

Health Scrutiny Panel – Meeting held on Wednesday, 18th November, 2015.

Present:- Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Cheema, Chohan, M Holledge, Pantelic (from 6.41pm) and Shah

Apologies for Absence:- Councillor Chaudhry

PART I

30. Declarations of Interest

No interests were declared.

31. Minutes of the Last Meeting held on 1st October 2015

Resolved – That the minutes of the last meeting held on 1st October 2015 be approved as a correct record.

32. Member Questions

There were no questions from Members.

The Chair varied the order of the agenda to consider Item 6 – Mental Health Crisis Care Concordat Action Plan Update first.

33. Mental Health Crisis Care Concordat Action Plan Update

Niki Cartwright, Interim Director of Strategy & Commissioning at Slough Clinical Commissioning Group (CCG) updated the Panel on the progress of the Berkshire Mental Health Crisis Care Concordat Action Plan. Partners updated the plan on a quarterly basis and the version circulated was to June 2015. A further update would be available to the Panel in the new year.

(Councillor Pantelic joined the meeting)

The Concordat was a national agreement between local services and agencies involved in the care and support of people in mental health crisis. The Panel was updated on the four key elements of the Berkshire Action Plan – access to support before crisis point; urgent and emergency access to crisis care; quality of treatment and care when in crisis; and preventing future crisis by helping people stay well. Overall progress was considered to be good with most actions rated as ‘green’ or ‘amber’. Two areas of activity had received a ‘red’ RAG status:

- ‘The emergency duty service would respond within four hours so that patients receive appropriate care in a timely basis’ – this related to the social services contribution in improving emergency duty response times and was currently being reviewed by the unitary authorities across Berkshire.

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- 'To maintain a high return on investment in the prevention of drug and alcohol related hospital admissions' – this was work in progress based on the funding allocation for Drug and Alcohol Action Teams (DAAT) in each local authority in Berkshire.

The Panel discussed a wide range of issues including the metrics or benchmarking data used to evaluate progress against targets/objectives. It was recognised that many of the actions did not have statistical targets that could be measured in this way, but the information that was collected for relevant actions was requested to be made available to Members so they could better understand how close or far performance was from target.

In view of the recent issues reported in children's services, a Member asked whether there were any concerns that the Panel should be aware of in terms of the strength of the partnership working arrangements between the signatories across Berkshire to the Concordat. No concerns were raised.

The issue of the transfer of patients from Slough to Prospect Park was raised. A representative of Berkshire Healthcare NHS Foundation Trust commented that resources were in place to support transport to Prospect Park and this service was monitored. Whilst general concerns on this issue had previously been highlighted in the past, these had not been substantiated, and Members were therefore asked to report any specific concerns or incidents directly to the Trust. In discussing instances where the Police had transferred patients in emergency situations previously, the Panel requested further information on any trends or statistics on progress made in ensuring appropriate transfer of mental health patients to a place of safety. Further detail was also requested on the nature of the bespoke training to support mental health patients to 5,000 TVP officers and staff under Point 17 of the Action Plan.

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

Resolved – That the update be noted.

34. Slough Alcohol Strategy and Substance Misuse and Treatment Services in Slough

The Panel received a report that provided information to Members on Slough's substance misuse services and sought comment on the draft Slough Alcohol Strategy.

Current provision of Slough treatment services were explained with three agencies delivering four broad components – early intervention and harm minimisation, psychosocial recovery, clinical provision and community re-integration. The services were currently co-located and delivered from Maple House, although the Drug & Alcohol Action Team (DAAT) were currently sourcing alternative accommodation as the lease on the current premises expired next year. Approximately seven hundred individuals were supported in treatment services within a year. Performance indicators were monitored

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nationally by Public Health England's Alcohol and Drugs Team and the Panel was provided with an overview of key indicators. The key challenges identified by the service included meeting the level of demand given the pressures on local authority budgets and the likelihood of further savings; and finding appropriate accommodation for such services. A strategic review of substance misuse services was underway to determine the scope and configuration of future services and the Panel would be kept updated of the outcomes of the review.

The new Slough Alcohol Strategy, which had been circulated as Appendix A to the report, was considered by the Panel following consultation with stakeholders and importantly with users. It was an overarching strategy to address the negative effects of alcohol use and included four key themes:

- Working in partnership
- Responsible sale and consumption
- Reducing harm
- Protecting families

The strategy had been fully aligned with the Five Year Plan, and had a significant focus on prevention to enable individuals to take control of their alcohol consumption. The cost of alcohol misuse in Slough was high in terms of hospital admissions, crime and the emergency response and the strategy had taken an innovative approach in seeking to address these issues.

Members highlighted the importance of working with the licensed trade, particularly off-licences, to seek to restrict certain practices that were considered to encourage problem drinking such as the sale of single units, price promotions and continued supply to known problem drinkers. Officers were also encouraged to look at innovative work being done elsewhere to increase engagement and promote self-referral with the example of Pendle being cited. The availability of cheap and counterfeit alcohol was a significant concern and the Panel was informed that public health, licensing, trading standards and environmental health were working together. In view of the particularly damaging effects of illegal alcohol sales, the Panel felt that there should be strong sanctions for premises supplying illegal alcohol, either counterfeit or under-age, and that the Licensing Committee had an important role to play in this regard.

Clarification was sought on how trends on service use were analysed to plan future provision. Public health data was being used to inform the strategic review and it would be vital to use this evidence to shape services for the future to provide the most effective services possible at a time of significant funding reductions. The review was designed to ensure value for money and properly targeted interventions. Members commented that there was a high prevalence of alcohol misuse in certain groups and the data needed to be sufficiently detailed to properly target such groups. It was noted that information from outreach work and audits of service users could be utilised for this purpose. Some Members had volunteering experience with organisations that brought them into contact with at risk people and it was

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agreed to have further discussions with officers to ensure appropriate engagement was in place and consider whether further targeting of support for specific communities could be improved.

The Panel discussed a range of other issues including the Community Alcohol Partnership and the links between alcohol misuse and violent crime, particularly domestic violence. It was noted that Safer Slough Partnership was involved in a significant amount of work to address this issue including work with the Police Federation in Britwell and Chalvey. The service budget which totalled £1.9m, was also discussed and it was requested that a breakdown of spend be provided to the Panel.

The Panel commended officers on the good progress that was being made in addressing alcohol and substance misuse issues, particularly given the high demand and reduced resources. The service update and draft of the Alcohol Strategy were then noted.

Resolved –

- (a) That the Alcohol Strategy be noted.
- (b) That the progress of Slough's Substance Misuse Services, the Strategic Review and the ongoing challenges faced in respect of substance misuse be noted.

35. Child and Adolescent Mental Health Services Strategy 2015 - 19: Building Resilient Communities

The Panel considered a report on the Slough Child and Adolescent Mental Health Services (CAMHS) Strategy 2015-19 titled '*Promoting Mental Health 4 Life Building Thriving Communities*'.

Members were informed that Slough was the first place in the country to adopt the Mental Health 4 Life themes and the THRIVE model of CAMHS on which the strategy was based. The new model removed the escalation approach under the previous tiered system and set out a different concept and way of working that everyone could understand and apply in their work with children or parents. The strategy described the local CAMHS transformation programme that started in 2014 and included reform to eight pathways; new resources for schools, parents and GPs; and the development of an integrated hub called the Five Ways to Wellbeing hub. The strategy, which was out for consultation, was supported by a joint action plan with partners of the Children & Young People's Partnership Board.

The Panel was informed that the team wanted to do more work with partners on Autism Spectrum Disorder (ASD), supported by funding from NHS England and CCG CAMHS Transformation Fund, to provide further support to families both pre and post diagnosis. Slough had double the expected number of children and young people with ASD and there were a further 142 children awaiting a diagnosis. Members asked about the waiting times for diagnosis

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for ASD and it was noted that these were set out in the Joint Strategic Needs Assessment. Clarity was sought on the additional funding to support ASD and the most vulnerable young people and from the CAMHS Transformation Fund. A bid for £770k across East Berkshire had been submitted to NHS England and the outcome was awaited. Accessing additional support through the Transformation Fund was considered to be particularly welcome given the financial pressures faced by the service.

The Panel discussed a range of other issues including the wider support to families and the importance of ensuring CAMHS helped ease the transition to adult mental health services where appropriate. Supporting people into work was also a key priority for adult mental health. The consultation and engagement arrangements for the strategy were discussed and it was noted that young people and the youth parliament had been consulted throughout the design of the Thrive website. There was also consultation with voluntary and community sector organisations and Healthwatch.

In noting the strategy, the Panel welcomed the development of the new strategy and particularly the use of emerging best practice in shaping services to meet the needs of children and young people locally.

Resolved – That the report be noted.

36. Slough Safeguarding Adults Annual Report 2014/15

The Head of Safeguarding and Learning Disabilities presented a report to the Panel on the Slough Safeguarding Adults Board Annual Report for 2014/15. The preparation and presentation of an Annual Report was now a statutory requirement of the Care Act implemented from April 2015. The local authority was formally identified as the lead authority with both Thames Valley Police (TVP) and the Clinical Commissioning Group (CCG) sharing responsibility for local safeguarding arrangements as core members of the board.

The Panel noted the six key safeguarding principles outlined in the Care Act of empowerment, prevention, proportionality, protection, partnership and accountability. Three new categories of abuse had been introduced – modern slavery, domestic violence and self-neglect, which was often a factor in mental capacity assessments and had been a factor in Serious Case Reviews. Members were updated on progress towards the strategic objectives of Making Safeguarding Personal and Ensuring Compliance with the Mental Capacity Act. The personalisation theme was leading to a much greater focus on seeking to achieve the outcomes individuals wanted and shifted away from a process driven system. It was recognised that not all outcomes people wanted would be achievable, but the new approach was a 'different conversation'.

In relation to compliance with the Mental Capacity Act, one significant issue raised was the resource and practice pressures arising from Supreme Court judgements in 2014 that extended the definition of those subject to Deprivation of Liberty Safeguards (DOLS) and had led to a substantial

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increase in DOLS applications. In 2013/14 there had been 28 DOLS applications and this had risen to 391 in 2014/15 which was problematic both due to the cost pressure and the limited pool of qualified Best Interest Assessors required to assess each application. The Panel discussed the pressures arising from the increase in applications and it was noted that a one off grant had been made to offset some of the costs. The Association of Directors of Adult Social Services was making representations about continued support. It was recognised that this was a national issue and Slough was in a relatively better position than some neighbouring areas. The Panel queried the definition of 'non-urgent' in cases where assessment waiting times were extended to help manage the pressure. The definition was explained and it was noted there were clear national criteria that were followed.

A Member commented that whilst a number of improvements to safeguarding were evident, casework highlighted that some issues of concern remained which required further improvement. The Officer acknowledged this and stated that Serious Case Reviews were now published and agencies were working hard to learn the lessons from reviews, identify and manage risks and improve communication and training.

The Panel generally discussed the forthcoming Spending Review and the potential impacts for adult social care budgets and the resources that partners in health services and police were likely to have available to support such work. The partners were working together across the social care system to mitigate the impact of further funding reductions for the local authority, but the challenges were likely to be significant.

The Annual Report stated that 4 authorised providers had been 'amber' rated and 2 had a 'red' rating at the end of March 2015, and it was asked whether there had been any subsequent improvement. It was responded that a robust system was in place to review providers. The ratings of individual providers varied over time with improvements being made where reviews had highlighted issues of concern previously. The overall proportion of providers rated 'red' was approximately 10% of providers under embargo at any one time. This figure remained fairly constant although it was stated there were currently less providers giving cause for concern and the issues and areas for improvement were known. The Panel asked about the number of planned and unplanned visits to care homes and it was noted that reactive visits were made if a safeguarding concern was raised and to ensure issues were properly investigated and dealt with.

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

Resolved – That the Slough Safeguarding Adults Board Annual Report 2014/15.

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37. Forward Work Programme

The Panel considered the work programme for 2015/16 and agreed the following additions/amendments:

- CQC inspection report to be circulated to the Panel as soon as it was available and be considered by the Panel in either March or at an additional meeting if the report raised significant issues for concern.
- Five Year Plan outcome to be moved to March.
- Access to extended hour appointments to be scheduled for January.
- Cancer Strategic Clinical Network to be rescheduled in 2016/17 municipal year.
- Carers Strategy – update to be scheduled in 2016/17 municipal year.

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

38. Attendance Record

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

39. Date of Next Meeting - 14th January 2016

The date of the next meeting was confirmed as 14th January 2016.

Chair

(Note: The Meeting opened at 6.31 pm and closed at 8.25 pm)