

Date of issue: Wednesday, 11 January 2017

MEETING:	HEALTH SCRUTINY PANEL (Councillors Pantelic (Chair), Strutton (Vice Chair), Chaudhry, Cheema, Chohan, M Holledge, Mann, Qaseem and Smith) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 19TH JANUARY, 2017 AT 6.30 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
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.



ROGER PARKIN
Interim Chief Executive

AGENDA

PART I

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APOLOGIES FOR ABSENCE



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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.

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SCRUTINY ISSUES

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| 4. | 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).*

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| 5. | Slough CCG Operating Plan 2017-19 | 9 - 18 | All |
| 6. | Get Active Slough - A Five Year Leisure Strategy for Slough - Progress Update | 19 - 24 | All |
| 7. | Bus Services to Wexham Park Hospital | 25 - 30 | All |
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ITEMS FOR INFORMATION

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| 9. | Attendance Record | 35 - 36 | - |
| 10. | Date of Next Meeting - 27th March 2017 | | |

Press and Public

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Health Scrutiny Panel – Meeting held on Wednesday, 23rd November, 2016.

Present:- Councillors Pantelic (Chair), Strutton (Vice-Chair), Chaudhry, Cheema, Chohan (until 8.00pm), M Holledge, Mann, Qaseem and Smith (from 6.36pm)

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

Apologies for Absence:- None.

PART I

30. Declarations of Interest

Councillor Cheema declared that a family member worked for Frimley Health NHS Foundation Trust.

Councillor Pantelic declared that she had been appointed as the Council's outside body representative to the Council of Governors of Frimley Health NHS Foundation Trust as a non-voting stakeholder governor.

31. Minutes of the Last Meeting held on 6th October 2016

Resolved – That the minutes of the meeting held on 6th October 2016 be approved as a correct record.

32. Action Progress Report

The Scrutiny Officer informed that Panel that there was one outstanding action to be followed up on the 'Preparedness for Winter' report from the 6th October meeting relating to the further information requested from Slough CCG on the local impacts of air pollution on respiratory conditions.

Resolved – That the Action Progress Report be noted.

33. Member Questions

There were no questions from Members.

(Councillor Smith joined the meeting at 6.36pm)

34. Reconfiguration of the Borough's Activities Offer for People with Learning Disabilities

The Head of Adult Safeguarding and Learning Disabilities updated the Panel on the progress that had been made in reconfiguring the borough's activities offer for people with learning disabilities. As part of the wider Learning Disabilities Change Programme, the reconfiguration aimed to provide enhanced community based opportunities for people with learning disabilities

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to choose how best to meet their own support needs whilst also ensuring the Council was complying with the requirements of the Care Act 2014.

It had been proposed to reduce the number of day centres from three to two, by investing in the centres at Phoenix and Priors and closing the Elliman Centre, whilst enhancing community based facilities. The Panel noted the outcomes of the reviews with service users completed to date and received re-assurance that no one would lose access to a building based service without a formal review. A wide range of new community opportunities were being put in place including provision at the Britwell Hub, an allotment, sports taster sessions, healthy walks and courses on photography and social media. It was recognised that there was more work to do to evolve the community opportunities but a good start had been made and service users had been positive about the improved range of activities.

The Panel raised the following points during the course of the discussion:

- Feedback from service users did not come through strongly in the report and the Panel requested a further update in six months which included input from individuals and their families.
- The enhancement of community based activities was welcomed and a number of other suggestions were made such as increasing activities at Council owned assets such as parks, open spaces and allotments.
- Members also encouraged more training, employment and apprenticeships opportunities be developed for service users e.g. mechanical engineering. An employment services team was in place to liaise with local businesses and help raise awareness of the skills and attributes people with learning disabilities could offer employers.
- Service users no longer requiring building based provision would continue to be tracked and supported and would be reviewed annually.
- Adult social care was working closely with Slough Children's Services Trust to identify young people's needs early. The Panel welcomed this approach and agreed that it was particularly important to properly manage the transition to adult services.
- There was growing demand for services, with 2,153 adults with learning disabilities in 2007 predicted to increase to 2,644 in 2017. The Officer explained that this was one of the principle reasons driving the reconfiguration to increase community based provision. People's needs would have to be met with less funding available, which required transformation of the service.
- A Member raised the issue of respite services for carers and the Panel noted the provision had been widened including a change to two smaller respite units with appropriate support and greater use of direct payments.

The Panel discussed the proposal to close the Elliman Centre as part of the reconfiguration. As a result of the work undertaken with people, families and service users, a recommendation would be made to the Director of Adult Social Care to close the Elliman Centre on 1st January 2017 under the delegated authority given by the Cabinet on 18th July 2016. The decision

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would result in a revenue saving of £300,000, mainly from staffing and management costs.

At the conclusion of the discussion, the Panel welcomed the work being done to transform learning disability services. The challenges in changing services, particularly when the closure of a centre was involved, were recognised and the Panel supported the approach being taken to carefully review each individual's needs and to enhance the community based opportunities available. The Panel also agreed to make two recommendations to Cabinet, which would also consider an update on this matter at its meeting on 19th December 2016, to encourage the further employment and apprenticeship opportunities for people with learning disabilities; and the potential to make greater use of Council assets and facilities for community based activities.

At the conclusion of the discussion, the report was noted.

Resolved –

- (a) That the update be noted.
- (b) That the Panel receive a further report at its meeting on 29th June 2017 on the progress made in enhancing the range of community based provision; feedback from service users and families on the impacts of the reconfiguration; and tracking information on the services being used by those effected by moving from building based day centre provision.
- (c) That the following recommendations be made to the Cabinet on 19th December 2016:
 - i. That the Commissioner for Health & Social Care work with the Head of Adult Safeguarding and Learning Disabilities to explore further employment and apprenticeship opportunities for people with learning disabilities.
 - ii. That the Head of Adult Safeguarding and Learning Disabilities review the opportunities for residents to use Council facilities and open spaces e.g. allotments.

35. Mapping of services against local population

The Panel received an interactive presentation on the geographic distribution of health and related services mapped against population in Slough. The Slough Maps software showed facilities such as hospitals, home care agencies, nursing homes and residential homes. The mapping was still in development with additional data to be added. It was agreed that Members be given access to Slough Maps to enable them to further study the detailed information available for their ward.

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A Member commented that it appeared some wards had more provision than others, however, it was recognised that as Slough was relative small borough most services were accessible and close to where people lived. The Panel discussed public transport services, particularly the recent changes to bus services to and from Wexham Park Hospital and disability access on public transport. The Panel agreed to add a short scoping report to its Work Programme for the next meeting on public transport services to the hospital to determine any areas for further scrutiny. It was also noted that First Buses would be attending the Overview & Scrutiny Committee meeting on 12th January 2017.

Resolved –

- (a) That the presentation be noted.
- (b) That Members of the Panel be provided with access to Slough Maps.
- (c) That a scoping report on public transport access to health facilities be added to the Panel's Work Programme for 19th January 2017.

36. Slough Central Update

John Lisle, the Accountable Officer at Slough Clinical Commissioning Group (CCG), introduced a report providing an overview of the CCG Estates Strategy and the progress of the Slough Central concept which had previously been considered by the Panel.

The overall strategy linked to the Sustainability & Transformation Plan (STP) and was driven by an approach to provide services closer to people; to promote the integration of health, social care and mental health services; and to deliver resilience and efficiency. The estates strategy set out the investment proposals to assist practices become 'health hubs' to operate at scale and increase integration. These included the new Chalvey Medical Centre, Britwell Community Centre Health Hub, Trelawney Avenue Health Hub and Farnham Road Practice re-location to the new Health & Wellbeing site on the Farnham Road. In relation to the Walk-In Centre it was noted that the options for Upton and St Marks Hospitals were under review. It was expected that an options appraisal would be ready by February 2017 and there would be public consultation.

The Panel discussed a range of issues including the progress being made on linking up the IT systems across primary and acute care. Mr Lisle updated the Panel on the work being undertaken on the Digital Roadmap which would start with shared care records in emergency situations. Many GPs currently used the same IT system and an interoperability platform would allow all major systems to be linked together. However, it was also recognised that there were wider challenges and public confidence issues to address in relation to the sharing of individual's health records. Members emphasised the importance of building public confidence by ensuring there was a common digital strategy across relevant health partners. It was agreed that further

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information on the Berkshire East Digital Roadmap be circulated to the Panel. It was also noted that the Panel's work programme for March 2017 would include items on digital transformation and innovation.

(Councillor Chohan left the meeting at this point)

Members raised other issues including the prevalence of multiple registrations at GP practices and the co-ordination of the flu jab programme. A Member expressed concern about disabled access in some local health facilities and it was responded that any specific concerns be raised directly through the appropriate channels so that any issues could be addressed. The progress of the Britwell health hub was queried and it was agreed that further details and the timescale be circulated to the Panel. At the conclusion of the discussion, the report was noted.

Resolved – That the update be noted.

37. **Frimley Sustainability and Transformation Plan**

The Interim Director of Adult Social Care updated the Panel on the Frimley Sustainability and Transformation Plan (STP). The background was reviewed and it was noted that the latest STP for the Frimley footprint was submitted to NHS England on 21st October 2016. The five-year plan set out five key priorities and seven initiatives as detailed in the report.

The STP had been under national embargo, however, it would be published on 24th November and be followed by a period of public engagement which Members were encouraged to participate in. Further information would be circulated to Panel Members upon publication. It was proposed and agreed that the Panel hold a joint workshop on 21st December with the Slough Wellbeing Board to consider the local implications and delivery of the STP.

Members commented on the geography of the Frimley STP and highlighted that it provided an opportunity to increase joint working with other authorities and scrutiny panels in the footprint. It was commented that the STP did not cut across local activity, but was instead intended to identify several major, common issues which could be jointly addressed to increase scale and efficiency of service delivery.

Resolved –

- (a) That the update on the Frimley Sustainability & Transformation Plan be noted.
- (b) That the Plan be circulated to Members of Panel following publication on 24th November 2016.
- (c) That a joint workshop be held with the Slough Wellbeing Board to consider the local implications of the STP on 21st December 2016 at 6.30pm.

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38. Forward Work Programme

The Panel considered the Work Programme for 2016-17 and the following items were confirmed and/or added:

19th January 2017

- CCG Five Year Plan.
- Leisure and activity (to scrutinise progress on the implementation of the Council's community leisure strategy).
- Scoping report on public transport access to health facilities (noting that HSP members could attend the Overview & Scrutiny Committee on 12th January 2017 at which representatives of First Buses were expected to be present).

27th March 2017

- New item - Five Year Plan refresh.

29th June 2017

- New item - Update on Learning Disabilities Change Programme (including specific information regarding impact on Elliman Centre service users).

Resolved – That the Forward Work Programme be agreed, subject to the above amendments.

39. Attendance Record

Resolved – That the Members' Attendance Record 2016-17 be noted.

40. Date of Next Meeting - 19th January 2017

The next meeting of the Panel would be held on 19th January 2017.

Chair

(Note: The Meeting opened at 6.31 pm and closed at 8.32 pm)

Health Scrutiny Panel – Action Progress Report from Meetings

6th October 2016

Minute:	Action:	For:	Report Back To: Date:
22	There had been some peaks in hospital attendance over the summer, such as for respiratory conditions that could be attributed to increased air pollution. Members asked for further information on this issue.	CCG	HSP As appropriate
23	Re: Community Nursing Services: following a request by a Member it was agreed that a summary of the consultation feedback would be provided to the Panel.	Public Health	HSP As appropriate

23rd November 2016

Minute:	Action:	For:	Report Back To: Date:
34	Service users no longer requiring building based provision would continue to be tracked and supported and would be reviewed annually.	Adult Social Care	Councillors Ongoing
34	Resolved: That the Panel receive a further report at its meeting on 29 th June 2017 on the progress made in enhancing the range of community based provision; feedback from service users and families on the impacts of the reconfiguration; and tracking information on the services being used by those effected by moving from building based day centre provision.	Adult Social Care	HSP 29 th June 2017

34	<p>Resolved: That the following recommendations be made to the Cabinet on 19th December 2016:</p> <ul style="list-style-type: none"> i. That the Commissioner for Health & Social Care work with the Head of Adult Safeguarding and Learning Disabilities to explore further employment and apprenticeship opportunities for people with learning disabilities. ii. That the Head of Adult Safeguarding and Learning Disabilities review the opportunities for residents to use Council facilities and open spaces e.g. allotments. 	Chair of Panel	Agreed by Cabinet 19 th December 2016
35	It was agreed that Members be given access to Slough Maps to enable them to further study the detailed information available.	Adult Social Care	Health Scrutiny Panel ASAP
36	In relation to the Walk-In Centre it was noted that the options for Upton and St Marks Hospitals were under review and it was expected that an options appraisal would be ready by February 2017 and there would be public consultation.	CCG	Public February 2017
36	The progress of the Britwell health hub was raised and it was agreed that further details and the timescale be circulated to the Panel.	CCG	Health Scrutiny Panel When available
37	It was proposed and agreed that the Panel held a joint workshop on 21 st December with the Slough Wellbeing Board to consider the local implications and delivery of the STP.	Adult Social Care	HSP / Wellbeing Board Re-arranged – 19 th January 2017
37	Resolved: That the Plan be circulated to Members of Panel following publication on 24th November 2016.	Adult Social Care	Circulated to Panel 25 th November 2016

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 19th January 2017

CONTACT OFFICER: Dr Jim O'Donnell, GP Clinical Chair, Slough CCG
Fiona Slevin – Brown Director of Strategy & Operations
Berkshire East CCG's

(For all Enquiries) (01753) 636175

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

SLOUGH CCG OPERATING PLAN 2017-20191. **Purpose of Report**

To inform the Committee of the Slough CCG Operating Plan for 2017-19. The slide deck attached includes a summary Plan on a Page.

This document sets the high level plans for clinical transformation as articulated within the Operating Plan for Slough Clinical Commissioning Group for the period April 2017-March 2019. The plan which incorporates Bracknell and Ascot, and Windsor, Ascot and Maidenhead CCGs is informed by; our populations needs, NHS England's' planning requirements, the Frimley Sustainability and Transformation Plan, and our New Vision of Care programme. It reaffirms our commitment to working with partners to improve outcomes and deliver sustainable, consistent standards of care whilst managing within the financial resources available.

Our approach to transformation will continue to be underpinned by ongoing engagement and co-production with patients, users and key partners, redesigned clinically led pathways, and the exploration of opportunities to pool collective resources where this achieves better value across our health and care system.

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

The Panel is requested to note the report.

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

The Operational Plan uses the Joint Strategic Needs Assessment as a basis on which to understand population needs. Specific needs that have been highlighted in the JSNA that are reflected in the Operational Plan are:

- child and parental mental health
- prevention of and reduction of early deaths from cardiovascular disease
- Increased prevalence of Diabetes

3a. **Slough Joint Wellbeing Strategy Priorities**

The CCG Operating Plan explicitly supports the first 3 priorities as articulated in the Slough Joint Wellbeing Strategy

Priorities:

- 1. Protecting vulnerable children*
- 2. Increasing life expectancy by focusing on inequalities*
- 3. Improving mental health and wellbeing*
- 4. Housing*

3b. **Five Year Plan Outcomes**

The CCGs Operating Plan supports achievement of the following Five Year Plan outcomes:

- *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. **Other Implications**

(a) Financial

The final Operational Plan includes the financial implications of any commissioning investments or financial benefits of programmes that are required to meet the NHS Constitutional Standards, NHS mandate or local priorities.

(b) Risk Management

There are no significant unmitigated risks inherent in the delivery Operational Plan; however there known challenges across health and social care in balancing the continued growth in demand for services with finite resources.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications.

(d) Equalities Impact

The CCGs have a duty to undertake and review equality impact assessments as part of their internal governance and decision making processes.

(e) Workforce

Workforce is a key consideration for the delivery of the Operational Plan and a specific section is included in the plan to cover how the CCGs will work with partners within the STP footprint on known workforce challenges, particularly in primary care.

5. **Supporting Information**

N/A

6. **Comments of Other Committees**

The draft plan was presented to the Slough Health and Wellbeing Board for formal review and support prior to submission on the 23rd December 2016.

The CCGs Commissioning Intentions and Operational Plan have also been discussed at Slough GP Locality and the Slough Patient Reference Group, both of which have supported the direction of travel.

7. **Conclusion**

The Panel is requested to consider, comment on and note the report.

9. **Background Papers**

1. NHSE Planning Guidance September 2016
2. Slough Joint Wellbeing Strategy
3. Slough, Bracknell and Ascot and Windsor, Ascot and Maidenhead CCGs Commissioning Intentions 2017-2019

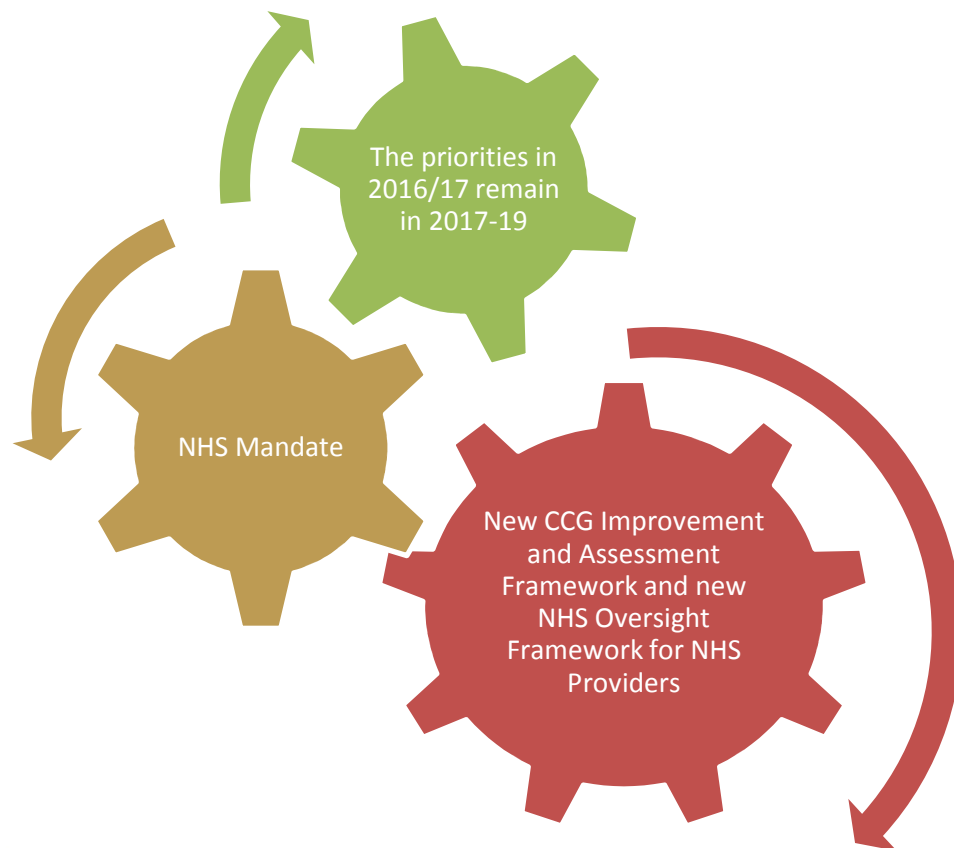
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Operating Plan 2017-19

Progress update

Dr Jim O'Donnell
Clinical Chair
Slough CCG

Nine 'must dos' for 2017-19



- STPs
- Finance
- Primary Care
- Urgent & emergency care
- Referral to treatment times and elective
- Cancer
- Mental Health
- People with learning disabilities
- Improving quality in organisations



Slough Clinical Commissioning Group: Plan on a Page



- Population**
- ❖ The population profile differs from the national picture with a larger proportion of children aged 0 to 14 and younger adults aged 25 to 44, but a smaller proportion of adults aged 45 and over. 28% of the CCG's total registered population is under 19
 - ❖ 5 of the lower super output areas in the CCG boundary are in the 20% most deprived nationally
 - ❖ Life expectancy at birth for men is 78.5 years, which is significantly worse than the national figure of 79.2 years. Life expectancy at birth for women is 82.7 years, which is similar to the national figure of 83.0 years
 - ❖ The recorded prevalence of cardiovascular diseases, cancer, respiratory diseases, chronic kidney disease, depression and dementia is lower than the national prevalence rates and comparator CCG group. The recorded prevalence of diabetes is higher. Mental health disorders are marginally higher than England, but lower than the comparator CCG group
 - ❖ The CCG had 8,144 potential years of life lost (PYLL) considered amenable to healthcare in 2012-14. This rate of 2,460 PYLL per 100,000 registered population is significantly higher than the national rate. Ischaemic heart disease was the main cause of PYLL in the CCG at 36.0%

Opportunities for improvement Improved outcomes in cancers, maternity, gastro-intestinal, neurology, trauma and injury, diabetes, dementia and learning disability
 Opportunities to spend money more wisely in: neurology, respiratory, genito-urinary, gastro-intestinal and endocrine

- Our high level priorities for the next two years are**
- Ensure patient rights under the NHS Constitution are upheld
 - Develop a transformed model of general practice
 - Reduce unwarranted variation in outcomes and the use of money
 - Prevent crisis and escalation of health issues, through early identification and treatment
 - Improve urgent on the day responsiveness of services and response to those in crisis
 - Ensure that mental health receives as much attention as physical health
 - Develop integrated services across the NHS and social care
 - Give people support to live healthy lives and look after their conditions

- Our priority areas of work**
- Improve access to general practice and integrate other services and develop capacity and skills
 - Improve the use of technology for online consultations and sharing records
 - Provide information about early diagnosis and screening for cancers
 - Support people at risk of developing diabetes and offer all diabetics the 8 care processes, structured education and group consultations
 - Commission integrated community based MSK, Eye, Neurology, Cardiology, Respiratory and Dermatology services
 - Implement an integrated care record
 - Increase clinical input to NHS 111 calls. Stream patients to the most appropriate service in A & E
 - Improve arrangements for discharging people from hospital
 - Mental health - develop services for children and young people, people in a crisis and those with long term conditions, depression and anxiety and eating disorders. Focus on physical health
 - Focus on the physical health of people with a learning disability and support them in the community
 - Improve support to people who have been diagnosed with dementia
 - Improve maternity services
 - Commission integrated teams for people with complex conditions
 - Deliver personal health budgets, self help and self care programmes
 - Provide 24/7 support and share care records for people at the end of their lives
 - Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight

- What will the impact be?**
- ❖ I will be given the information I need to stop myself getting ill and will have more control if I do
 - ❖ I will be helped to give up smoking or drinking too much alcohol, I will be helped to lose weight and get active
 - ❖ I will be more likely to go to the correct service first time and avoid a health crisis
 - ❖ I will only have to tell my story once and all the relevant services will have up to date information about me
 - ❖ If I am a parent or carer I will have information to help anyone I am caring for if they are sick or hurt
 - ❖ I will be less likely to stay in hospital longer than I need to
 - ❖ I will be more likely to have earlier diagnosis and treatment for circulatory disease, dementia, diabetes, cancer (particularly bowel and breast) and hypertension
 - ❖ If I have a learning disability or mental ill health, I will also be checked for physical health problems and will be more likely to be cared for closer to home
 - ❖ I will be more likely to live longer despite any health problems (particularly cancer)
 - ❖ If I am a mother, I will be more likely to have a better experience of maternity services

- Our supporting strategies**
- ❖ Engagement of communities and patients to give people the skills and confidence to look after themselves and stay healthy
 - ❖ Development of our workforce to deliver new models of care
 - ❖ Development of the public estate to make the best use of public resources and deliver our new models
 - ❖ Use of technology to support patients and clinicians in becoming more efficient, ensuring patients have to tell their story only once and can look after themselves
 - ❖ Becoming a system with a collective focus on the population
 - ❖ Robust quality and safeguarding procedures

The Operating Plan linking to local priorities

Health and Wellbeing Strategy

- Mental health and wellbeing
- Increasing life expectancy
- Protecting vulnerable people

Improving Outcomes

- Cancer
- Learning disability
- Diabetes
- Circulatory disease
- Mental health

Potential unwarranted variation in spend

- Neurological
- Cancer
- Circulatory disease



Examples of future developments

- Continued improvements in access to mental health services for children and young people
- Improved health outcomes for people with a learning disability through early identification of mental and physical health needs
- Increased emphasis on prevention, and improved cancer diagnosis treatment times
- Enhanced support for people at the end of their lives
- Integrated care planning for people with diabetes and cardiac problems such as heart failure
- Increased access to Personal health budget
- Expanding opportunities for further integration with social care e.g. complex case management



Working Collaboratively with partner CCGs

- Slough clinicians driving commissioning through local GP member practices and the Clinical Leadership Group
- One leadership team supporting local delivery across Slough, Bracknell and Ascot, and WAM CCGs.
- Close working with Slough Borough Council to deliver integration
- Partners in the STP footprint will work on priorities that are:
 - common to the 5 CCG populations
and/ or
 - where working collaboratively will deliver added benefit
- CCG team will continue to deliver local priorities in conjunction with our local partners



SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 19th January 2017

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

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

**GET ACTIVE SLOUGH - A FIVE YEAR LEISURE STRATEGY FOR SLOUGH –
PROGRESS UPDATE**

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.

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

Members of the Panel are requested to note and comment on progress to date.

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 £52m to deliver its leisure capital programme over the next 5 years.

The funding for the council’s three year Sport England funded ‘Get Active’ programme will finish in September 2017. A bid will be submitted to Sport England in March 2017 to extend the programme for a further twelve months.

(b) Risk Management

Property	Costs escalate on capital programmes	Released sites for housing regeneration will generate a capital receipt. Robust project / finance management for all schemes will be in place
Human Rights	None	

Health and Safety	Increase in incidents and accidents	This will be addressed for new facilities as they are developed. Risk assessments carried out for all activity programmes.
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	Lack of local support for schemes and programmes.	Further consultation will be undertaken as proposals are developed
Communications	Negative publicity	Regular press releases on capital and community programme in local press and council's 'Citizen'
Community Safety	None	
Financial	Inadequate funding made available to realise ambition	See section 4.1
Timetable for delivery	Timetable for delivery not met along with performance indicators	5 year action plan produced and draft capital programme in place. Link with contract ending in 2017
Project Capacity	Inadequate resources including staff and finances.	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

Equalities Impact Assessment have been completed for all proposed new and refurbished leisure facilities.

(c) Workforce

There are no workforce implications in regard to this report

5. **Supporting Information**

- 5.1 Cabinet agreed the town's 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 of local people. 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 The council is committed to the future provision of a network of quality leisure facilities across the borough for formal and informal physical activity and sport. Over the next 3 years the council will invest over £52 million in new and refurbished facilities that meet the needs of Slough's diverse communities. These include:

- A new leisure centre to replace Montem Leisure Centre
- A new community sports stadium (Arbour Park)
- A refurbished Langley Leisure Centre
- A refurbished ice arena
- A refurbished ten pin facility
- 11 new green gyms and trim trails
- 1 new MUGA
- 1 x parkour park

5.3 The Get Active programme, launched in September 2014, has engaged individuals over the age of 14 in four targeted wards; 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 10,836 individuals, with 30,206 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 (30 months of 3 year programme)
Number of participants	2,650	10,836
Throughput (visits)	28,460	30,206
Age 0 – 13	0	2,513 (23%)
Age 14 – 25	1,951	5,258 (48%)
Age 26+	699	3,065 (29%)
Male	1,385 (53%)	5,581 (52%)
Female	1,265 (47%)	5,255 (48%)
Disability / limiting long term illness	186 (7%)	1,334 (11%)
Black / Other minority ethnic background	1,325 (50%)	5,718 (52%)
White	1,325 (50%)	5,118 (48%)

Funding for the Get Active programme will cease in September 2017.

5.4 The Council has also commissioned a series of additional activity programmes which are popular with local residents including:

- Junior Get Active (under 14s programme)
- Active Lives (over 55s programme)
- Healthy Walks
- Seated Exercise
- Weight management - schools programme
- Disability sports programme
- Cancer rehabilitation programme
- GP surgery programme

5.5 **Measuring the impact of activity on our residents**

Measuring of sport and physical activity in regard to its impact is still massively underdeveloped. The most convincing evidence to date concerns health benefits, which prevent or reduce physical and mental health problems and save on health care costs, particularly in older people.

5.6 The Active Communities Team will be using the 'Moves Tool' from April 2017 to assess the return on investment of sports and physical activity programmes commissioned by the council. MOVES has been developed by Sport England and the University of East Anglia's Medical School Health Economics Consulting Group. MOVES is based on the evidence that increased physical activity reduces the risk of a number of diseases, including cardiovascular disease and diabetes. These diseases cost money to treat, reduce quality of life and can cause disability.

5.7 The tool compares groups that engage in physical activity with the same group as if they had not taken part. It estimates the reduction in risk of seven long term conditions and hip fracture from increased physical activity. The tool then assigns an economic value to the resulting health improvements created by the physical activity.

6. **Comments of Other Committees**

None

7. **Conclusion**

7.1 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.

7.2 More robust evaluation tools will be introduced later this year to assess the return on investment the council is making in addressing the health of local people through increased participation in physical activity.

8. **Appendices Attached**

None

9. **Background Papers**

Leisure strategy and 5 year action plan

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 19th January 2017

CONTACT OFFICER: Eric Stevens (Transport Planner)
(For all Enquiries) (01753) 875662

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

BUS SERVICES TO WEXHAM PARK HOSPITAL1. **Purpose of Report**

1.1 To consider the current arrangements for public transport to Wexham Park Hospital and their suitability for the future.

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

2.1 The Health Scrutiny Panel is requested to:

- a) Comment on the current arrangements,
- b) Make suitable recommendations as to how these could be amended to benefit local residents and hospital visitors, and
- c) Refer any matters as appropriate for further scrutiny.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Council's Five Year Plan**3a. **Slough Joint Wellbeing Strategy Priorities and Joint Strategic Needs Assessment**

Access to healthcare for all residents relates to the following aspects of the Slough Joint Wellbeing Strategy:

- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing

3b. **Council's Five Year Plan Outcomes**

This report relates to the following Five Year Plan outcome:

- Our people will become healthier and will manage their own health, care and support needs

4. **Other Implications**

- (a) Financial - the report is not requesting any further subsidies or outlay from Slough Borough Council (SBC).

- (b) Risk Management - There are no identified risks associated with the proposed actions beyond those relating to access to the hospital.
- (c) Human Rights Act and Other Legal Implications - There are no direct legal implications.
- (d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report.

5. **Supporting Information**

5.1 As of 24th September 2016, First Bus made significant changes to their bus services. As part of this, the direct route between Uxbridge Road, Wexham Court and Wexham Park Hospital (part of Route 6) became obsolete.

5.2 First Bus did not change their ticketing arrangements at this time. This allowed passengers from across Slough to access Wexham Park Hospital by changing buses at Slough Bus Station. At this point, they can purchase a Slough area ticket. However, these are no longer valid on the WP1 route; this means that passengers for the hospital can only use Route 14.

5.3 The routes now operating between the hospital and other areas are now as summarised in the table below (Wexham Park Hospital is referred to as WPH):

Route	Route Covered	Frequency			Provider
		Mon – Fri	Sat	Sun	
14	Slough Bus Station – WPH (via Shaggy Calf Lane)	3 per hour	2 per hour	1 per hour	First in Berkshire
WP1	Slough Bus Station – WPH (via Stoke Road)	4 per hour	-	-	Redline
53	Bracknell – Maidenhead – Britwell – WPH	1 per hour	1 every 2 hours	-	Courtney
335	Slough Bus Station – WPH – Chalfont	1 every 2 hours	1 every 2 hours	-	Redline
583	Slough Bus Station – Hedgerley – WPH – Langley – Uxbridge	3 per day	3 per day	-	Redline

The exact details of the routes can be found in Appendix A.

5.4 At present, these different services operate under a variety of arrangements. The first 2 routes in the table (Routes 14 and WP1) operate without any subsidy. The other routes all receive financial support; Route 53 from Bracknell Forest Borough Council, the Royal Borough of Windsor and Maidenhead and Buckinghamshire County Council, and Routes 335 and 583 from Buckinghamshire County Council alone.

5.5 In the near future, there have been indications from the Frimley Health Trust that it intends to let a concession. The current intention is for this to restrict access to Wexham Park Hospital to 1 commercially operated by service from Slough Bus Station.

6. **Comments of Other Committees**

6.1 This specific matter has not been discussed by any other Committee.

7. **Conclusion**

7.1 The Panel is requested to clarify its views on the issues raised by the changes to the bus services to Wexham Park Hospital and how these may be mitigated.

8. **Appendices**

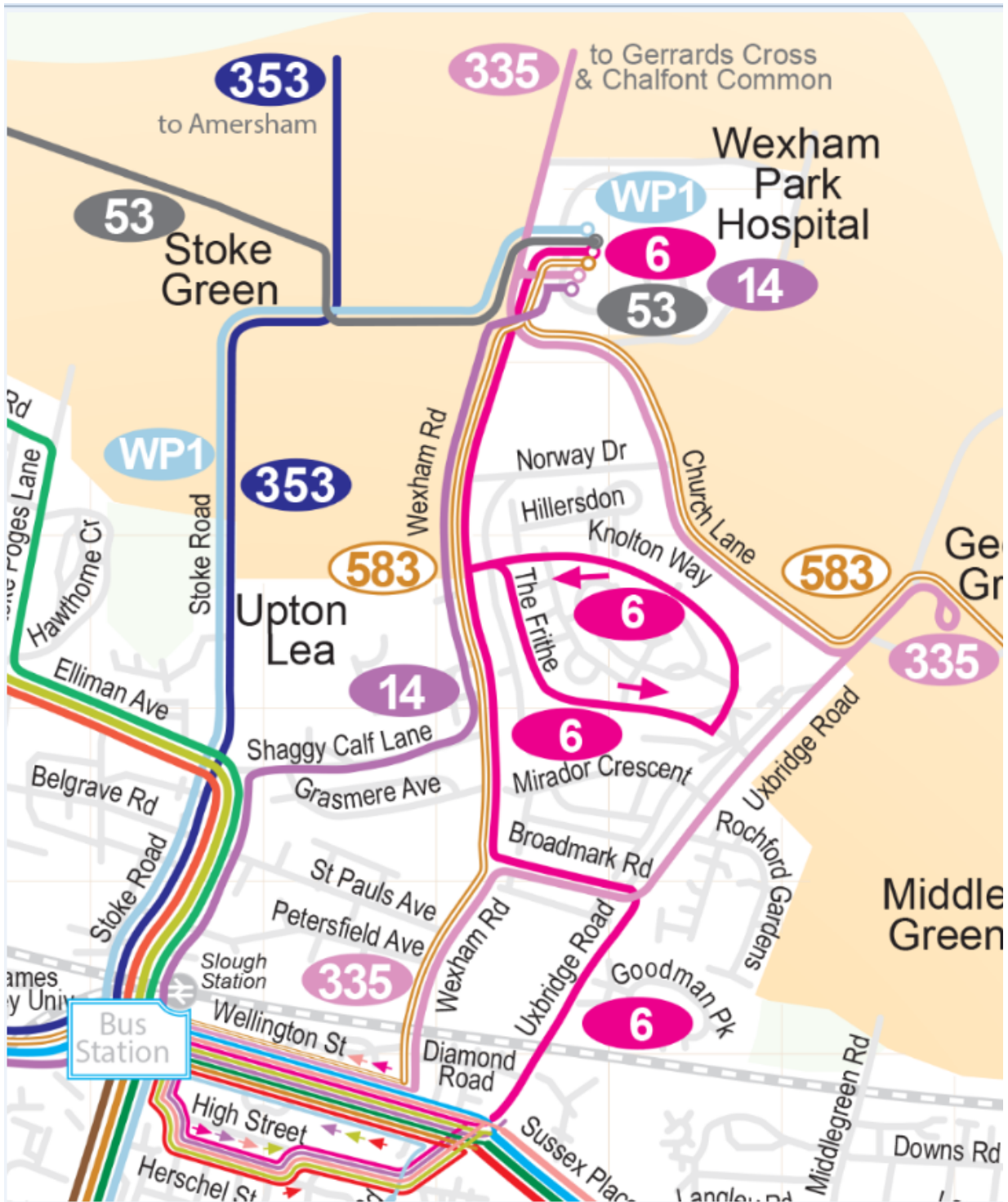
'A' - Route maps for services to Wexham Park Hospital

9. **Background Papers**

None.

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HOSPITAL BUS ROUTE MAP



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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 19th January 2017

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

WARDS: All

PART I
FOR COMMENT AND DECISION

HEALTH SCRUTINY PANEL – 2016/17 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 2016/17 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 2016/17 Municipal Year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2016/17

Meeting Date
27 March 2017 TRANSFORMATION AND INNOVATION
<ul style="list-style-type: none">• Digital innovations• Connected Care – update (provisional)• SBC 5 Year Plan• Wellbeing Board – Annual Report

To be programmed:

- Early impact assessments – likely to be 2017 – 18
- Range of community based services for those with learning disabilities – first meeting 2017 – 18

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MEMBERS' ATTENDANCE RECORD 2016/17

HEALTH SCRUTINY PANEL

COUNCILLOR	30/06	01/09	06/10	23/11	19/01	27/03
Chaudhry	P	P	Ap	P		
Cheema	P	Ap	P	P		
Chohan	P	Ap	P	P* (until 8.00pm)		
M Holledge	P	P	Ap	P		
Mann	P	P* (from 6.47pm)	Ap	P		
Pantelic	P	P	P	P		
Qaseem	P* (from 6.37pm)	Ap	P	P		
Smith	P	P	P	P* (from 6.36pm)		
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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