

Date of issue: Tuesday, 14 November 2017

MEETING:	HEALTH SCRUTINY PANEL (Councillors Rana (Chair), Smith (Vice Chair), Chaudhry, M Holledge, Pantelic, Qaseem, A Sandhu, Sarfraz and Strutton) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	WEDNESDAY, 22ND NOVEMBER, 2017 AT 6.30 PM
VENUE:	SEMINAR ROOM 4, GRADUATE MEDICAL CENTRE, WEXHAM PARK HOSPITAL SL2 4HL
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NABIHAH HASSAN-FAROOQ 01753 875018

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

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
1.	Declarations of Interest <i>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.</i> <i>The Chair will ask Members to confirm that they do not have a declarable interest.</i> <i>All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.</i>		
2.	Minutes of the Last Meeting held on 10th October 2017	1 - 4	-
3.	Action Progress Report	5 - 6	All
SCRUTINY ISSUES			
4.	Member Questions <i>(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).</i>		
5.	NHS Frimley Health Foundation Trust Presentation	To Follow	-
6.	CCG Operational Plan 2017-19- Progress Update	7 - 22	All
7.	Berkshire Healthcare NHS Foundation Trust - Annual Report	To Follow	
8.	The Frimley Health & Care System- Moving Forward	23 - 42	All
9.	Forward Work Programme	43 - 48	All
ITEMS FOR INFORMATION			
10.	Attendance Record	49 - 50	-
11.	Date of Next Meeting 18th January 2018 at 6.30pm		

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.

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Health Scrutiny Panel – Meeting held on Tuesday, 10th October, 2017.

Present:- Councillors Rana (Chair), Smith (Vice-Chair), Chaudhry, M Holledge, Pantelic, Qaseem, A Sandhu, Sarfraz, Strutton and Colin Pill

Healthwatch Representative- Colin Pill

PART I

22. Declarations of Interest

Councillor Rana declared that a close relative worked at Wexham Park Hospital.

23. Minutes of the Last Meeting held on 31st August 2017

Resolved- That the minutes of the last meeting held on the 31st August 2017 be approved as a correct record.

24. Action Progress Report

The Action Progress report was tabled at the meeting.

Resolved- That the Action Progress Report be noted.

25. Member Questions

There were no questions from Members.

26. Slough Safeguarding Adults Board Annual Report 2016/17

The Head of Safeguarding and Learning Disabilities outlined the annual report for Slough Safeguarding Adults Board (SSAB) 2016/17. A summary of the key issues and the five key areas of the annual report were noted; improving identification of risk to the individual and management of that risk; improving safeguarding practice when working with people who self neglect/hoard; mental capacity and Deprivation of Liberty Safeguards; making safeguarding personal and outcome focussed and Board effectiveness. The Panel were requested to note that the Independent Chair of the SSAB, Nick Georgiou, had also been appointed to the role of Independent Chair of the Local Safeguarding Children's Board. A joint business unit had been established for both Boards to improve the understanding and cohesion between adults and children's services.

The number of safeguarding concerns received had doubled in the past two years to 989 and the proportion leading to an enquiry had also risen. This was primarily attributed to the threshold for initiating an enquiry in the Care Act. The Officer responses that there was still a high reliance on external Best Interest Assessors (BIA's) at present but that the Council was training appropriate staff which would reduce the costs in the future.

Health Scrutiny Panel - 10.10.17

Members discussed a range of other issues including performance management and services for the transition between adults and children's services. It was requested and agreed that the Independent Chair of the SSAB attend the next available meeting. At the conclusion of the discussion the report was noted.

Resolved- (a) That the report be noted.

(b) That the Independent Chair of the Local Safeguarding Children's Board be invited to attend a future Panel Meeting.

27. Residents involvement in shaping Adult Social Care Services

The Head of Commissioning outlined a report on how people who use Adult Social Care Services had their say on the way services were designed and delivered and the future plans to adopt a co-productive approach. The report also outlined ways in which the current Partnership Boards for Learning Disabilities, carers, autism, mental health and older people currently operated. It was stated that some Boards had overlapping objectives, but that some sectors of the community, for e.g. those individuals with physical disabilities did not have a separate Board and that the ambition was to merge in the future. The current structure had been in place for fifteen years and that the new model had been redesigned around engagement from service users. Service users with learning disabilities had created a video which designed a learning course and helped them to train others and that this was a good example of an ongoing initiative. It was agreed the video would be circulated to all Members.

The Panel discussed ways in which the various models currently worked. The Director of Adult Social Care stated that there was confidence in the models and that as part of the redesign process, that the 'speaking up' model was encouraged. This allowed for tangible delivery and gave people a platform to 'speak up' and be heard. The current model was reliant in carers to relay information and that the use of paid advocates was vital when carers were unable to attend and participate. As part of the discussion, Members considered ways in which behaviours could be measured and ways in which Members could become involved with shaping Adult Social Care Services in the community. The Panel was reminded that Councillors had been invited to take part in asset mapping of individual communities and that this information could be shared when this had been fully conducted ward by ward. It was noted that there was still some work to be done in this area, and that providers of services had been contacted to update their details online.

Resolved- That the report be noted.

28. Quality Management of Adult Social Care Services

Health Scrutiny Panel - 10.10.17

The Head of Commissioning and Supplier Relationship Manager introduced the report outlining the progress on the quality of Adult Social Care services within Slough and the arrangements for ensuring the quality of care. The Panel was updated that the registered care providers and homes. The Panel noted that quality assurance was a key priority to ensure the delivery of good adult social care services were inspected by the Care Quality Commission (CQC). The strategic approach was outlined, which was founded on a clear Quality Assurance Framework. Overall progress had been reported as relatively good and that there had been some concerns over managerial staff reported that there had been some concerns over managerial staff reported that there had been a 33% turnover of care, which was comparatively low when comparing national figures.

In response to a question the process for both planned and unannounced visits to providers was outlined. Members were assured that these visits were carried out and that this also helped manage the ongoing performance of the care services. Some of the issues relating to staffing stemmed from other labour markets utilising the labour force from Slough and that salaries were more competitive than what was currently on offer in the borough. Measures were currently in place to recruit and retain staff, working with providers, calibre of staff, internal audits and related monitoring of care providers to address staffing issues. Members asked for the standards expected of good quality staff that were also vital.

Ways in which the Council had established Quality Assurance Framework was discussed along with the responses when made aware of quality concerns. Where some care providers had been subject to embargos or sanctions, regular monitoring meetings and dialogue with management of the service were held. The Panel was informed that a traffic light system was used to advise the Care Governance Board of current quality standards with a score of red meaning that a complete embargo of the provider would be implemented until the concerns had been addressed to the satisfaction of the Board. There were continuing robust service improvements and as a result the amber caution would be set against the provider as a risk placement notification.

Overall, it was considered that the quality of care in Slough was generally good; that there was a strong and rigorous approach to quality assurance; and that there was a proactive response taken to report of concerns about standards. There was now a clear focus on the need for the residents of Slough to effectively manage their own care needs and that this would feed into the governance structures and future Adult Social Care System model. At the conclusion of the discussion the report was noted.

Resolved- That the report be noted.

29. Forward Work Programme

Health Scrutiny Panel - 10.10.17

The Panel considered the Work Programme for 2017-18 and the following items were confirmed or added:

22nd November 2017:

- Frimley NHS Foundation Trust update (meeting to be held at Wexham Park Hospital)
- CCG Operating Plan
- Berkshire Healthcare NHS Foundation Trust Annual Report
- STP Report

18th January 2018:

- ASC Programme Update
- Public Health Update
- STP Update
- Independent Chair of SSAB
- Recovery Colleges
- Local Account

26th March 2018:

- STP Update
- Five Year Plan – Outcome 2, key actions 1, 3 and 5
- Learning Disabilities Offer – update

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

30. Attendance Record

Resolved- That the attendance record be noted.

31. Date of Next Meeting

The next meeting of the Panel would be held on the 22nd November 2017, at Wexham Park Hospital.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.59 pm)

Health Scrutiny Panel – Actions Arising from Meetings

27th March 2017

Minute:	Action:	For:	Report Back To: Date:
58	<p>That the further information below be compiled to identify specific issues and evidence at particular healthcare centres, bus stops/routes or other concerns about accessibility.</p> <ul style="list-style-type: none"> i. The approximate distance between healthcare centres and the bus route/stop identified in paragraph 5.3 of the report; and ii. Complaints received by the Council, Healthwatch and bus service providers in the past three years about accessibility problems relating to bus services and healthcare centres. 	Healthwatch, SBC Councillors and Transport	HSP ASAP

31st August 2017

Minute:	Action:	For:	Report Back To: Date:
17	Future visit to be scheduled to a supported living facility (possibly 2018)	Director of Adult Social Care	HSP 2018
17	Report on FGM to be summarised to the Panel after it has been discussed at the Crime Disorder Panel.	Scrutiny Officer	HSP After 1 st March 2018
17	Evidence, impact and outcomes on the uptake of health checks in Slough to be bought back to the panel at a later date.	Consultant in Public Health	HSP 18 th January 2018

10th October 2017

Minute:	Action:	For:	Report Back To: Date:
26	Members requested that Nick Georgiou be in attendance at a future meeting in his capacity as an Independent Chair, as they wished to have an opportunity to be updated and also pose questions to the Chair.	Chair of the Safeguarding Adults' Board	HSP 18 th January 2018
27	Service users with learning disabilities had created a video which designed a learning course and helped them to train others and that this was a good example of an ongoing initiative. The Head of Commissioning advised that he would circulate the video to all Members.	Head of Commissioning	HSP 18 th January 2018
27	The Head of Commissioning reminded the Panel, that Councillors had been invited to take part in Asset Mapping of individual communities and that this information could be shared when this had been fully conducted ward by ward.	Head of Commissioning	HSP As appropriate

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 22nd November 2017

CONTACT OFFICER: Dr Jim O'Donnell, Clinical Chair Slough CCG
(For all Enquiries) (01753)636104

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

CCG OPERATIONAL PLAN 2017 – 19 PROGRESS UPDATE

1. **Purpose of Report**

To update the Health Scrutiny Panel (HSP) on the progress being made by the Care Commissioning Group (CCG) on its Operational Plan.

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

The Panel is requested to note the contents of the presentation and discuss any issues arising for the local health and care system.

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

The priorities of the CCG reflect the need to improve the health and wellbeing of the population. The CCG will focus on those priorities that can be delivered across the system and local areas will continue to address their own local priorities.

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

The CCG will meet several of the current Slough Wellbeing Board strategy priorities including:

- Protecting vulnerable children and young people
- Improving healthy life expectancy
- Improving mental health and wellbeing

3b. **Five Year Plan Outcomes**

The CCG will support the delivery of the following SBC Five Year Plan outcomes:

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

4. **Other Implications**

(a) **Financial**

There are no financial implications in this report for Slough Borough Council (SBC).

(b) Risk Management

Risk Area	Risk/Threat/Opportunity	Mitigation(s)
None	None	None

(c) Human Rights Act and Other Legal Implications

There are none identified at this point.

(d) Equalities Impact Assessment

This will be undertaken as specific plans are developed to deliver the priorities.

(e) Workforce

There are no issues for SBC identified in this report.

5. **Supporting Information**

5.1 The CCG Operating Plan runs for 2 years, and is designed in the context of the Frimley STP. It must also meet the nine 'must dos' prescribed by Central Government, and to bear in mind considerations of financial viability. As a result, it has been compiled on the basis of considerable input from local practitioners, service users and partners.

5.2 However, the amount of issues the CCG needs to comply with means that the refresh of the Operating Plan will be 'light touch'. The focus on achieving improved outcomes whilst achieving financial balance will be maintained through a range of actions, with collaborative working and the focus on moving towards the Frimley STP becoming an Accountable Care System to be central.

5.3 As substantive proof for the pledges made in the early part of the presentation, a case study into heart disease is outlined. This case study demonstrates how placing a focus on an aspect of care, and co-ordinating resources to improve the efficiency of the journey for care users, can have a demonstrable impact on improved outcomes. In addition, the streamlining of care has delivered a financial benefit for the care system.

6. **Comments of Other Committees**

This presentation has not been considered by any other committees of the Council.

7. **Conclusion**

HSP is asked to comment on the key points made in this presentation.

7. **Appendices Attached**

'A' - Operational Plan 2017 – 19 Progress Update.

8. **Background Papers**

None.

Operational Plan 2017-19

Progress update

Our local Operating Plan 2017-2019

- This is a **2 year plan** supported by two year contracts and financial allocations
- **It covers:**
 - How we will support the delivery of the Sustainability and Transformation Partnership
 - How we intend to deliver all the things we have highlighted in our commissioning intentions
 - How we will deliver the nine national ‘must dos’ set by NHS England
- **It demonstrates** how we will achieve financial sustainability as three CCGs and with our system partners
- The plan **describes our commitment** to improving outcomes and delivering sustainable, consistent standards of care within the resources available
- It has **been informed** by local clinicians, patients, and key partners

We will be undertaking a 'light touch' refresh of our existing plan

During 2018-19:

- We will continue to deliver against the national priorities
- We will focus on the requirements set out in our Memorandum of Understanding (MOU) with NHSE to progress to an Accountable Care System (ACS) i.e. UEC, Primary Care, Mental Health & Cancer
- We will continue to deliver those programmes of work set out in our second year of our local Operating Plan and Commissioning Intentions 2017-19 documents

Noting that:

- NSHE planning guidance is not expected until December 2017 [!]
- Our MOU with NHSE includes a requirement to produce a system wide single Operating Plan for 2018-19

In 2018-19 we will continue to focus on improving health outcomes and achieving financial balance through ...

Delivery of integrated care decision-making for our most complex patients and those living with frailty

Mental health transformation and continued improvements in access to services

Investment in Primary care transformation

Enhancing self-care, prevention including developing social prescribing across general practice

Reducing unwarranted clinical variation – including MSK, GI, ENT & Ophthalmology

STP transformation funded programmes including Cancer and Diabetes

Achieving financial balance

Urgent and Emergency care transformation

We will continue to work collaboratively

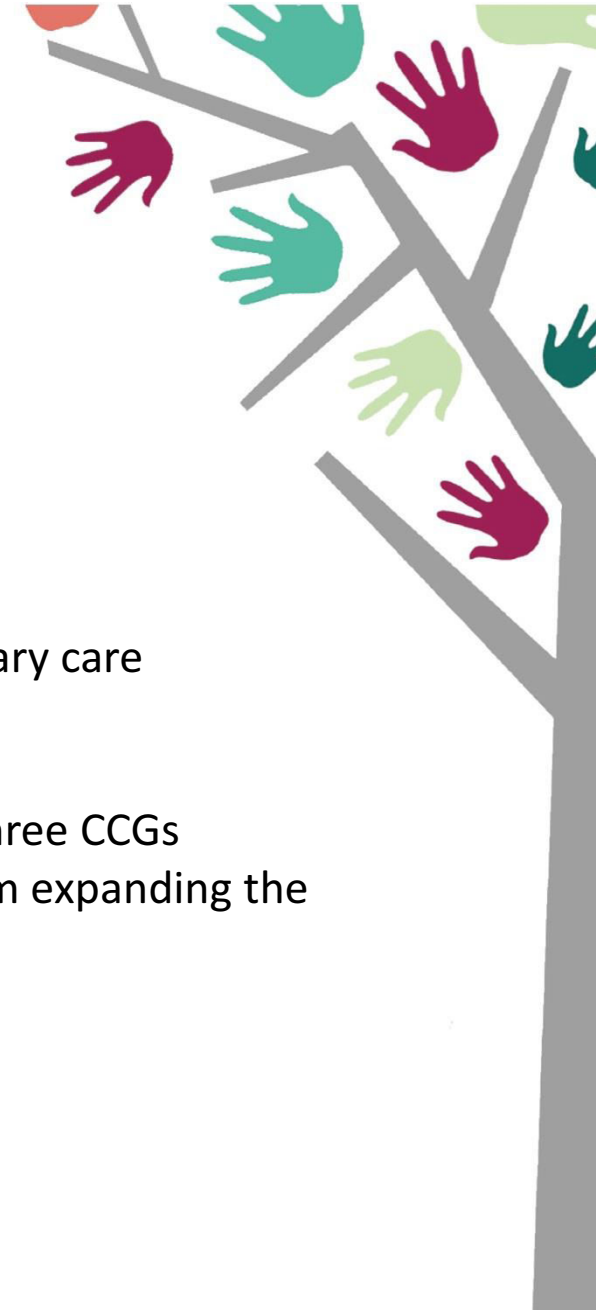
- With our STP partners to realise system level changes as we move towards becoming an ACS
- We will continue to deliver local priorities in conjunction with our local partners
- We will continue to keep you updated

Cardiology – an example of where we have changed services to improve patient care

In 2016...we said....

Cardiology

- Review all current locally commissioned services from primary care associated with cardiology
- Improve management of patients with hypertension
- Evaluate the provision of cardiac rehabilitation across the three CCGs
- Develop an integrated community heart failure nursing team expanding the use of telehealth
- Commission an IV diuretic lounge with all our providers



Heart Failure

We did....

- Commissioned an expanded community heart failure nursing service which works closely with the acute trust to provide individualised and timely support to HF patients in the community
- One stop heart failure team set up within the acute trust thus reduced follow up
- Commissioned a diuretic IV lounge to enable patients to receive IV diuretics and thus avoid admissions and improve patient experience
- Support case finding into primary care to expected levels thus optimise treatment and improve quality of life

Heart Failure IV Diuretic Lounge

- The heart failure IV lounge, which is situated in Ward 4, aims to improve services for people suffering from heart failure which in turn can reduce admissions. In the first 13 days of the unit going live, it saw 31 patients of which only three were admitted.*



East Berkshire CCGs Clinical Cardiology lead, Nithya Nanda, said: “Essentially, this provides an unique opportunity for all primary care colleagues to refer heart failure patients in a streamlined fashion for both assessment and ongoing treatment.

Heart Failure Community Nursing Team



Meet Lucy Girdler-Heald, newly appointed team leader for the heart failure nursing team which provides a community service to hundreds of patients across east Berkshire each year

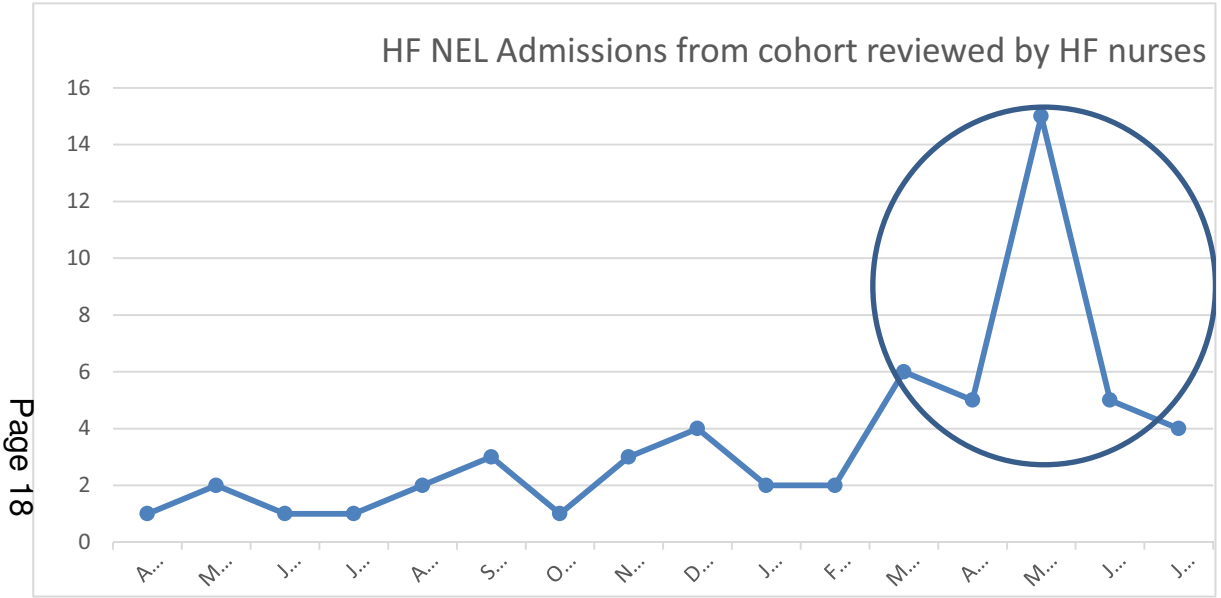
The team already has excellent working links with Wexham Park Hospital, Frimley and RBH and attends monthly supervision meetings with the Multi Discipline Team where patients who are difficult to manage are discussed in detail. Approximately 600 to 700 new referrals are received by the team each year from a range of people and services such as acute Trusts, GPs as well as self-referrals. The referral criteria is as follows



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Early results

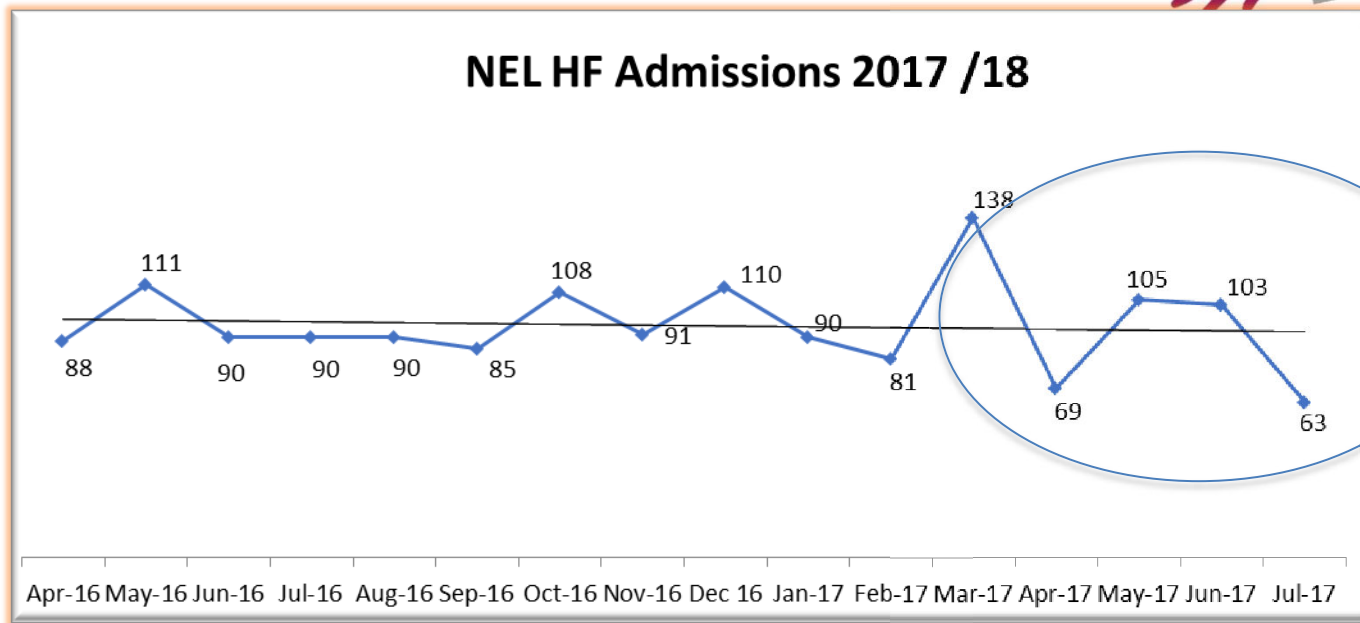
- Team caseload has increased in months of May, June and July with an associated decline in admissions for heart failure



Early results demonstrates some impact



Early results from Heart Failure Nursing and IV Lounge interventions



Started in April 17

Savings generated: YTD £162k with a full year impact of £500k

Impact on patients: Heart failure patients access to a specialist nurse thus avoided admissions

Arrhythmias (AF)

Recommissioned all stroke activity to be transferred to a HASU and decommissioned the Acute Stroke Unit . This change whilst difficult and tested our leadership, commissioning and patient engagement skill .

Case finding across the 3 CCGs was less than optimal thus programmes put in place include

1. Review and support case finding via Grasp AF tools

We utilised pharmacist expertise to run GRASP AF tool and thus case find patients. One CCG (Bracknell) incentivised practices to support case finding , now extended to all three CCGs populations. We used the quality premium incentive to support practices to improve case finding

2. Worked with AHSN to support a case finding and anticoagulation programme offer to all practices

3. Used the diagnostic fund to support BP watch machines for each practice in the CCG to support pulse checks and thus case finding

4. Ran public campaign on importance of pulse checks and how to detect irregularity

5. Education of professionals to support diagnosis of AF and Arrhythmias

Stroke Service changes implemented

- Stroke services are set to improve for more than 430,000 people living in the east of Berkshire.
- This means that, from January 1, local people suspected of having a stroke will be taken straight to the nearest hyper acute stroke unit by ambulance to receive the best possible care.
- The improvements are the culmination of two years' planning by the east Berkshire clinical commissioning groups, involving local clinicians, patients, the public and the Stroke Association from the start

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Quote from a GP patient consultation:

'Doctor I had a stroke 4 years ago , but my friend recently had a stroke within Slough two months ago. The difference in service provision is remarkably in that its greatly improved...Comparing our experiences I wish if had my stroke now !'

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 22nd November 2017

CONTACT OFFICER: Alan Sinclair, Director of Adults and Communities
(For all Enquiries) (01753) 875752

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

THE FRIMLEY HEALTH AND CARE SYSTEM – MOVING FORWARD

1. **Purpose of Report**

To update the Health Scrutiny Panel (HSP) on the progress being made by the Frimley Health and Care Sustainability and Transformation Partnership (STP).

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

The Panel is requested to note the contents of the presentation and discuss any issues arising for the local health and care system.

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

The priorities in the STP reflect the need to improve the health and wellbeing of the population. The STP will focus on those priorities that can be delivered across the system and local areas will continue to address their own local priorities. The Slough JSNA has informed the work of the STP.

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

The STP will meet several of the current Slough Wellbeing Board strategy priorities including:

- Protecting vulnerable children and young people
- Improving healthy life expectancy
- Improving mental health and wellbeing

The STP will do this by delivering across 5 priority areas:

1. Making a substantial step change to improve wellbeing, increase prevention, self care and early detection.
2. Improve long term conditions outcomes including greater self management and proactive management across all providers for people with single long term conditions.
3. Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.

4. Redesigning urgent care, including integrated working and primary care models providing timely care in the most appropriate place
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

3b. **Five Year Plan Outcomes**

The STP will support the delivery of the following SBC Five Year Plan outcomes:

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

4. **Other Implications**

(a) **Financial**

One of the aims of the STP is bring financial balance to the Frimley footprint by 2020 – across health and social care. There is a significant financial pressure facing all parts of the system and the plan will address how these pressures will be managed. Any future investment from the NHS in local systems will come via the STP process.

(b) **Risk Management**

Risk Area	Risk/Threat/Opportunity	Mitigation(s)
Financial All parts of the system are facing financial challenge due to increasing demand and rising costs	Priority areas do not manage the financial pressures – or actions cause additional financial pressures across one part of the system or service area	The STP gives a system wide view and management of the whole of the footprint. Aim is to bring the whole system into financial balance
Property Decisions are not made about current or future use of assets that help deliver the STP ambitions	Each part of the system or individual service continue to make decisions on their own irrespective of STP ambitions	STP will support via system leaders group to have a cohesive few of assets and estates. A one public estate strategy is being developed
Employment Issues Not having sufficient or trained staff to deliver new ways of working	Each organisation already has issues of recruitment and retention of staff	STP priority focus on our workforce, health and social care staff will be reviewed as a whole with new roles and ways of working considered to best meet the needs of our residents.
Equalities issues Health inequalities	The specific health issues of the Slough population will	STP has focussed on the main health issues

	not be met by the STP priorities	across the footprint and this includes Sloughs priority health issues.
Communications The ambitions of the STP are not well understood by all parts of the system	Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes	Regular comms and workshops, briefings across the system. A unified approach of strategic direction will enable clearer communication to staff and residents.

(c) Human Rights Act and Other Legal Implications

There are none identified at this point.

(d) Equalities Impact Assessment

This will be undertaken as specific plans are developed to deliver the priorities.

(e) Workforce

There are no specific issues identified at this point but as workforce is one of the enablers for the delivery of the plan this will have significant focus over the coming months.

5. Supporting Information

- 5.1 The presentation outlines the role of the STP in delivering health and care for the local population. Covering 750,000 people and involving 30 statutory partners, the STP has clearly defined priorities and a series of initiatives to ensure these are enacted. The STP will then become an Accountable Care System (ACS) as it fulfils the criteria for such recognition as laid out in the presentation.
- 5.2 The Frimley STP has already defined the required governance, outcomes and metrics required to meet the expectations of NHS England. As these are put in place and reported, the move towards becoming an ACS will gather momentum. Progress on this will be reported to HSP as key milestones are reached.
- 5.3 Part of the progress towards ACS status is the establishment of 8 initiatives. As well as the local work, this involves working with national leads and the establishment of contractual arrangements and memoranda of understanding. The first 7 of these initiatives are outlined in the diagram contained in the presentation, while a narrative on progress on all 8 initiatives is given in the following slides.
- 5.4 There is also a clearly defined programme for communications and engagement. Aimed at both local service users and practitioners, as well as other key stakeholders (e.g. Health and Wellbeing Boards across the Frimley footprint). Events have already been held and are also planned for the future as part of this.

6. Comments of Other Committees

This presentation has not been considered by any other Committees of the Council.

7. **Conclusion**

HSP is asked to comment on the key points made in this presentation.

8. **Appendices Attached**

'A' - The Frimley Health and Care System – Moving Forward

9. **Background Papers**

None.

The Frimley Health & Care System - Moving Forward

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November 2017



Health & Wellbeing

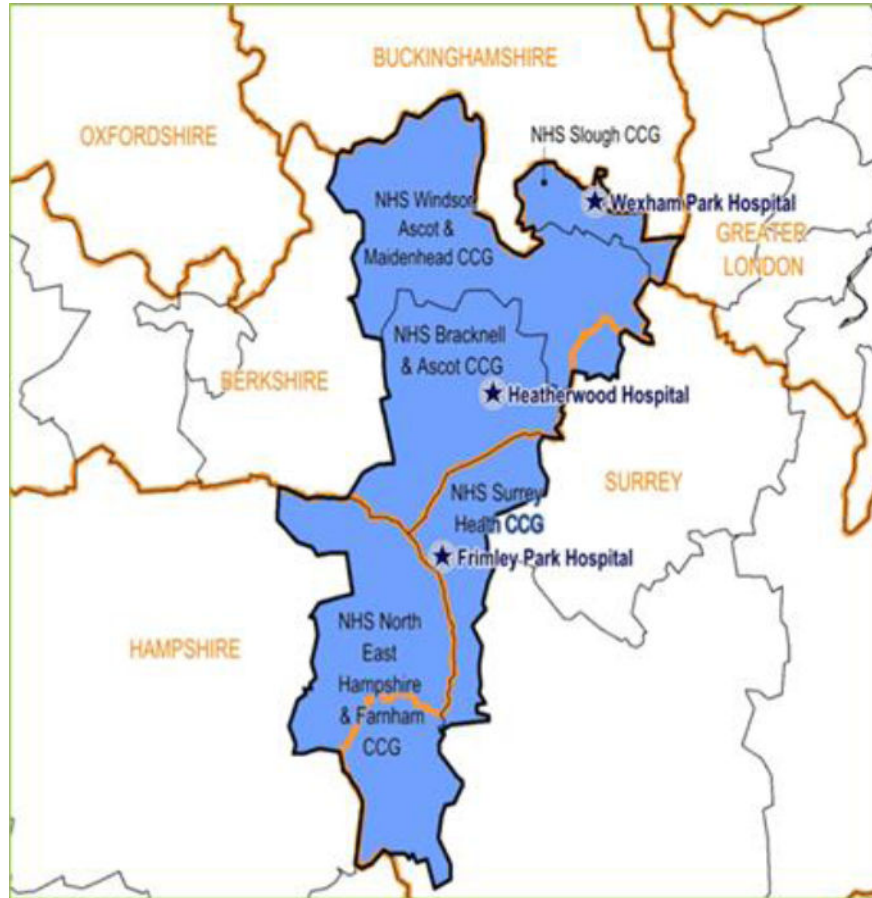


Care & Quality



Finance & Efficiency

The Frimley Geography



Frimley STP population of 750,000 people in East Berkshire, NEH&F and Surrey Heath CCG's. Involves 30 statutory bodies.



The Frimley Health & Care STP

5YFV Priorities

Our STP priorities

Our STP Initiatives

Urgent and emergency care

Wellbeing, prevention and self care

Wellbeing, prevention and self care

General practice

Supporting long term conditions

Integrated decision-making

Cancer

Managing frailty

General practice transformation

Mental health

Redesigning urgent and emergency care

Support workforce

Social care market

Reducing clinical variation and health inequalities

Reducing clinical variation and health inequalities

Shared care record

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Enabling workstreams

Frimley Health and Care

Frimley Health & Care: STP to ACS



Between six and 10 sustainability and transformation plan areas set to become “accountable care organisations or systems, ***which will for the first time since 1990 effectively end the purchaser provider split***, bringing about integrated funding and delivery for a given geographical population”.

Simon Stevens, Public Accounts Committee, 27 February 2017

To become ACSs, STPs must take accountability for delivery in exchange for additional freedoms

ACSs must be able to:

- 1 Agree an **accountable performance contract** with NHS England and NHS Improvement;
- 2 Commit to shared performance goals and a **financial system 'control total'**;
- 3 Create an effective collective decision making and **governance structure**;
- 4 Demonstrate they are **integrated**;
- 5 Deploy rigorous and validated **population health management capabilities**;
- 6 Establish clear mechanisms for **patient choice**.

In return, the NHS national bodies will offer:

- a **Delegated decision rights** in respect of commissioning of primary care and specialised services;
- b A **devolved transformation funding package**;
- c A **single 'one stop shop' regulatory relationship** with NHS England and NHS Improvement;
- d The **ability to redeploy attributable staff and related funding** from NHS England and NHS Improvement to support the work of the ACS.

Developing the Frimley Accountable Care System

Focus

- On delivering the priorities agreed across all partners from health and social care
 - Place-based, person-centred approach to delivery of health & care
 - Relationships at all levels
-

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Governance

- Governance designed to support delivering the changes, using local MOU
- Move towards shadow ACS governance structure, including providers, CCGs and local authorities
- Working with King's Fund and with other systems across England to share ideas in ACS development
- Clinical involvement at all levels, including STP Board

Developing the Frimley Accountable Care System

Financial management

- Financial transparency across partners and shadow system control total approach
 - Shared investment decisions across the STP
 - Challenge of LA versus health budgets
-

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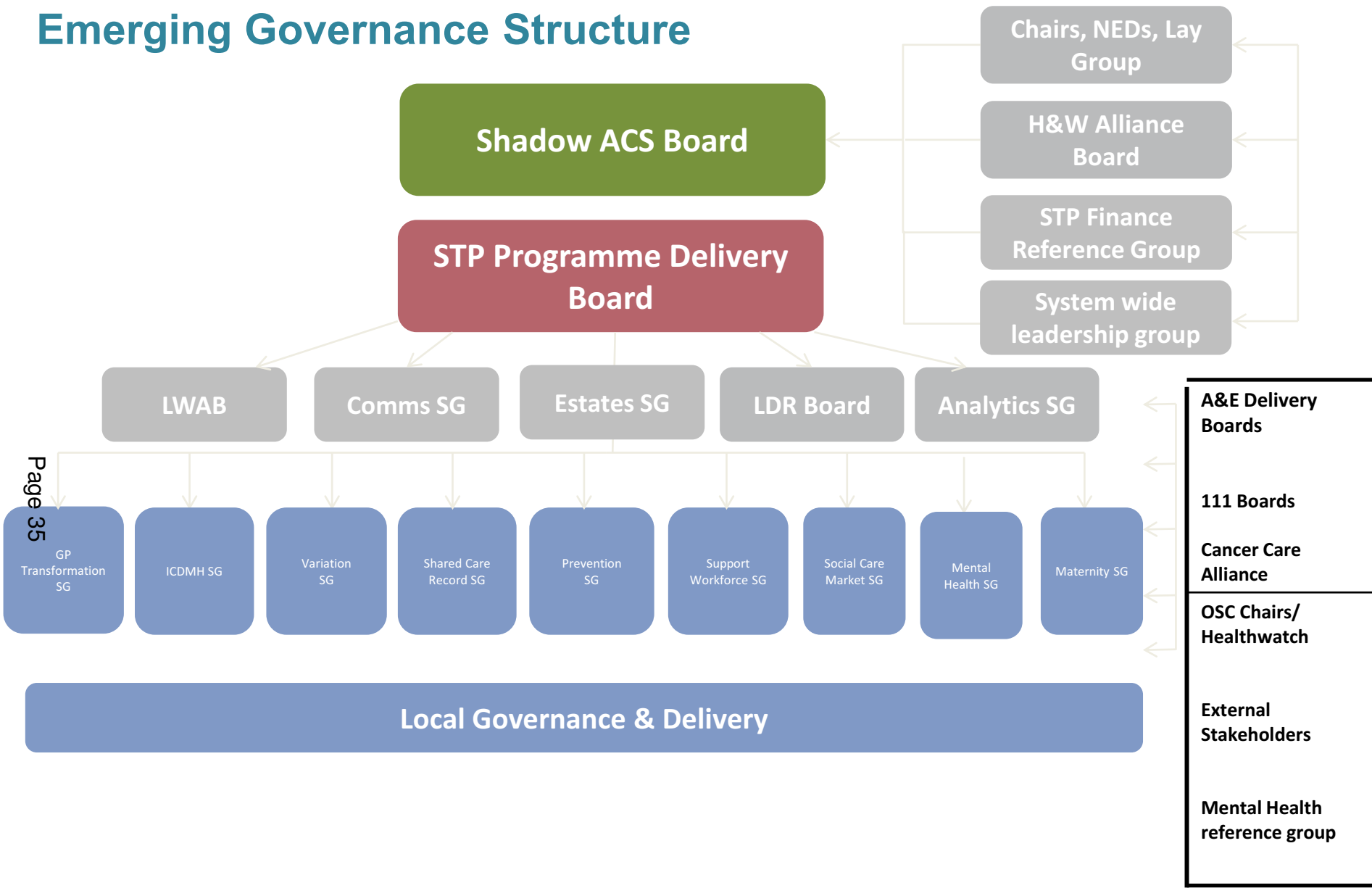
Outcomes and metrics

- STP view of system outcomes and metrics being developed
- Focus on measuring what will drive the change, using logic models
- Shared care record initiative driving opportunities for delivery and for evaluation, measurement and future population management

NHS England expectations of delivery:

- Improvements to mental health services, for example, eliminating out-of-area placements and employing mental health therapists in general practice.
- Invest in and strengthening general practice, including employing more GPs, and deliver extended access.
- Improving the elective pathway by managing demand, reducing unwarranted variation through RightCare and ensuring that care is prioritised to those most able to benefit.
- Accelerating the implementation of the urgent and emergency care plan.
- Improving cancer care; for example, by taking action to diagnose cancers earlier and increasing access to radiotherapy.
- Continuing to improve hospital productivity by implementing Carter productivity recommendations and 'Getting it Right First Time', as well as working together as chains or groups to standardise care and share support and back office functions.

Emerging Governance Structure



Frimley Health & Care STP – Ambition and ACS status

There are seven initiatives in place

Seven Initiatives on which we will focus in 2016/17-17/18

Initiative 1: Ensure people have the skills, confidence and support to **take responsibility** for their own health and wellbeing.

Initiative 2: Develop **integrated decision making hubs** to provide single points of access to services such as rapid response and reablement, phased by 2018.

Initiative 3: Lay foundations for a new model of **general practice provided at scale**, including development of GP federations to improve resilience and capacity.

Initiative 4: Design a **support workforce** that is fit for purpose across the system

Initiative 5: Transform the **social care support market** including a comprehensive capacity and demand analysis and market management.

Initiative 6: Reduce **clinical variation** to improve outcomes and maximise value for individuals across the population.

Initiative 7: Implement a **shared care record** that is accessible to professionals across the STP footprint.

The Frimley ACS is one of the exemplars included in wave 1. There is a robust approach to evolving governance, operationalising ACS ambitions including system-wide approaches to business intelligence and digital for performance and forecasting. **ACS support includes** closer working with national ACS leads, performance contract/MoU development, development of a single regulatory framework with NHSE and NHSI.

Summary Progress on Priorities

Programme Update: Focus is on integrated care and working with communities. Patient involvement is clear throughout all programmes with strong governance structures. Primary care quality framework adopted and targeted work with specific GP practices. Spinal and pain is working to STP level and Frimley have identified community models which include a psychological approach.

Successful STP bids for cancer, diabetes, learning difficulties and mental health . Frimley STP looking to 'grow their own' in respect to succession planning to enable sustainability on pace and delivery.

Initiative (1) Prevention & Self Care: Successful investment bid for social prescribing securing £300k to reduce variation across the footprint and bring all areas to a minimum of level 2. Working group has been established and the process for devolvement of funds confirmed. Work has progressed in the Frailty subgroup for the mildly frail. Alcohol liaison nurses agreed with East Berkshire CCG's and recruitment process underway. Successful circulatory workshop over the summer. Hypertension project focus on a broader bid to increase clinical pharmacy workforce (which if successful should add capacity in the area of CVD risk factor management), interfacing with the variation work stream. Obesity work stream scope and objectives to be finalised at next steering group. Currently on track for delivery

Initiative (2) Integrated Care Decision Making: Following the alignment of local models to the STP an action plan with a phased approach is under construction in order to progress at pace. Analysis of local and national evidence has been used to define the STP evidence base including local evidence from Farnham ICT, Surrey Heath Integrated Care Scheme and Sloughs complex case management. Community frailty project was approved and local stakeholder and engagement plans are in progress. Joint workforce bid (150k) was approved by LWAB and the STP workforce strategy is near completion with an in depth focus on ICDM & Primary Care.

Initiative (3) GP Transformation: Logic modelling for integrated working, LTC and complex patients completed. Following dialogue with GP Federations an initial investment has been made to support an organisational development programme for general practice. Programme structure along with defined outcomes is in progress and will help to progress 'GP at scale'. Each local area has developed engagement plans to cascade information and local GP Forward View Plans are shared on the CCG website / public engagement events.

Summary Progress on Priorities

Initiative (4) Support Workforce: Steering board and work streams in place with task and finish groups providing clearly defined objectives for; recruitment & retention; learning & development; New ways of working. Working closely with Skills for Care on a proposal for the Enhanced Care Worker role. Training & Development passport in progress.

Initiative (5) Care & Support Market: Market review completed. Data for high cost placements collated and action plan being developed. Care Home Quality steering group is now fully established with clear goals in place including the roll out of the red bag scheme. Recent investment bid (£109k) for the purchase of red bags, an interventions recording database and a training coordinator post and some leadership coaching. The next stage is looking to support a robust medicine management approach in care homes involving care home pharmacists and technicians

Initiative (6) Reducing Variation: Rightcare approach across STP for Cardiology, Respiratory, MSK, GI , Neurology & Diabetes). In order to provide equity across the system diabetes has been given a small addition to the initial diabetes specific investment which now allows patients with diabetes at Frimley Park Hospital to receive an improved service and support these patients to manage their condition more successfully, All pathways have progressed utilising the Rightcare packs as the evidence base for workshops and determining clear outcomes. STP wide Business planning process developed to provide assurance to the ACS Board that the business cases submitted for transformation funding are robust – Neurology is the test case to go through this process.

Initiative (7) Shared Care Record: Connected Care Progress: BFC & RBWM enhanced feed has potential to slip due to Bracknell Forest Council upgrading their LAS system. Successful LWAB bid for a digital leadership course with programme in the design phase.

In the past few weeks we have developed an 8th initiative – deliverables to be signed off by STP Programme Delivery Board on 15th Nov

Initiative (8) Mental Health: Steering group established, Agreed priorities include; Out of area placements; Perinatal mental health, Early intervention in psychosis services and Eating disorders in children. Task & finish groups established and key milestones to be identified.

Communications & Engagement

- Local Government are fully engaged with plans with membership in all key governance and assurance meetings. We have committed SROs aligned for the Prevention Work stream and Care & Support Market.
- Workshop in the summer explored comms & engagement across the system, in particular looking at how this will support development of the ACS. It is intended that comms & engagement for the Frimley H&C ACS will be held up as exemplary and used as a model for replicating elsewhere
- Health & Wellbeing Alliance established with representation made up of the Chairs and vice chairs of the five Health & Well-Being Boards covered by the footprint.
- Mental Health Co production event took place in August with key outcomes agreed for the delivery of the MH5YFV
- Liaising with the Care Provider Alliance (CPA) to enhance engagement with and by the independent and voluntary adult social care sector. Further event planned.

Engaging local people and clinicians



- **70 community ambassadors** in Vanguard ensuring patient views are integral to service development and shaping our engagement activity
- **Clinical leads** co-design all service changes and developments
- Frimley Health and Care is being highlighted as a **Communications and Engagement Exemplar.**

Developing our STP workforce



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- 2020 Leadership Programme – supporting STP partners to innovate and make real on the ground changes to improve joined up services

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 22nd October 2017

CONTACT OFFICER: David Gordon , Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I

FOR COMMENT & DECISION

HEALTH SCRUTINY PANEL – 2017/18 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Health Scrutiny Panel (HSP) to identify priorities and topics for its Work Programme for the 2017/18 Municipal year.

2. **Recommendations/Proposed Action**

2.1 That the HSP:

- 1) Identify the major issues it would like to cover in the 2017/18 Municipal year; and
- 2) Agree, where possible, timing for specific agenda items during the 2017/18 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, alongside the Overview and Scrutiny Committee and the other 2 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 HSP also reflects the following priority of the Five Year Plan:

- Our people will become healthier and will manage their own health, care and support needs.
- Our children and young people will have the best start in life and opportunities to give them positive lives

3.3 Overview and Scrutiny is a process by which decision-makers are accountable to local people, via their elected representatives for improving outcomes relating to all priorities for the Borough and its residents. Scrutiny seeks to influence those who make decisions by considering the major issues affecting the Borough and making recommendations about how services can be improved.

4. **Supporting Information**

4.1 The purpose of scrutiny is to hold those that make decisions to account and help Slough's residents by suggesting improvements that the Council or its partners could make.

4.2 Prioritising issues is difficult. The scrutiny function has limited support resources, and therefore it is important that the work scrutiny chooses to do adds value.

4.3 There are three key elements that make up the responsibilities of the scrutiny function:

- Provide transparency and public accountability for key documents relating to the financial management and performance of the Council;
- Scrutinise significant proposals which are scheduled for, or have been taken as, a Cabinet/Officer delegated decision; and
- Strategic shaping of service improvements relating to the Cabinet Portfolios of Finance & Strategy and Performance & Accountability

4.4 In considering what the HSP should look at under points two and three above, Members are invited to consider the following questions:

- *To what extent does this issue impact on the lives of Slough's residents?*
- *Is this issue strategic and pertinent across the Borough?*
- *What difference will it make if HSP looks at this issue?*

5. **Suggested Topics**

5.1 It is generally recommended that a Scrutiny Panel should aim to look at no more than 3 or 4 items in any one meeting. This limited number can prove challenging, but does allow the Panel to delve down into specific subject areas and fully scrutinise the work that is being undertaken.

5.2 This will be a continuous process, and flexibility and responsiveness vital to success. It is important not to over-pack the Panel's agenda at the start of the year, which will not allow the flexibility for the Panel to adapt to take into consideration issues that have arisen during the year.

6. **Conclusion**

6.1 The scrutiny function plays a key role in ensuring the transparency and accountability of the Council's financial and performance management, and strategic direction. The proposals contained within this report highlight some of the key elements which the Panel must or may wish to scrutinise over the coming Municipal year.

6.2 This report is intended to provide the HSP with information and guidance on how best to organise its work programme for the 2017/18 Municipal year. As previously stated, this is an ongoing process and there will be flexibility to amend

the programme as the year progresses, however, it is important that the Panel organises its priorities at the start of the year.

7. **Appendices Attached**

A - Draft Work Programme for 2017/18 Municipal Year

8. **Background Papers**

None.

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HEALTH SCRUTINY PANEL
WORK PROGRAMME 2017/2018

Meeting Date
18th January 2018
<ul style="list-style-type: none"> • STP Update • Adult Social Care – programme update (to include strengths-based conversations) • Learning Disabilities – programme update • Public Health Programme (to include low take up of health checks) • Recovery Colleges • Local Account • Safeguarding Adults’ Board – Chair Question and Answer session
26th March 2018
<ul style="list-style-type: none"> • STP Update • Five Year Plan – Outcome 2, key actions 1, 3 and 5 • Learning Disabilities Offer – update

To be programmed:

- Five Year Plan – Outcome 2, key actions 2 and 4 (11th September 2018)
- Community hubs

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MEMBERS' ATTENDANCE RECORD 2017/18

HEALTH SCRUTINY PANEL

COUNCILLOR	10/07	31/08	10/10	22/11	18/01	26/03
Chaudhry	P	P	P			
M Holledge	P	P	P			
Pantelic	P	P	P			
Qaseem	P	Ap	P			
Rana	P	P	P			
A.Sandhu	P	P	P			
Sarfraz	P	P	P			
Smith	P	Ap	P			
Strutton	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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