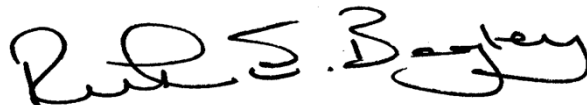


Date of issue: Wednesday, 6 January 2016

MEETING:	HEALTH SCRUTINY PANEL (Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Shah)
DATE AND TIME:	THURSDAY, 14TH JANUARY, 2016 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

Apologies for absence.

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

CONSTITUTIONAL MATTERS

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest. All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Minutes of the Last Meeting held on 18th November 2015 1 - 8

SCRUTINY ISSUES

3. Member Questions

(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).

4. Adult Social Care Budget and Adult Social Care Reform Programme 2015-19 9 - 16 All

5. Get Active Slough: A Five Year Leisure Strategy for Slough 17 - 22 All

6. Slough Walk In Centre 23 - 28 All

7. Service changes arising from the in year reduction to the Public Health Grant and the Comprehensive Spending Review 29 - 34 All

8. Forward Work Programme 35 - 38

9. Attendance Record 39 - 40

10. Date of Next Meeting - 21st March 2016



Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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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

Health Scrutiny Panel - 18.11.15

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)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 14th January 2016
CONTACT OFFICERS: Alan Sinclair, Assistant Director Adult Social Services
(For all Enquiries) (01753) 875752
WARD(S): All

PART I
FOR INFORMATION AND DISCUSSION

ADULT SOCIAL CARE BUDGET AND ADULT SOCIAL CARE REFORM PROGRAMME 2015-2019

1. Purpose of Report

To update Panel members on the in-year adult social care (ASC) budget, the future budget plans and an update on the progress of the implementation of the ASC reform programme and the Care Act.

2. Recommendation(s)/Proposed Action

The Panel is requested to note and comment on the financial position facing ASC the proposed budget plans and the progress being made on the implementation of the ASC reform programme and future plans for reforming ASC over the next four years.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

- 3.1 The ASC reform programme will, through a number of key initiatives, bring about a fundamental change in the way in which the Council delivers adult social care services. Through the promotion of the wellbeing and prevention principles of the Care Act the changes will focus our work on wider client health and wellbeing issues related to quality of life and social isolation. The actions in the reform programme aim to improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the Slough Wellbeing strategy but especially the Health priority.

It will do this by promoting people's wellbeing, enabling people and families to prevent and postpone the need for care and support, and putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility.

- 3.2 The Slough JSNA highlights the following key trends relevant to the content of the Local Account
- Deprivation is lower than average although over half the population live in areas classified as deprived;

- The health of the town is poor, the town is experiencing increasingly high rates of TB, and the number of premature deaths due to cardiovascular and cancer is worse than the national average. 25.7% of our adult population is classified as obese and this is expected to continue to increase.
- Estimated levels of adult smoking and physical activity are worse than the England average;
- The estimated level of smoking is above the national average at 22%;
- In the last ten years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average;
- The proportion of people aged 85 years and above in Slough is expected to increase by 27% over the next five years; this includes a growing percentage of a population which is diverse with complex health and social care needs.

This means that local health and social care services must change to meet the growing number of people with complex and long term needs.

- 3.3 The ASC Reform Programme supports outcome 6 of the Council's five year plan "People take more responsibility of their own care and support". This will be accomplished by supporting carers to carry out their caring role, promoting an individual's wellbeing, by building on the current social capital found in the community and increasing the provision of direct payments.

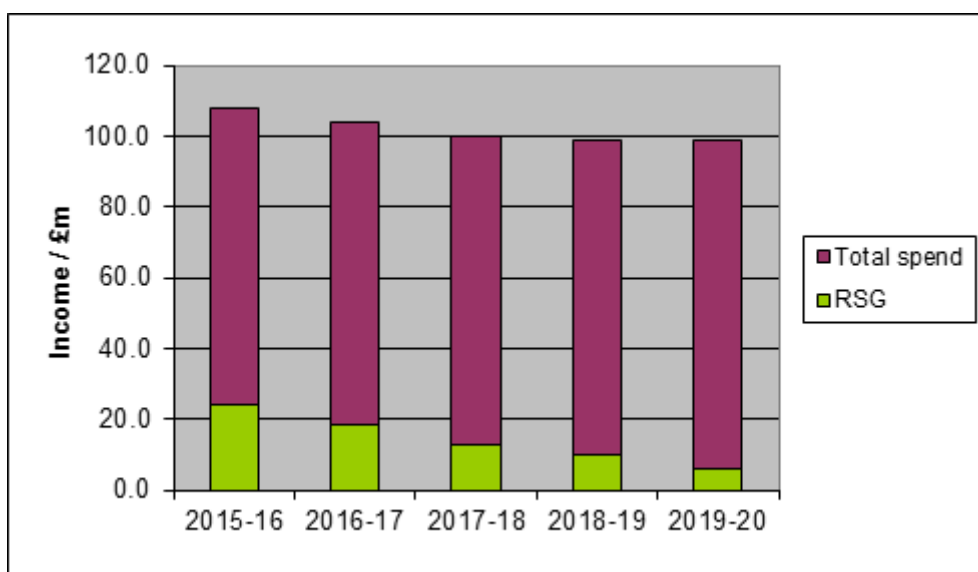
4. Financial Implications

- 4.1 The budget for ASC has been reducing, like all council budgets, over the last few years at a time when there is both an increasing demand for social care support and new burdens placed on all councils through the implementation of the Care Act 2014.
- 4.2 The current budget for ASC is still projecting an overspend of approx £0.6m for 2015-16; with efficiency savings of £2.714m being delivered this year. There are further planned savings of £5.14m to be delivered by March 2019 by the delivery of the ASC reform programme.
- 4.3 The recent provisional Local Government Spending Review has highlighted a further significant reduction in funding to the Council. In 2013-14 the Council received £40m of Government Grant; in 2019-20 this will be £6m – i.e. a reduction of 85% over the six year period. This unprecedented level of funding reductions will have a significant impact on how public services are delivered by the Council going forward, including Adult Social Care.

As part of the finance settlement, the Government announced a number of Adult Social Care specific changes. Firstly, there will be the option for Councils to raise a further precept of 2% to support Adult Social Care. For Slough, this would equate to circa £900k. Secondly, money that the Council had previously received in respect of the Care Act has been included within the overall

Government Grant, this amounts to almost half a million pounds and will be a major financial pressure for next year to fund. Thirdly, the Government has announced a further £1.5bn nationally for the Better Care Fund from 2018-19 (for Slough this is £1.4m then a further £1.2m in 2019-20). It appears that this money is coming from within existing resources however, though this will be new money to the BCF, it is coming from within Local Government itself but the detail of this is not yet known.

The Government figures assume that Councils increase Council Tax just beneath the referendum cap of 4%. If Slough was to do the same (and this is a decision for full Council in February), then the overall picture would be per the below. The proportion of income from Council Tax would increase, with the amount of funding from Government grant being marginal by 2019-20. Overall financial resources would be considerably below the £114m in 2013-14 and the current levels, but would potentially stabilise, assuming no further demographic or other financial pressures on the Council. Given recent history for Local Government as a whole, this is unlikely.



5. Risk Management

Risk	Mitigation
Managing demand	<ul style="list-style-type: none"> Targeted actions in the Reform Programme and Better Care Fund.
Care Act burdens	<ul style="list-style-type: none"> Regular monitoring of the impact of the Act and escalation to programme board
Reform programme actions and savings plans not on target	<ul style="list-style-type: none"> Programme and project management discipline – regular review of each project. Escalation to Adults DMT and Programme board and corrective/alternative actions in place
Savings Plans not delivered	<ul style="list-style-type: none"> Regular review of each saving plan objective Escalation to Adults DMT and Programme board and corrective/alternative actions in place
Council financial position to 2020	<ul style="list-style-type: none"> Monitor and review national and local position

5.1 Human Rights Act and Other Legal Implications

The ASC reform programme and the implementation of the Care Act are about ensuring that all people's rights including their human rights are met. The impact of the implementation of the Act will be monitored over the next two years.

5.2 Equalities Impact Assessment

Equality Impact Assessments will be undertaken as part of formal project initiation to assess the impact of any proposals on the protected characteristics as the reform programme is implemented. Impact assessments have been undertaken on all savings plans and no significant impacts identified.

5.3 Workforce

The ASC reform programme has a strong focus on workforce development. The aim of this component of the programme will be to develop a sector wide strategy to develop the capacity and capability of informal carers, personal assistants, community groups, volunteers as well as paid care home workers and social care workers in the Borough.

The strategy will be implemented through a focussed plan that will bring long term and sustained change that will address recruitment, retention, capacity and competency issues of the care and support sector in Slough. Importantly opportunities to develop a system wide workforce development plan will be explored.

Supporting Information

6. **Summary of the current budget and expenditure**

The table below shows the budget, underlying budget pressure and forecast outturn for ASC for 2015/16 at end of month 8.

Service Area	Budget £'000	Underlying Outturn £'000	Underlying Variance £'000	Forecast Outturn £'000	Forecast Variance £'000
ASC	34,458	35,981	1,523	35,062	604

The forecast position is dependent on the delivery of the planned savings targets and new additional measures to manage the underlying budget pressure and slippage on the achievement of some of the savings targets.

7. **Reasons for current overspend**

There are two main reasons for the current overspend:

- slippage on the delivery of savings
- increasing demand and complexity of needs of individuals

8. Main areas of savings 2015-2019

Savings Area	Descriptor	Value £m	Progress
2015/16			
Learning Disability change programme	Move from residential to supported living	£1m	Will be delivered
Mental health	Review of existing support packages and services	£0.1m	Delivered
Internal services	New models of delivery	£0.35m	Not delivered – to be delivered in 2016/17
Voluntary sector	Reduction in funding in contracts	£0.275m	Delivered
Fees and charges	Increase client charging with inflation	£0.189m	Delivered
Transformation 1	Care act principles – early intervention and prevention, community capacity, personalisation and direct payments	£0.5m	Will be delivered
Transformation 2	Staffing restructure	£0.3m	Not delivered – to be delivered in 2016/17
2016/17			
Internal services	New models of delivery (year 2)	£0.3m	Plans in place
Transformation 1	Year 2 of the reform programme	£1.8.m	Plans in place
Transformation 2	Year 2 of staffing restructure	£0.3m	Plans being developed
2017/18			
Transformation 1	Year 3 of reform programme	£1m	Plans in place
Extra care housing	New service	£0.5m	Plans in place, capital contribution approved. Risk of delay of start to early 2018
2018/19			
Transformation 1	Final year of reform programme	£1.2m	Plans in place
Total 2015-2019		£7.814	

Savings under Transformation 1 above for 2016-2019 include:

- Telecare and equipment
- Drug and alcohol services redesign
- Reduction in expenditure due to increase of people being in receipt of continuing health care
- Provider review of people receiving care at home
- Re-assessments of care packages
- Housing related support redesign
- Mental health supported living redesign
- Voluntary sector funding

9. Progress on delivery of the ASC Reform Programme & the Implementation of the Care Act 2014

The Care Act received Royal assent on the 14th May 2014 and consolidated and modernised the framework of social care law for adults in England which has stood for nearly 70 years.

The Act has introduced a number of new duties and powers for Local Authorities including those to integrate local services, promote the wellbeing of residents and new rights for carers.

The ASC reform programme governs a portfolio of projects including the Department's transformation, financial activities as well as the embedding of the Care Act 2014.

- 9.1 The initial changes experienced in ASC due to changes in eligibility criteria, safeguarding and carer responsibilities are now managed as part of daily business. The initial increase in departmental contacts from April 2015 is now at consistent levels, but the service is experiencing an increase in the complexity of needs of the contacts being made.

Looking ahead over the next 12 months the main areas of challenge for the programme consist of embedding the new asset based model for social work practice and community capacity building and the associated departmental, organisational and community cultural change required to make these initiatives successful.

Work on market development has started through the community and voluntary sector SPACE alliance, but changes are still required across all ASC provision, this is a process that will require continued contract management and as necessary re-commissioning.

- 9.2 Since the last reporting period, delivery has focused on following areas of the programme:

Prevention – From 8 January 2016 the department will change the manner in which clients are assessed from a “needs deficit” model towards one that focuses on community based support and care, maximising all available resources, assets and skills available to people and families.

This approach known as an “Asset Based Conversation” will challenge assumed best practices and sharing new ways of working across similar initiatives taking place at Reading and West Berkshire Borough Councils. This project has inter-dependencies with the new voluntary sector SPACE contract, the Community Hubs development work and the ASC organisational workforce review.

Integration –Internal partnerships have been created to develop community based social work and virtual community hub working. Starting in February 2016 community facing Council support teams will meet together on a weekly basis to working collaboratively on individual Slough resident issues to improve outcomes.

Information & Advice –Re-commissioning of the independent advocacy service as an “Advocacy Hub” in line with the Care Act 2014. The contract will start on 1 April 2016, for an initial 3 year period. It is expected that this contract will provide increased value for money, a streamlined single referral for independent advocacy and manage the qualification standards of the service in line with the Care Act duty to provide NVQ level 3 advocacy training.

Personalised Outcomes - the Enham Trust Personal Assistants contract started on 1 July 2015. The service has been publicised locally (Oct 2015 Citizen) in order to recruit local Personal Assistants, local referral procedures have been implemented and the online matching database is in development. Enham are also supporting current and new direct payment recipients with employment information and advice to ensure they are legally compliant with employer and HMRC regulations.

The ASC team is on target with the re-assessments of all open cases in order to meet the duties under the Care Act 2014. This work oversees the reassessment of nearly 600 cases and will promote personalised outcomes through Asset Based Conversations and Direct Payments, Continuing Health Care support and increased use of Assistive Technology.

Building Community Capacity - the voluntary and community sector contract (£3.2mn over 3 years) has been awarded to the SPACE alliance which will start in January 2016. This contract will deliver more positive outcomes for individuals and community groups, while ensuring that smaller community and voluntary organisations are engaged through an alliance delivery model.

Workforce Development and Quality – progress has been made in the delivery of mobile and remote technology to aid the development of flexible working practices for ASC staff outside of St Martin’s Place and in the community hubs. A pilot will start in March 2016.

9.3 In summary the main benefits expected as a result of this programme of work include:

- People take more responsibility of their own care and support
- Reduction in operating costs for complex cases
- Increase in co-produced services that are more likely to achieve personal outcomes
- Reduction in admissions to care homes and acute settings
- Reduction in re-admission rates to acute settings
- Cashable savings to both local Social Care and Health budgets
- Increase in self-directed support and direct payments as people take more control of their own care and support
- Operational workload management efficiencies
- Improvement in choice and outcomes for individuals
- Untapped social capital reduces local authority and NHS revenue and capital costs
- Staff are more fulfilled in their professional lives
- Increase staff retention rates and staff satisfaction

10. Conclusion

Adult social care is facing a significant challenge over the coming years with increasing demand and reducing expenditure. Members of the Health Scrutiny Panel are asked to review and comment on this financial challenge, progress on the delivery of the ASC reform programme and planned changes and savings and the first 9 months implementation of the Care Act 2014.

11. Appendices Attached

None.

12. Background Papers

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 14th January 2016

CONTACT OFFICER: Alison Hibbert – Leisure Strategy Manager
(For all enquiries) (01753) 875896

WARD(S): All

PORTFOLIO: Community and Leisure – Councillor Carter

PART I
FOR COMMENT & CONSIDERATION

GET ACTIVE SLOUGH - A FIVE YEAR LEISURE STRATEGY FOR SLOUGH

1. **Purpose of Report**

This report is to advise the Health Scrutiny Panel of progress in implementing the Slough Leisure Strategy – “Get Active Slough”. The strategy is designed to get more people, more active, more often. The report presents progress to date on:

- the ‘Get Active’ targeted activity programme
- the major leisure capital development programme
- the neighbourhood capital programme

2. **Recommendation(s)/Proposed Action**

That the progress made in implementing the Slough Leisure Strategy – “Get Active Slough” be noted.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a **Slough Joint Wellbeing Strategy Priorities**

All the actions within the Leisure Strategy will contribute towards achieving the overarching vision of the Slough Joint Wellbeing Strategy and will make significant contributions specifically to the health, wellbeing and safer Slough themes.

- **Health and Wellbeing.** Cabinet in July 2014 approved a strategy for leisure, with the overarching aim to “enhance the health and wellbeing of Slough residents by ensuring leisure activity is adopted as a habit for life for all – more people, more active, more often”. The causal link between physical activity and overall health indicators is clear, particularly for obesity and heart disease, which are high priorities for Slough.
- **Safer Slough.** The opportunity to participate in shared leisure activities makes a positive contribution to community cohesion and interaction for all members of the varied and diverse community in Slough.
- **Regeneration and environment.** Leisure facilities contribute to the quality of the environment of the town. They provide opportunities to regenerate specific sites and local communities.

Cross-Cutting themes:

Good leisure facilities can improve the image of the town, making Slough a destination for sport and physical activity for local residents who will take a pride in the promotion of their use.

The leisure strategy and improved leisure facilities contribute towards addressing key priorities as set out in the JSNA including childhood obesity, positive activities for young people and cardio vascular disease.

3b. Five Year Plan Outcomes

- Slough will be the premier location in the south east for businesses of all sizes to locate, start, grow, and stay – good quality, accessible leisure facilities are attractive to employers to ensure a healthy workforce which is imperative for a businesses success.
- There will be more homes in the borough, with quality improving across all tenures to support our ambition for Slough – the future development of leisure facilities on chosen sites in the town will compliment planned housing developments and assist the organisational aim of maximising the value of assets.
- Slough will be one of the safest places in the Thames Valley – leisure activity can be used as a diversionary activity for young people who could be at risk of anti-social behaviour.
- More people will take responsibility and manage their own health, care and support needs – accessible leisure opportunities in the right location will enhance the health and wellbeing of all individuals living in Slough.
- Children and young people in Slough will be healthy, resilient and have positive life chances – improved leisure facilities will provide children and young people with wider opportunities for participation in sport and physical activity which results in greater physical and mental wellbeing. The proximity of the proposed new facilities to educational establishments will maximise use and allow the Council to realise corporate aims.
- The Council’s income and the value of its assets will be maximised through capital development and improvements to its leisure facilities.

4. Other Implications

(a) Financial

It is estimated that it will cost the Council £35m to deliver its leisure capital programme over the next 5 years. The allocation of funding to the proposed capital schemes will be considered by Cabinet in the New Year.

(b) Risk Management

Property	See section 5.3	Released sites for housing regeneration will generate a capital receipt
Human Rights	None	

Health and Safety	This will be addressed for new facilities as they are developed	
Employment Issues	None	
Equalities Issues	The strategy focuses on identified priority groups, but will maintain opportunities for all. There will be a clear link between local dispersed provision and the ability of priority groups to engage	Improved access to quality facilities will contribute to increasing levels of activity by Slough residents
Community Support	User and non user information has been used to inform the strategy.	Further consultation will be undertaken as proposals are developed
Communications	None	
Community Safety	None	
Financial	See section 4.1	
Timetable for delivery	5 year action plan produced and draft capital programme in place	Link with contract ending in 2017
Project Capacity	Project board established and lead officer appointed.	

Human Rights Act and Other Legal Implications

There are no Human Rights Act implications.

Local authorities have a range of powers to deliver cultural services which includes both recreation and sport. This would include the delivery of leisure centres and sports facilities which are all discretionary services.

Equalities Impact Assessment

An Equalities Impact Assessment will be completed for all new leisure facilities when the final proposals have been agreed.

(c) Workforce

There are no workforce implications in regard to this report

5. Supporting Information

- 5.1 Cabinet agreed the leisure strategy “Get Active Slough” in July 2014, which has been developed to achieve the overarching outcome of **more people, more active, more often**. “Get Slough Active” is central to improving wellbeing and health outcomes. The case for getting everybody active, every day could not be clearer. Inactivity is responsible for 1 in 6 deaths and wider health, social and economic costs for individuals, families and communities in the UK. In Slough this cost is estimated to be £24 million per annum.

5.2 'Get Active'

5.2.1 The Council's 'Get Active' programme was launched in September 2014 and targeted four of the most deprived and inactive wards in the borough. Since its launch the programme has seen a rise in activity levels across the borough which can be evidenced through the Active People Survey results which show:

- a) A decrease in inactivity levels from 37.6% (2013 / 2014) to 31% (2014 / 2015) taking us from 145th (out of 150) least active local authority in England to 95th.
- b) An increase in participation of 1 x 30 minutes of moderate exercise per week from 31.3% (Active People 8) to 34.4% (Active People 9), an increase of 3.3%.

5.2.2 The Get Active programme has targeted people over the age of 14, particularly those who are not currently active to encourage them to take exercise close to where they live or work. To date the programme has engaged with 5, 687 individuals, with 16,400 visits to timetabled activity sessions across the borough. A detailed breakdown of participants is detailed in the table below:

Get Active Programme 2014 - 2017	Programme target (3 year)	Actual to date (18 months of 3 year programme)
Number of participants	2,650	5,687
Throughput (visits)	28,460	16,339
Age 0 – 13	0	1,450
Age 14 – 25	1,951	3,017
Age 26+	699	1,220
Male	1,385 (53%)	2,945 (52%)
Female	1,265 (47%)	2,742 (48%)
Disability / limiting long term illness	186 (7%)	390 (7%)
Black / Other minority ethnic background	1,325 (50%)	4,796 (84%)
White	1,325 (50%)	891 (16%)

5.2.3 The Council is working with a team of external advisors and experts, including Slough Regeneration Partnership (SUR), Morgan Sindall and Sport England's national facilities and programming teams to ensure that its capital and sports and activity programmes offer the very best facilities and opportunities for Slough residents. This partnership approach puts the Council in a strong position to identify future funding opportunities and up to date information on national initiatives and trends.

5.2.4 Slough has been chosen as a national pilot by Sport England and CLOA (Chief Leisure Officers Association) to take part in a 'commissioning of sport and physical activity' programme. Funding will enable Slough to undertake a mapping exercise to understand the commissioning landscape in Slough at present and commissioning opportunities going forward for sport and physical activity.

5.3 Main Leisure Facilities

5.3.1 The leisure strategy capital programme identifies four major leisure schemes for major development and improvement works over the next five years.

- I. Refurbishment and improvement works to Langley Leisure Centre
- II. Refurbishment and improvement works to Slough Ice Arena
- III. Re-provision of the Montem Leisure Centre on the Farnham Road, Centre site

IV. Development of a new community sports facility on the Arbour Park site

5.3.2 To date works have commenced on the Arbour Park site to develop phase 1 of the community sports facility, which will be completed in readiness for the 2016 / 17 football season in August 2016. Langley Leisure Centre improvement works will commence in March 2016 and both the ice arena works and reprovision of Montem Leisure Centre are due to commence in the autumn 2016.

5.4 Neighbourhood Capital Programme

5.4.1 Committed capital funding of £150,000 a year up to 2017 will provide a series of new outdoor gyms, trim trails and improvements to existing sports provision in parks and local neighbourhoods. To date five MUGA (multi-use games areas) facilities have been developed in strategic sites across the borough, including Chalvey, Foxborough and Britwell.

In February 2016 work will commence to develop:

- Outdoor gyms at Salt Hill Park, Kedermister Park, Cippenham Recreation Ground and Upton Court Park.
- Fitness trails at Harvey Park, Crown Meadow and Godolphin Recreation Ground.
- A trim trail at Buttermere Avenue
- A Parkour Park at Salt Hill Park
- A multi-use games area (MUGA) refurbishment at Cromwell Drive – this will include changing the surface to porous tarmac and marking up the surface for football and basketball.

6. Comments of Other Committees

None

7. Conclusion

This report outlines how the leisure strategy approved by Cabinet in July 2014 is being implemented. The strategy will ensure investment in both core and local facilities to maintain current participation in physical activity, and in particular, the community activity programme which aims to enable local individuals and communities to be more active in ways that fit with their lifestyles and needs in localities where they live. Targeted capital and revenue investment has already resulted in an increase in activity amongst Slough residents.

8. Appendices Attached

None

9. Background Papers

1. Leisure strategy and 5 year action plan

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Report to Slough Health Scrutiny Panel, 14th January 2016
Slough Walk in Centre, Upton Hospital

Introduction

The contract for services provided at Slough Walk in Centre at Upton Park hospital expired in December 2015. An extension to this contract was provided for 18 months and expires in June 2017. The service is currently commissioned by NHS England. The contract extension period has provided NHS England and Slough and WAM CCGs with an opportunity to review the current service and consider how the service could be developed in the future.

Current Service

The walk in centre includes GP services for registered patients and a walk in primary care service from 8am-8pm seven days a week. It offers primary care services at Upton Park Hospital which is less than a mile from the centre of Slough. There are two parts to the walk in centre and key elements are highlighted in the table below.

	Walk in element	GP practice
Service	Open 365 days a year from 8am-8pm including bank holidays Offers a range of treatment for minor illness The service can be used by anyone on a no appointment walk in basis. Patients do not need to be registered with the centre receive a walk in service	Open for patients to register Patients are able to make appointments every day from 8am to 8pm including bank holidays
Activity	42470 attendances 2014/15	6409 registered patient in April 2015
Funding	£1m	£0.7m

The Slough Walk in centre was opened in 2009 as part of the Equitable Access to Primary Care programme (Department of health, Next Stage Review Interim report, October 2007), which saw at least one GP led health centre open in each Primary Care Trust area. At the time this was East Berkshire PCT which covered Slough, Windsor Ascot and Maidenhead and Bracknell. The centres were to be open between 8am to 8pm, seven days a week, situated in easily accessible locations.

Nationally the key reasons that GP led walk in centres were set up were:

- To provide easier access to members of the local population for bookable appointments and walk in services
- To foster more integrated care

Following the abolition of PCTs the contract for Slough Walk in Centre transferred to NHS England as part of their primary care commissioning function.

Berkshire Healthcare Foundation Trust the local community and mental health service provider currently operates Slough Walk in Centre. With the introduction of Co-Commissioning the responsibility for commissioning the Slough Walk in centre or alternative once the contract expires will be NHSE/CCGs as co-commissioners until delegated responsibility is assumed.

Current Activity

The current walk in service is for minor illness and does not cater for minor injury. Therefore the majority of patients attending on a walk in basis are patients presenting with minor illnesses which could be seen by their GP such as:

- Sore throat/cough/cold/runny nose
- Fever/high temperature
- Ear infection
- Skin problems
- Dressings

The table below shows the walk in activity over the past 6 years, each year exceeding the original estimate of 28-30,000 per year and stabilising in the last 3 years.

	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016(Q1&Q2)
Totals	40965	37833	42362	42356	42470	21086

The table below provides the percentage by CCG for 2014/15 and Q1 2015/16. Figures for previous years are not available by CCG.

CCG	2014/15 Attendees	2014/15 % of total	Q1 2015/16 Attendees	Q1 2015/16 % of total
Slough	26554	66%	6455	64%
WAM	5060	12%	1334	13%
OOA	3595	9%	773	8%
Chiltern	4174	8%	913	9%
Hillingdon	1034	3%	339	3%
Other	999	2%	303	3%
total	40416	100%	10117	100%

Slough PMCF started in August 2014/15 with 48,000 additional evening and weekend planned appointments at 4 GP hubs. The activity at SWIC resulting from Slough practices has been analysed from August to October 2014/15 compared with 2015/16 and a reduction of 492 patients has been observed (9%).

Dressings

Dressings have increased by 33% for Q1&Q2 2015/16 and numbers triple at the weekends. Slough, Chiltern and Hillingdon CCG dressings have increased the most. To understand the increase, BHFT audited the type of dressings people were presenting with for the week 16-22 November 2015. The results showed 35% of dressings were for cuts and grazes, 25% incision and drainage and 19% post operative dressings.

WIC Dressing Numbers

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6 Q1/Q2 only
	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Totals	2219	1934	2411	2418	2054	1386

Dressings by CCG

	Total 2014/15	Total Q1 2015/16
NHS Slough CCG	966	356
NHS Windsor, Ascot and Maidenhead CCG	566	140

NHS Chiltern CCG	296	125
OOA	192	30
N/A	22	18
NHS Hillingdon, Hounslow & Ealing CCG	10	11
NHS Wokingham CCG	2	0
Berkshire West CCG	0	1
NHS Bracknell CCG	0	3
TOTALS	2054	684

What do patients think of the service?

BHFT undertook a patient survey of the walk in element in May 2014 and reported in September 2014. 500 questionnaires were sent out and 289 people responded, a 60% response rate. The summary of the patient experience from this survey reported:

- 95% of patients questioned as part of the survey felt their care was either excellent or good,
- 96% extremely likely or likely to recommend the service to friends or family.
- 98% of patients “strongly agreed” or “agreed” that they had been treated with dignity and respect.

The main reason for attending the walk in service are provided in the following table.

Main reason	%
I've been before	25%
No appointments at my GP	19%
Open at weekend	17%
Close and convenient	11%
Emergency situation	10%
Advice	4%
GP Practice to me to come	4%
Don't have a GP	2%
2 nd opinion	2%
Dressing change	1%
Other own reason	5%

* respondents could choose more than one response

The latest national GP survey (July 2015) for SWIC GP practice reported the following headlines about making an appointment:

Questions	SWIC Practice	Slough CCG	England
Easy to get someone on the phone	51%	47%	71%
Able to get an appointment	70%	76%	85%
Felt the appointment was convenient	84%	83%	92%
Had a 'good' experience of making an appointment.	53%	55%	73%

How do the services provided at Slough Walk in Centre Align with other local services? What other choices do patients have in accessing locally suitable services?

People attending Slough walk in centre can also access primary care and urgent services through:

- Pharmacy
- GP practice
- PMCF
- OOHs
- 111
- Attending St Marks urgent care centre
- Wexham park A&E

GP practices

There are 10 GP practices all within 3.5miles of the SWIC. All of these have open lists but are working to capacity. The SWIC currently has a registered population of 6409 patients. This size is considered too large a population to disperse to other practices and will therefore require reprourement of a GP practice in an Upton location.

Prime Minister's Challenge Fund (PMCF)

Slough have 4 hubs which had provision in year 1 for an additional 48,000 GP planned appointments in the evenings and weekends. For year 2 this has reduced to 38,000 to March 2016 as external funding has stopped. Routine primary care appointments will be provided at these hubs as follows:

- 6.30 – 8pm on weekdays
- Saturday: 9am – 1pm
- Sunday: 9am – 1pm

WAM have established two PMCF hubs:

- King Edward VII Hospital, Windsor
- St. Mark's Hospital, Maidenhead

Routine primary care appointments will be provided at these hubs as follows:

- 6.30 – 9pm on weekdays
- Saturday: 9am – 5pm
- Sunday: 11am – 4pm

St Marks Urgent Care Centre

St Marks UCC is a nurse led minor illness and injury service provided by East Berkshire Primary Care Out of Hours. It shares a location with OOHs and has access to diagnostics and is 9.3 miles from Slough Walk in Centre.

Opeing hours are:

- 8.30 –17.00 weekdays
- 9.00 – 13.00 Weekends/BH

Attendances for November-October 2014/15 were 8658. Top conditions treated were:

- Pain in limb
- Lacerations
- Sprains and strains
- Skin
- Superficial injury
- Fracture of upper limb
- Head injury

Wexham Park A&E

Wexham Park A&E is 3.1 miles from the Slough walk in Centre and provides the full range of acute and emergency services. There are a number of patients from Slough & WAM CCG who attend Wexham Park A&E for low acuity attendances. Data for 2014/15 has been analysed for low acuity attenders at Wexham Park A&E being conveyed by all means other than ambulance. This categorisation has been used as a proxy for patients attending A&E with conditions that could be treated within primary care.

The number of patients attending Wexham Park A&E in 2014/15 in this category were:

- Slough 31016
- WAM 13723

A survey was undertaken by Verve in June 2013 where patients were asked their reason for attending A&E. The main findings were:

Main reason	Response
Convenient location/easy to get to	23%
Advised to go by my GP/ medical professional / referred	21%
I was taken/not my choice/someone else rang them	16%
Not sure how serious / Didn't want to take any chances	14%
I knew it would be open/ 24-7	11%
The obvious / appropriate place / needed urgent help	11%

These responses show a similar pattern as to the reasons why people attend the SWIC shown earlier.

Drivers for Change

With the extension of the current contract until June 2017 there is an opportunity to review the current services and consider how the service could be developed to be fit for the 21st century and integrate with Slough and WAM primary care strategies. This could include re-procuring a service that:

- Allows patients to access primary care in a way that suits their needs and lifestyle
- Is more convenient for patients providing bookable on the day appointments
- Reduces waiting times once in the service centre
- Provides a hub for services such as dressings, blood tests
- Provides digital links to health care in keeping with today's modern lifestyle eg phone apps, telephone support, websites
- Increases prevention and self help
- Avoids patients using A&E unnecessarily

Progress so Far

In September 2015 a steering group was established with membership from both Slough and WAM commissioners and Slough and WAM Healthwatch. The steering group meets monthly and in November BHFT were invited to present data on the current service provision.

In September a survey was designed and sent to 204 stakeholders and members of the public asking for views on the future of the Slough Walk in Centre. A limited response of 30 questionnaires were

received, however a number of views were highlighted including preference for a walk in service at an Upton location.

On 20 October 2015 a workshop was held with key stakeholders including Healthwatch, councillors and patient representatives. This workshop recommended further data collection on the current service before considering future developments. This data collection has now been undertaken and a full analysis presented at the December steering group.

Next Steps

A second workshop has been arranged for 26 January 2016 with key stakeholders to present current thinking for the development of the walk in element of the Slough walk in centre, provide opportunities for questions and share views on the future service.

Working in parallel, the development for the future service will be costed and tested for affordability.

Once the new costed model has been designed, this will be tested with key stakeholders including patient and public representatives before reprocurement for the service begins in June 2016. Prior to implementation of the new service a communications plan will be developed to inform the public of any service changes and how these would be accessed.

January 2016

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 14th January 2016

CONTACT OFFICER: Dr Angela Snowling (Assistant Director of Public Health)
(For all enquiries). 01753 875142

WARD(S): All

PART I
FOR DISCUSSION**SERVICE CHANGES ARISING FROM THE IN YEAR REDUCTION TO THE PUBLIC HEALTH GRANT AND THE COMPREHENSIVE SPENDING REVIEW****1. Purpose of Report**

This report builds on the consultation report presented to the panel in October 2015 and lists the changes made to bring the public health budget into balance. (The shortfall arose from the in year national reduction of 6.2% in the Public Health grant announced in June 2015).

The report also sets out how the 9% comprehensive spending review reduction from 2016-19 announced in November 2015 is being planned for with options for either a 3.9% reduction per year or a 2.2% reduction per year.

A further report will be presented to the panel when it is known what the actual allocation is to 2018 and when it is known which public health services will be funded from 2019 onwards - when the grant ceases and income from business rates is expected to deliver mandated public health functions.

2. Recommendation(s)/Proposed Action

The Panel is requested to note that

- that £1.097m has already been mainstreamed to support the council to deliver public health functions in 2015-16
- the projected shortfall at outturn is now £362k rather than the £427k predicted in October 2015 and that work will continue to the year end to reduce this further.
- that the overspend in 2015-16 will be recovered in 2016-17 even using a worst case scenario of a CSR reduction of 3.9% per annum to 2018.
- That investment has been maintained in key areas such as smoking cessation and tobacco control and that the contract has been awarded as agreed at Cabinet in December 2015.
- That these savings also include savings for outcome 6 arising from the redesign of the DAAT service which the public health grant supports. These changes when implemented will mitigate the impact on service users whilst improving provision for primary and secondary prevention.
- The commissioning intention for 2018-19 remains to reform and align health visiting and school nurse services with the Children's Trust and early years services and services commissioned by the CCG.

- That the main sexual health contract is under review and work is underway to test a new service model to replace the block contract in 2017-18, which is used by 92.6% of Slough residents.
- That out of area sexual health costs are influenced by patient choice but are actively monitored and that the main supplier in London will be audited in 2016
- That significant internal and shared staff cost reductions have occurred that will place pressure on the service until April 2016 until financial balance is achieved
- That residents found to be at high risk of diabetes will be able to benefit from a new nationally commissioned diabetes prevention programme to mitigate the risks of reducing the local investment an exercise on referral programme for adults
- That CCG investment and support through the Better Care Fund will allow a modification of the Healthy Hearts programme to deliver a much needed integrated care pathway programme for the primary, secondary and tertiary prevention of cardiovascular diseases in the town.

3. The Slough Wellbeing Strategy, the JSNA and the Five Year Plan

3a Slough Wellbeing Strategy priorities

The public health grant funds a wide range of mandated and non-mandated activities within the Health Strategy, which sits under the Slough Wellbeing Strategy and also supports the health ambitions within the Children's and Young Peoples Plan (CYPP). Expenditure follows the priorities set within the Public Health Outcomes Framework.

The public health grant funding supports the Slough Wellbeing Strategy in the following ways

Health – supporting the priorities in the CYPP; to improve children and young people's emotional and physical health and encourage healthy eating and tackle poor dental health.

Safer Communities –supporting the Safer Slough Partnership through the work of the drug and alcohol team's commissioned services. And for vulnerable children through the health visiting and family nurse partnership programme

3b Five Year Plan Outcomes

The Public Health Grant supports Outcome 5 of Slough Borough Council's Five Year Plan i.e.: Children and Young People in Slough will be healthy, resilient and have positive life chances.

There are a series of key actions underneath Outcome 5, which the funding helps to deliver:

- Develop more preventative approaches to ensure children, young people and families are safe, independent and responsible.
- Slough Children's Services will be one of the best providers of children's services in the country, providing timely, purposeful support that brings safe, lasting and positive change.
- Ensure vulnerable children and young people are safe and feel safe.

- Ensure children and young people are emotionally and physically healthy.
- Ensure children and young people enjoy life and learning so that they are confident about the future and aspire to achieve to their individual potential.
- Ensure children and young people with SEND and their families receive comprehensive, personalised support from childhood to adulthood.

The public health grant also supports outcome 6 through the contribution to the voluntary sector strategy and to the DAAT costs

4. Other Implications

(a) Financial

The known financial implications represent a 6.2% cut in year in 2015-16 which is recurring to 2018-19. (The total grant for 2015-16 was £6.98m comprising £5.48m base grant plus the half year effect of the transfer of the health visiting service valued at £1.5m).

The total savings required in year were therefore £427k in addition to savings of £950k already achieved. Despite taking considerable preventative action there is likely to be a shortfall of £362k which can be recovered in 2016-17 through the planned process of contract closures.

(b) Risk Management

The primary risk is financial in relation to outcomes 5 and 6 in 2018-19 with the additional recurring 6.2% plus the 9% reduction over the lifetime of the grant to 2018..

The in year impact in 2015-16 has mainly been on the DAAT grant of £333k (which had been protected in previous years) and a small in year reduction to the voluntary sector grant of £60k together with a recruitment freeze until April 2016.

The secondary risk is performance related in 2015-16 due to the request to all providers to reduce their activity for Q3 and Q4. It is important to note that the Health Check performance in Q2 of 2015-16 was notably lower prior to the cap being placed on the service.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the proposed action.

(d) Equalities Impact Assessment

EIAs have been conducted for the team redesign and for the Healthy Hearts and Exercise on referral services.

5. Supporting Information

5.1 The Public Health Grant supported the following prescribed and non prescribed functions in 2014-15 as shown in Table 1 below

Table 1 Public Health Revenue Outturn 2014-15

61 Sexual health services - STI testing and treatment (prescribed functions)	1,738,312.95
62 Sexual health services - Contraception (prescribed functions)	37,010.90
63 Sexual health services - Advice, prevention and promotion (non-prescribed functions)	8,983.29
65 NHS health check programme (prescribed functions)	64,447.50
66 Health protection - Local authority role in health protection (prescribed functions)	81,142.89
68 National child measurement programme (prescribed functions)	92,000.00
70 Public health advice (prescribed functions)	316,600.00
71 Obesity - adults	96,756.39
72 Obesity - children	59,000.00
73 Physical activity - adults	140,648.00
74 Physical activity - children	12,900.00
76 Substance misuse - Drug misuse - adults	1,777,600.00
77 Substance misuse - Alcohol misuse – adults (within figure above)	0.00
78 Substance misuse - (drugs and alcohol) - youth services	81,400.00
80 Smoking and tobacco - Stop smoking services and interventions	387,350.00
81 Smoking and tobacco - Wider tobacco control	0.00
83 Children 5–19 public health programmes	268,860.00
85 Miscellaneous public health services	663,485.04

The national cuts in 2015 and the Comprehensive Spending Review implications to 2018-19

In July 2015 a consultation was launched on an in year 6.2% cut to the public health budget. This was confirmed in November 2015.

The CSR in November also confirmed a further 9% over the lifetime of the CSR to 2019 however it is still not clear how this will be split over the three years and for financial purposes a 'worst case scenario' has been designed of 3.9% per annum.

Details of the new baseline public health grant for 2016-17 is not expected until the end of January 2016 but has been assumed to be the same with the proviso that the full year effect for health visiting has been included.

5.2 Service reviews

Action has been taken in the following areas based on value for money and feasibility to reduce activity and where possible pro rata in relation to the cuts announced nationally.

Line 61 refers to sexual health services which are free at the point of contact anywhere in England. Following a rigorous comparison of alternatives and performance *outreach chlamydia services only* will end in April 2016. Chlamydia

screening within the block contract at Upton and through out of area hospitals will remain.

Line 65 refers to the mandated health checks for all 40-74 year olds that do not have an existing heart, kidney or diabetes condition. People on the prevention register are recalled once every five years. This check is carried out by the GPs and a cap on activity has been set on activity as only 20% of the population is required to be screened annually on a rolling programme.

Line 70 refers to the requirement to provide public health advice to the council and its partners for a range of services and partnership support to improve; health outcomes, health and social care service quality, the wider determinants of health or to reduce health inequalities. Under the Health and Social Care Act, there is a requirement for public health to update the Joint Strategic Needs Assessment and to support the development of the joint Wellbeing strategy. There are two separate staff costs; the SBC team and the central Bracknell Forest team, which includes the strategic DPH and consultant in health protection. The costs of both teams have been reduced through restructuring. The impact in the central team is 6.2% in 2015-16 and the SBC team costs have already reduced since 2014 by 21%.

Lines 71 and 73 refer to the non-mandated option to provide adult obesity programmes (weight management and physical activity programmes). Although adult physical activity levels have improved since 2013-14 Slough remains 95th out of 240 local authorities in England on this measure. Actions taken include the non renewal of the exercise on referral programme as a new national diabetes prevention service will be in place in 2016-17. Further actions include the service redesign of a comprehensive cardiac care pathway to include the move of the contract for the delivery of Healthy Hearts to the Better Care Fund and an enhanced cardiac rehabilitation service.

Lines 72 and 74 refer to the non-mandated option to provide childhood obesity and physical activity programmes. Although childhood obesity levels in reception have improved and are now in line with the Southeast Slough remains in the highest fifth in England for obesity rates in children in year 6. A new targeted service in primary schools will commence in April 2016 and will work alongside the Change4life programme adopted in 13 primary schools.

Lines 76, 77 and 78 refer to the non-mandated option to provide drug misuse and alcohol services. These services are fully integrated and this line has already been reduced by £331k in year. Projections for outcome 6 include savings of £100k in 2016-17 and £250k in 2017-18.

Lines 80 and 81 refer to the non-mandated option to provide smoking cessation and tobacco control services. The service has been reduced by £60k to £300k with options to reduce annually if required

The final line 83 refers to all other services that are optional; for Slough this includes a contribution to the voluntary sector strategy, a contribution to cross council services that deliver public health outcomes and small services that provide data on outcomes from the GP provided services. All services have been advised of the CSR impact and of the end to the public health grant in 2018.

6. Conclusion

The funding impacts of a 6.2% in year cut are severe in a local authority which is already the lowest funded amongst equivalent areas of deprivation in the country as discussed in the October report.

Much has been done to limit the shortfall at outturn and the areas where costs have been reduced are reported in section 5.2.

Plans for the transfer of some public health services to the Better Care Fund will mitigate the risks arising from the abolition of the public health grant in 2018-19. Further plans will be required for mandated services which the council will need to continue to deliver, when the grant ends, which will need to be funded from business rates.

The MTFS plans for supporting outcome 5 in 2017-18 are now at risk as the funding for the health visiting services is not mandated although the reporting of the five mandated health visiting service visits continues to be required nationally. There is scope to align pathways and functions to deliver a new 0-19 service from October 2017 onwards. This will require the full integration of health visiting, school nursing service, early years and children's trust services and CCG commissioned services for children as well as for parents.

Income opportunities are being sought in many areas and the staff changes will support the new NHS England transformation plans for Health and Social Care to align by 2020. The Better Care Fund is a key enabler as the pooled budget provides a way of mitigating risk shared with the CCG and NHS England towards 2019-20 when the public health grant income ends.

7. Background Papers

Comprehensive Spending review summary – implications for Public Health

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 14th January 2016

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I
TO NOTE

HEALTH SCRUTINY PANEL – 2015/16 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Health Scrutiny Panel (HSP) to discuss its current work programme.

2. **Recommendations/Proposed Action**

2.1 That the Panel note the current work programme for the 2015/16 municipal year.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The HSP, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the HSP also reflects the priorities of the Five Year Plan, in particular the following:

- More people will take responsibility and manage their own health, care and support needs
- Children and young people in Slough will be healthy, resilient and have positive life chances

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the HSP at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 This report is intended to provide the HSP with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2015/16 Municipal Year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2015 – 2016

Meeting Date
14 January 2016
<ul style="list-style-type: none"> • <u>Adult Social Care reform: Care Act 2014 and budget</u> • <u>Leisure Strategy: Get Active Slough – Commissioner for Community & Leisure</u> • <u>Slough walk in centre</u> • <u>Access to extended hours primary care appointments</u>
21 March 2016
<ul style="list-style-type: none"> • <u>Measurable outcomes from formal co-operation between Slough Borough Council and CCGs</u> • <u>Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15</u> • <u>Transfer of health visitor services</u> • <u>Five Year Plan outcome: More people will take responsibility and manage their own health, care and support</u> • <u>CQC inspection of Wexham Park Hospital</u> • <u>Stroke project</u>

Currently Un-programmed:

Issue	Directorate	Date
<u>Slough Caring for Our Carers: Joint Commissioning Strategy 2015-20 update</u>	C&WB	Post Cabinet discussion
<u>Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery</u>		2016 – 17

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MEMBERS' ATTENDANCE RECORD 2015/16

HEALTH SCRUTINY PANEL

COUNCILLOR	02/07	28/07	01/10	18/11	14/01	21/03
Ajaib	P	P	P	P		
Chahal	P	P	Ap	P		
Chaudhry	P	P	P	Ap		
Cheema	P	P	P	P		
Chohan	P	P	P	P		
M Holledge	P	P	P	P		
Pantelic	P	P*	P*	P*		
Shah	Ab	P*	P	P		
Strutton	P	P	P	P		

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

(Ext*- Extraordinary)

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