

Health Scrutiny Panel – Meeting held on Tuesday, 28th July, 2015.

Present:- Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic (from 6.40pm) and Shah (from 6.35pm)

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

Apologies for Absence:- None.

PART I

10. Declarations of Interest

No declarations were made.

11. Minutes of the Last Meeting held on 2nd July 2015

Resolved – That the minutes of the last meeting held on 2nd July 2015 be approved as a correct record.

12. Member Questions

There were no questions from Members.

13. Better Care Fund Programme 2015/16 Update

The Panel received a report on the progress of the Better Care Fund (BCF) for the period since April 2015 when the programme became fully operational. The BCF aimed to improve social care by integrating activity to reduce emergency admissions and urgent health demands. The Council and Slough Clinical Commissioning Group (CCG) had agreed a pooled budget of £8.762m for 2015/16 to support this activity.

(Councillors Shah and Pantelic joined the meeting)

Members received a comprehensive update which can be summarised as follows:

- Five Year Plan – the BCF programme contributed to the Five Year Plan outcome of more people taking responsibility and managing their own health, care and support needs.
- Pooled Budget – an estimated 85% of BCF activity was existing services transferred into the pooled budget. New activities coming through were assessed on the basis of a robust business case.
- Finance – the key financial risk would be the failure to meet the targeted 3.5% reduction in non-elective admissions, which had been made even more challenging as a higher baseline had been set for Slough. It was expected that there was sufficient contingency available

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to mitigate this risk, however, failure to reach the target would reduce the resources available for additional activity.

- Risk register – the risk register was regularly updated. The key risks were that the activity did not translate into the required reductions in acute admissions, thus impact on the funding available; the uncertain financial outlook for health and social care; and the impacts of the Care Act and wider social care reform.
- Proactive Care – GPs were carrying out risk profiling activity on patient data to identify their most vulnerable patients to improve targeting of early intervention.
- Single Point of Access – good progress had been made to establish a single point of access for community health and social care services which would be made available for professional referrals in the first phase before being opened up more widely.
- Community Capacity – a Joint Voluntary Sector Strategy had been developed and subsequent recommissioning programme was underway.

The Panel asked a number of questions and considered key aspects of the report in detail. The way that patients accessed care and support across boundaries, including through the Single Point of Access was discussed. Members were informed that there was substantial cross border collaboration between Slough and neighbouring authorities to meet people's care needs.

The report referred to work underway across East Berkshire to improve data sharing arrangements, including the procurement of a new IT system to provide part of patient records to health and social care services. A Member commented that previous data sharing programmes had not been successful including difficulties introducing new IT systems. It was suggested that clear performance targets and sanctions be put in place with the software supplier in the event the system failed to meet its objectives. The risks in introducing any new IT system were recognised but significant development work on the specification and information governance arrangements were taking place. It was also noted that a pilot scheme was running partly to identify and resolve technical issues.

The Panel asked a number of questions about the performance, monitoring and auditing arrangements of the BCF programme. It was noted that the BCF programme clearly set out the Key Performance Indicators and reporting arrangements. It would also be independently audited and a management action plan would follow from the audits. Members noted that it was early in the programme to fully evaluate performance, but that good progress was being made on a number of key indicators such as reducing delayed transfers of care, admissions to residential care and reablement services. Performance against the non-elective admissions indicator was a key challenge as it had increased 5% in the year to March 2014 with a target reduction of 3.5% for 2015/16. The Panel asked for a summary of more detailed performance information and metrics on BCF projects/outcomes to be including in future reports and that Members be kept informed of both what was working well and what wasn't as delivery of the programme was rolled out.

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Engagement of the voluntary and community sector was also discussed and it was noted that the new Voluntary Sector strategy provided the platform for engagement with the sector to improve the alignment of activity and outcomes.

Members asked what more the Panel could do to support the delivery of the programme. A new evidence based programme on falls had recently been approved and Members could assist by spreading the message to local residents and communities. It was agreed that further information on new falls project would be circulated to Members of the Panel to enable this.

A question was asked about progress in addressing alcohol abuse and good practice was highlighted from Pendle. It was responded that significant work was being undertaken and it was suggested a report on these matters be added to the Panel's forward work programme.

At the conclusion of the discussion, the Panel thanked officers for the update and noted the report.

Resolved – That the update on the Better Care Fund programme be noted.

14. Care Act 2014 Progress Update

The Panel considered a report which provided an overview of the Care Act 2014 and updated on the progress of the Council in implementing the new legislation and the Council's development plans in the social care reform programme.

The Act aimed to re-balance the focus of social care to prevent and postpone the need for care rather than provide care at the point of crisis. Phase 1 of the Act had come into effect in April 2015 and brought additional financial costs to the Council associated with the increased demand for assessments and associated support costs for individuals and carers. Early indications were that the demands were as expected but it was too early to understand precise demand patterns. Phase 2 of the Act, which included changes to financial assessment thresholds and introduce a Care Cap of £72,000, were due to come into effect in April 2016 the Government had recently postponed until 2020.

The Council had utilised a modelling tool supported by the Local Government Association (LGA) and Association of Directors of Social Services (ADASS) to understand the potential cost implications of the Act. Additional funding had been made available through the New Burdens Grant and Better Care Fund, however initial estimates were that there would be a shortfall of £100,000 in 2015/16. The financial and non-financial risks were being carefully monitored and reviewed as implementation progressed. The Panel noted the key areas of change introduced under the Act since April which included a new duty and protocols for multi-agency working on adult safeguarding; all new contacts to social care now receiving a prevention and support plan; a new financial

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advice service for self funders; and additional advocacy support. Implementation of the Act was part of the wider social care reform programme which included a wide portfolio of projects to focus on prevention, information & advice, personalised outcomes, building community capacity, workforce development & quality and integration.

The Panel asked a number of questions the responses to which are summarised as follows:

- *How were residents being involved?* A communication plan was being devised and work was ongoing with partners to promote the changes and offer.
- *What progress was being made to increase the use of direct payments?* Increasing direct payments was part of personalised outcomes strand of the wider social care reform programme and it was expected to be up to 350 by the end of the year.
- *What new duties and powers did the Council have under the Act and was sufficient funding in place?* The new responsibilities and powers included duties to integrate local services, promote the wellbeing of residents and new rights for carers. A new assessment framework had been introduced which brought in a lower eligibility threshold so the Council now had to assess people with low and moderate needs. These increased demands put pressure on limited budgets and the funding gap estimated for 2015/16 was likely to increase in future years if demand was higher than planned levels.
- *How would success be measured?* The objective of the reforms was to provide support earlier than crisis point to avoid or delay the need for care and deliver better outcomes for people. Implementation was at a very stage and it was proposed and agreed that a further update be provided to the Panel in six months reporting on key projects and performance.
- *What had been the impact on staff and had the changes had any negative effect on staff retention?* Staff had responded positively overall and there was no evidence of any abnormal or negative impacts on staff retention.

At the conclusion of the discussion the Panel noted the report and agreed to receive a further update in six months.

Resolved –

- (a) That the progress update on the implementation of the Care Act 2014 be noted.
- (b) That the Panel receive an update in six months on the progress made towards key outcomes.

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15. Voluntary Sector 2015-2020 Partnership Strategy

The Panel received a report on the 2015-2020 Partnership Strategy – promoting and supporting the wellbeing of residents with the voluntary sector. The strategy had been jointly produced by the Council and Slough Clinical Commissioning Group and aimed to enhance the wellbeing of adults by remodelling the provision and support provided by the community and voluntary sector in Slough.

The strategy set out a series of clear outcomes from which future services would be commissioned. These included access to good information, support and advice; services to help people change their lives and stay healthy; more joined up and person centred care; access to active and supportive communities; support for carers; maintaining people's independence; and improving economic wellbeing to support people to enter or maintain employment. The investment to support delivery of the strategy would be £3.6m over a proposed three year contract period, with the possibility of two year extensions, which gave voluntary and community sector organisations clarity about the expected outcomes and greater certainty about funding.

A detailed risk management plan had been developed and there had been extensive engagement with partners and voluntary and community sector organisations. A commissioning process was underway and the new contracts were expected to begin in January 2016. It was noted that there was a potential risk to existing providers who may not receive future funding following the commissioning process and work was ongoing to assess the impact.

Members noted that the strategy had already been considered by the Slough Wellbeing Board and approved by Cabinet, and therefore the Panel noted the report.

Resolved – That the report be noted.

16. Forward Work Programme

Members considered the work programme for the Panel for the forthcoming year and agreed to add the following items:

1st October 2015

- All items agreed as per the work programme, subject to any adjustments to timing made by the Scrutiny Officer, in consultation with the Chair and Vice-Chair, to accommodate the five listed items.

18th November 2015

- Drug and Alcohol Services

14th January 2015

- Care Act 2014: Update on Performance and Outcomes

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- Leisure Strategy: Get Active Slough – Commissioner for Community & Leisure to report on progress of implementing health outcomes from Leisure Strategy.

It was also noted the Overview & Scrutiny Committee had delegated to the Panel scrutiny of the Five Year Plan outcome – ‘more people will take responsibility and manage their own health, care and support needs’. This was currently an un-programmed item and the Scrutiny Officer would advise on the format and timing of this scrutiny.

Members also requested that reports be considered by the Panel at an appropriate stage of development to ensure proper scrutiny before decisions were made before Cabinet or Slough Wellbeing Board approval.

Resolved – That the Forward Work Programme for 2015/16 be endorsed, subject to the amendments detailed above.

17. Attendance Record

Resolved – That the record Members’ attendance in 2015/16 be noted.

18. Date of Next Meeting - 1st October 2015

The date of the next meeting was confirmed as 1st October 2015.

Chair

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