pursued and Disclosure and Barring Service checks would highlight any significant issues of concern during the recruitment process.

The Panel requested further information on the outcomes for alleged perpetrators following alert or referral, specifically the numbers of cases where disciplinary action had been taken, and it was agreed that this would be circulated to the Panel following the meeting. The Panel also considered the issue of under-reporting of alerts from certain groups in the community and it was noted that further work was being undertaken to understand the reasons.

A range of other issues were discussed including the challenges of partnership working and the funding of the Board. Changes to the membership and governance arrangements, including the establishment of a new Executive Group chaired by the Assistant Director of Adult Social Care, were amongst the steps taken to improve the 'buy in' from all partners, who would have a statutory responsibility to engage under the Care Act. In relation to funding, partners were contributing circa £4,000 per annum to support the work of an Independent Chair and the costs of any Serious Case Reviews. Members also questioned the ability to deliver services in view of the financial challenges facing the Council and it was responded that the Council would continue to seek to commission good value and safe services with the budget available.

At the conclusion of the discussion, the Chair thanked the officers for their presentation.

**Resolved –**

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- (a) That the Annual Report of the Slough Safeguarding Adults Partnership Board be noted.
- (b) That the Panel receive a more detailed breakdown of the outcomes for alleged perpetrators arising from an alert or referral.

### 26. Public Local Account

The Panel considered the draft Adult Social Care Local Account 2013/14, which was a tool used by Councils across the country to assess how well adult social care services were performing and set out achievements and future priorities.

The Local Account utilised the Adult Social Care Outcomes Framework (ASCOF) which was a national set of indicators allowing comparison of performance across authorities. The 2013/14 report set out progress against the following three priorities:

- Enhancing Quality of Life – the majority of indicators for Slough showed improvement, however, they remained below the regional and national benchmarks. These were concerns about the relatively low proportion of people using services who felt they had sufficient social contact and addressing issues of social isolation were a priority for 2014/15.
- Delaying and reducing the need for care and support – most indicators showed improvement and Slough's performance was generally above regional and national benchmarks. The proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services was 100% and Slough was the best performing in the country as a result of joint working between health and social care services.
- Ensuring that people had a positive experience of care and support – Slough was generally in line with the national averages. The proportion of people who used services who felt safe had improved very significantly since the previous year and was on a par with comparators.

Members discussed a number of specific points highlighted in the report, including the issue of social isolation as the ASCOF data revealed that 37.2% of people using services in Slough felt they had as much social contact as they would like compared to 45.2% across the South East. The Panel felt that a cohesive, integrated strategy on personalisation across the Council was required to ensure opportunities to increase social contact were maximised. Officers responded that a greater degree of joint working between departments was work in progress and they reiterated that reducing feelings of isolation for service users had been identified as a priority area for 2014/15. The Panel also discussed residential housing facilities and the translation of information materials to service users and carers. It was noted that careful

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consideration was given to the methods of communication to ensure it effectively reached all parts of the local community.

Members felt that the document was well presented and accessible and thanked officers for the hard work that had contributed to the performance achieved. The Panel then approved the Local Account for 2013/14 and agreed that it be made available for wider publication.

**Resolved –** That the Local Account 2013/14 be approved for wider publication.

### 27. Better Care Fund Plan 2015/2016

The Panel received a progress report on the Better Care Fund (BCF), which had been established to integrate health and social care services. The BCF was a pooled budget, which brought together adult services and aimed to provide more integrated care. Specific outcomes included reducing emergency admissions, reducing delayed transfers of care and improving patient and service user experience.

The total pooled budget for Slough in 2015/16 was £8.72m, which was the minimum amount required by NHS England for the year, however it was reported that this figure was a relatively small proportion of the total spend of the Council, NHS and other partners on vulnerable adults which put highlighted that the scope of integrated services extended beyond the BCF/

Slough's BCF plan had been submitted in April 2014, however, the Government had announced a change of policy over the summer to ringfence some of the funding for reducing admissions to hospital and the Plan had therefore been revised to take account of this new policy. The Slough Wellbeing Board had signed off the revised Plan on 19<sup>th</sup> September 2014. The key outcomes included reducing admissions to hospital by a minimum of 3.5% and protection for adult social care services. The four priority areas of Slough's BCF Delivery Plan focused on proactive care; a single point of access; integrated care services; and strengthening community capacity.

The Panel discussed the challenges in seeking to reduce hospital admissions through the BCF, particularly in Slough in view of the fact that the local demographic profile meant a higher proportion of children and younger people were being admitted whereas BCF was focused on the adult population. Officers reported that data on the factors behind Accident & Emergency admissions was being analysed and proactive care was targeted on those who may not need to be hospitalised and to better manage long term conditions. It was also noted that cultural differences resulted in some residents by-passing their GP and going straight to A&E, therefore some education activity was required. Members also discussed the working relationship between the Council and Wexham Park Hospital and Officers stated that partnership working had improved, for example in relation to controlled admissions, and the Council had a social work team present at the hospital to support patients appropriately.

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The Panel thanked officers for the report, which was noted, and it was agreed to receive a further progress update on the BCF in January 2015.

### **Resolved –**

- (a) That the progress to date and future planned activity in relation to the Better Care Fund be noted.
- (b) That the Panel receive a further progress report on the Better Care Fund in January 2015 and that this be added to the Work Programme 2014/15.

## **28. Forward Work Programme**

The Panel considered the forward work programme for the 2014/15 year and agreed the following amendments:

- Progress report on Frimley Park / Wexham Park Acquisition to be considered in the New Year, possibly as an extraordinary meeting.
- Update on the Better Care Fund to be added to the plan for January 2015.
- The Carers Strategy, scheduled for January 2015, be deferred.
- Improving GP Access and Out of Hours provisions be confirmed for January 2015.
- Drug and Alcohol Misuse (unscheduled item) – the Scrutiny Officer would investigate the background before consulting the Panel whether the item should remain on the plan.

**Resolved –** That the current work programme for the 2014/15 municipal year be noted, subject to the amendments recorded above.

## **29. Attendance Record**

**Resolved –** That the record of Members' attendance in 2014/15 be noted.

## **30. Date of Next Meeting**

The date of the next meeting was confirmed as 19<sup>th</sup> November 2014.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.23 pm)