

Date of issue: Tuesday 22nd August 2017

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| 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: | THURSDAY, 31ST AUGUST, 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) | 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

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**APOLOGIES FOR ABSENCE
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

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ITEM

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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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|----|--|-------|---|
| 2. | Minutes of the Last Meeting held on 10th July 2017 | 1 - 6 | - |
| 3. | Action Progress Report | 7 - 8 | - |

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. | Preventive Mental Health Services in Slough | 9 - 18 | All |
| 6. | Five Year Plan- Outcome 2 Update | 19 - 24 | All |
| 7. | Frimley Health and Care Sustainability and Transformation Partnership | 25 - 32 | All |
| 8. | Forward Work Programme | 33 - 38 | - |

ITEMS FOR INFORMATION

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| 9. | Attendance Record | 39 - 40 | - |
| 10. | Date of Next Meeting- 10th October 2017 | | |

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 Monday, 10th July, 2017.

Present:- Councillors Chaudhry, M Holledge, Pantelic, Qaseem, Rana (Chair from item 3 onwards), A Sandhu, Sarfraz, Smith and Strutton

Apologies for Absence:- Colin Pill, Slough Healthwatch Representative

PART I

1. Declarations of Interest

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

2. Election of Chair for 2017/18

The Panel was invited to make nominations for the position of Chair for the 2017/18 municipal year. Councillor Rana was proposed by Councillor Chaudhry and this nomination was seconded by Councillor A.Sandhu.

Councillor Rana was elected as Chair of the Panel for the 2017-18 municipal year unanimously by all members.

Resolved - That Councillor Rana be elected Chair of the Health Scrutiny Panel for the ensuing year.

(Councillor Rana in the chair for the remainder of the meeting)

3. Election of Vice-Chair for 2017/18

Councillor Smith was proposed by Councillor Strutton and seconded by Councillor Chaudhry. There being no other nominations it was:-

Resolved - That Councillor Smith be elected Vice-Chair of the Health Scrutiny Panel for the ensuing year.

4. Minutes of the Last Meeting held on 27th March 2017

Resolved- That the minutes of the meeting held on the 27th March 2017 be approved as a correct record.

5. Action Progress Report

Resolved- That the Action Progress Report be noted.

6. Member Questions

There were no questions from Members.

Health Scrutiny Panel - 10.07.17

7. Update Report on the Reconfiguration of the Borough's Activities Offer for People with Learning Disabilities

The Acting Head of Adult Social Care 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. The Elliman Centre closed on the 1st January 2017 and the Capital Strategy Board had awarded £826,000 to refurbish the buildings of Phoenix and Priors. The report detailed services being accessed by users of the three centres. The needs of each service user had been reviewed to ensure that those who required building based services continued to receive this support from either Phoenix or Priors and others were accessing the wider range of community based activity that was provided.

The Panel asked about the overall feedback from service users and officers responded that although it was early, that the signs were promising and people welcomed the focus of choice, variety, control and independent living.

Members asked a number of questions and raised the following points during the course of this discussion:

- Individual support plans- Individuals had a support plan that reflected their personal wishes, needs and aspirations.
- Savings- the saving of £347,000 had been made by deleting vacant posts and making greater use of community facilities.
- Service User Feedback- There were various ways of reporting feedback which included letters and feedback forms from carers, parents, service users which were uploaded to case files and reviewed by the individual social workers involved with the client. There were also formal reviews of progress carried out every 6 months by the Council which assessed what was working well and any changes to the service user's needs.
- Refurbishments of Phoenix & Priors- It was discussed that there were control measures in place to ensure that the refurbishments remained within the anticipated budgets and designated time frames. There was reliance upon the asset management team to deliver the building work on time and within budget. There had been some minor delays in relation to the work however there were monthly meetings of the LD Programme Board at which progress was monitored. After discussing, the Panel agreed in support of the escalation for the refurbishments to the Capital Strategy Board.
- Information sharing protocols in place for local business and voluntary services- There are information sharing protocols in place, however some service users are limited in mental capacity due to their learning

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disabilities and can make unwise choices. It was discussed that there was a tumultuous balance between risk and safety when disclosing particular information.

The Panel discussed feedback mechanisms from service users and whether they would be able to have an opportunity to discuss this directly at a future meeting including input from individual service users regarding their own experiences over the past year. The Director of Adult Social Care advised that a follow up report one year on would provide Members with a more realistic overview of the inputs of the reconfiguration from service users.

A Member raised the wider issues of monitoring, quality of care provision, the respective roles of the Care Quality Commission and Healthwatch's role were discussed. It was agreed that a report on quality be considered by the Panel at its meeting in October 2017.

- Resolved-**
- (a) That the report be noted.
 - (b) That a future update be provided to the Panel in January 2018 including a survey and feedback from service users.
 - (c) That the Panel support the escalation of the refurbishment of Priors and Phoenix day care centres to the Capital Strategy Board.
 - (d) That details of the refurbishment be circulated to all Panel Members.
 - (e) A Member raised the wider issue of monitoring and quality of care provision, the respective roles of the Care Quality Commission and Healthwatch were discussed. It was agreed that a report on quality be considered by the Panel at its meetings in October 2017.

8. **Progress Update on the Adult Social Care Transformation Programme 2015-2019**

The Director of Adult Social Care, introduced a progress report on the adult social care transformation programme and an update on the adult social budget.

The 4 year programme which began in 2015 included 25 different projects, of these 12 had been completed, 11 were still ongoing and 2 were still to be delivered. The most significant project was the restructuring of Adult Social Care by creating three locality teams with a focus on asset based and strength based conversations and connecting people to the range of support and services available in their communities. Other projects included the reconfiguring of learning disabilities provision, SPACE contracts and housing related services.

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A Member requested that a cross-party approach to lobby for ASC funding be considered. The Director indicated that this could be discussed with the Cabinet Member for Health and Social Care. A Member asked why there was an increased amount of money being spent on nursing home costs, it was explained that the price increases were due to the local authority having limited control over all beds and that the service providers can sell the beds to the open market whereas the local authority cannot compete by buying beds in block purchases to compete with other authorities operating in the locality.

The total budget had been falling between 2013-2017 but there was some additional funding for the last two years via the adult social precept and new one off national funding for the next 3 years which had been agreed by government through the improved Better Care Fund.

Resolved- (a) That the report be noted

(b) That the Panel note and agree the updated changes to the ASC Transformation Plan 2015-2019.

9. **Frimley Health and Care Sustainability and Transformation Partnership**

The Director of Adult Social Care, presented a report on the Frimley Health & Care Sustainability and Transformation Partnership Plan (STP). The purpose of the report was to provide the panel with an update in relation to the delivery of the plan and its potential governance arrangements.

In response to a question it was noted that the Frimley STP was in the tranche of STPs to move towards an accountable care system. This meant there were opportunities to access new funding more quickly than other areas but would require rapid progress to develop new ways of working. The Panel also discussed local representation on the STP Governance structures and the impact of the closer collaboration between the three East Berkshire CCGs since 1st April 2017.

The report discussed the seven STP work streams that had been established and where they were currently at in their various stages of development.

A Member asked that the future report style reflects the design and progress of different work streams that could be brought back to future meetings for comments and consideration.

Resolved – That the report be noted.

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10. Forward Work Programme

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

31st August 2017:

- Mental Health- Early identification and intervention
- 0-19 Service Re provision
- Five Year Plan (Outcome review)
- STP Update

10th October 2017:

- Safeguarding Annual Report
- Resident's involvement in shaping services
- Community Hubs
- Quality of Care
- STP Update

22nd November 2017:

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

18th January 2018:

- ASC Programme Update
- Public Health Programme
- Learning Disabilities Programme Update
- STP Update

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

11. Date of Next Meeting - 31st August 2017

The next meeting of the Panel would be held on 31st August 2017.

Chair

(Note: The Meeting opened at 6.32 pm and closed at 7.50 pm)

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Health Scrutiny Panel – Action Progress Report

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 |

10th July 2017

| Minute: | Action: | For: | Report Back To: Date: |
|---------|---|-------------------------------|-------------------------------------|
| 7 | That the Panel support the escalation of the refurbishment of Priory and Phoenix day care centres to the Capital Strategy Board | Director of Adult Social Care | HSP 31 st August 2017 |
| 7 | That details of the refurbishment be circulated | Director of Adult Social Care | HSP 31 st August 2017 |

| | | | |
|---|---|---|-----------------------|
| 8 | Councillor Strutton commented that a cross party approach to lobby for ASC funding be taken. | Director of Adult Social Care / Cabinet | HSP As appropriate |
| 9 | That the future STP report style reflect the design and progress of different work streams that could be bought back to future meetings for comments and consideration. | Director of Adult Social Care | HSP Ongoing |

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 31st August 2017

CONTACT OFFICER: Geoff Dennis
(For all Enquiries) 01753 690590

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

PREVENTIVE MENTAL HEALTH SERVICES IN SLOUGH

1. **Purpose of Report**

This report provides the Health Scrutiny Panel with information on local initiatives and commissioned services to promote mental wellbeing and prevent mental ill health. The report is submitted in response to a question raised by the Panel regarding the status of preventive services in Slough, as opposed to services provided in response to a crisis or established mental health need.

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

The Panel is requested to note and comment on any aspects of the report.

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

Improving mental health and wellbeing is one of the key priorities within the Slough Joint Wellbeing Strategy 2016-20. The Strategy notes the prevalence of mental health problems, with 1 in 4 people likely to be affected at some point in their lives. It also highlights the growing trend of social and lifestyle stresses impacting upon wellbeing, with a corresponding increase in problems ranging from mild anxiety through to depression and psychosis. The Strategy also highlights the heightened risk of social exclusion, unemployment, poor housing, isolation and poverty for people with a serious mental illness, alongside the risk of poor physical health.

This report focusses on preventive services for adults, however, parental mental health and wellbeing is noted within the JSNA as providing a positive start to support children and young people to develop well.

Perinatal mental health identified as a key issue nationally and particularly relevant to Slough's population profile, with 300 women expected to require support each year.

Loneliness and isolation, particularly for older residents is noted as a key issue impacting upon health and wellbeing.

(a) **Slough Joint Wellbeing Strategy Priorities**

Slough Joint Wellbeing Strategy (SJWS): Priority 3: Improving Mental Health and Wellbeing.

The strategy notes the imperative to actively promote opportunities to improve mental wellbeing, particularly as a large proportion of residents do not seek help despite high levels of mental illness in Slough. Slough's ambitions to both prevent mental ill health developing, as well as respond effectively to any emerging mental health problems is noted as a key ambition.

(b) Five Year Plan Outcomes

Outcome 2 of The Five Year Plan 2017-21 describes how communities will be engaged in initiatives to support Slough residents to become healthier and to manage their own health, care and support needs. This will be done with recognition of inequalities which can impact upon health outcomes, as well as an understanding of the wider social determinants which can impact upon health and wellbeing.

4. Other Implications

(a) Financial

There are no immediate financial implications arising from this report, as it details services which are currently provided through existing commissioning arrangements.

(b) Risk Management

This report is for information only and there are no immediate risks to be considered.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications. All services are provided with respect to individuals' rights and preferences. Legal frameworks including Mental Capacity Act 2005 and Mental Health Act (1983, amended 2007) are applied where indicated.

(d) Equalities Impact Assessment

Equalities Impact Assessment is applied to all commissioned and established services where they are formally provided or commissioned by Slough Borough Council or Slough CCG.

(e) Workforce

An ongoing challenge to mental health service delivery is the shortage of appropriately qualified and /or registered health and social care practitioners, which is well known locally and nationally. Community and voluntary sector initiatives are a crucial element of the overall preventative offer in Slough and increasingly opportunities are being sought for joint approaches and innovative workforce solutions. Peer mentors and 'Experts by Experience' are also key roles within the new workforce.

5. **Supporting Information**

The importance of prevention in mental health

- (a) There is a spectrum of services available to Slough residents representing a mix of both reactive and preventative services. It is difficult to quantify the balance of such services as much preventive work is done at community level without reference to formal mental health service provision.
- (b) Prevention is a crucial factor in creating sustainable modern mental health provision and is seen as the only way lasting change can be achieved. Prevention is a key foundation of current policy and legislation including the NHS Five Year Forward View 2016 and the Care Act 2014.
- (c) NHS England Mental Health Taskforce notes that 75% of people experiencing mental health problems are not using health services. This may be due to stigma, inadequate provision and people using their own resources to manage their mental health. In many cases, solutions are likely to be best provided outside mental health services, and the development of 'mentally healthy communities' depends upon contributions from, for example, workplaces, families, community groups and schools, and importantly with involvement of people with lived experience of mental ill health.

6. **Prevention Initiatives: national and local**

- (a) A Prevention Alliance was convened by Public Health England (PHE) in 2016, representing a broad spectrum of voices, including a strong representation from community sectors and agencies. The Alliance will continue to evolve, and the Mental Health Foundation has been commissioned to summarise the available evidence in relation to preventive mental health.
- (b) Public Health England is also leading on the development of a Prevention Concordat for Better Mental Health. Similar to the Crisis Care concordat, this will involve multi-agency stakeholders, and a key set of actions across a local area which are selected on the basis that they can make a lasting impact to prevention and mental health promotion.
- (c) Locally, Slough Public Health team has promoted many initiatives including training in Mental Health First Aid, access to MH4Life materials, and some local workplaces have signed up to initiatives such as 'Time to Change' a movement aiming to address stigma and discrimination for those experiencing mental illness.
- (d) In line with the Care Act 2014, 'Prevention planning' has become a key element of adult social care and mental health care, with advice and signposting to individuals to address primary and secondary prevention. This includes asset based conversations and an increase in the use of direct payments and personal budgets. Slough has successfully introduced this methodology alongside the Recovery College and which has allowed for bespoke learning opportunities to be developed and delivered.
- (e) Suicide prevention is identified as a key area for focus. Berkshire's multi agency suicide prevention strategy was developed in 2017, in line with the

requirements outlined in the Five Year Forward View for Mental Health, which identifies an aspiration to reduce suicide by 10% in all areas. Berkshire Healthcare NHS Foundation Trust (BHFT) has committed to the 'Zero Suicide' initiative, implementing a raft of actions to avoid preventable death by suicide and ensure that there exists effective learning opportunities in all cases. PHE and Samaritans have published prevention and post-intervention toolkits in March 2017. Some of Berkshire's suicide prevention initiatives will be presented at the Regional Suicide Prevention and Intervention (SPIN) conference in September 2017.

7. **Formal support and intervention for mild mental health conditions: Primary Care and Talking Therapies**

- (a) Most people with mild to moderate mental health conditions such as stress, anxiety or mild depression who seek formal help via their GP will be seen within primary care in Berkshire, there is a Talking Therapies service (formerly known as improving Access to Psychological Therapies - IAPT), commissioned by the CCG and provided by BHFT at primary care level.
- (b) Talking Therapies in Slough: Talking Therapies is a free NHS psychological service available to provide support and treatment for people with low mood, depression, anxiety, stress and phobias. The service is provided by Berkshire Healthcare NHS Foundation Trust and offers a range of NICE recommended treatments including Cognitive Behavioural Therapy (CBT) and Counselling for Depression. To help ease of access, people can self-refer via the website, telephone, email or text or they can be referred by their GP or health professional. All clients are assessed within 2 weeks.
- (c) In order to promote the Talking Therapies service there are leaflets and posters available in GP surgeries, local libraries and other community settings. A recent joint initiative with the Slough library service uses stickers publicising our service on books that are promoted through the Books on Prescription scheme. Stress management workshops where people can walk in and attend are advertised in local surgeries, on BHFT website, schools and pharmacists and are held as a rolling programme.
- (d) The Talking Therapies service is extensively promoted across the Slough locality. Slough GP's and local community groups are informed of service developments via regular newsletters and community and GP outreach opportunities and talks to introduce the service. So far in 2017 the service has participated in the following events:
 - Samaritans Wellbeing event on 16th February,
 - Slough Senior Citizens event – 20th January
 - Chalvey Community Centre – 20th April
 - Slough Curve library for Mental Health Awareness Week – 10th May
 - Godolphin School – presentation to PTA – 25th May
 - Slough Senior Citizens Event – 21st June
 - People, Potential Possibilities – 23rd June
 - Future plans for World Mental Health Day (10th October) are currently being planned and there will be stands and activity in the town centre.

- (e) Talking Therapies has worked hard to promote access to the service that ensures the diverse cultures are represented within Slough and many of the therapists are multi-lingual and come from a range of diverse backgrounds.
- (f) The number of referrals that have entered treatment has increased over the past three years as follows (*numbers based on those registered with a Slough GP*):
 - 2014-15 - 1910 Slough patients entered treatment
 - 2015-16 - 2305 Slough patients entered treatment
 - 2016-17 - 2385 Slough patients entered treatment
- (g) New services delivered by Talking Therapies this year – 2017 include:
 - Integrated services for those clients with a long term physical health problem and a common mental health problem have started in some surgeries to relieve distress and help improve well being
 - Health Makers run peer led groups for people who have long term health problems. These are co-facilitated by trained clinicians and volunteers who also have a long health problem.

8. **Slough Borough Council commissioned services for MH prevention**

Slough Borough Council commissioned Hope Recovery College in 2015 in partnership with BHFT. Hope College includes four pathways however the service user (student) chooses the pathway which they think is best for them.

The pathways include:

- (a) Recovery – The pathway aims to help students understand their mental and physical health issues and treatment options, teaching them how to manage their own difficulties.
- (b) Life-skills – The pathway includes social based activities to link students with the local community. This includes a weekly activity timetable.
- (c) Working Towards Recovery – The pathway is all about links to paid employment. It introduces the students to the Employment service in Slough, workshops designed to increase motivation to work and signposting information to the local community.
- (d) Peer Support - Pathway to enable clients to become peer mentors, support with co-developing and co-facilitating courses within the college, includes a 10 week training course run three times a year.

The College goes from strength to strength and during 2016-17 there have been; 658 enrolments in the college, 91 courses delivered, 31 trained Peer mentors, and 53 people back to work through the Independent Placement Service (IPS).

9. **Support to MH carers**

- (a) Carer Café being held once every 2 months – support from other carers and mental health professionals, opportunities for training, information, signposting, pampering, time out from caring.
- (b) Carer training programme – occurring twice per year on average – carers attend sessions around psychoeducation, understanding medication, healthy

living, substance misuse, communication skills, dealing with challenging behaviours, problem-solving, relapse prevention, coping with stress and carers' rights and welfare.

- (c) Carers are encouraged to attend Hope College courses and get involved.
- (d) Carer database being developed for those who have given consent – carers are contacted about events, training, activities etc. that are relevant both in Slough and the wider Trust area, and are also encouraged to participate in training e.g. being co-facilitators etc.
- (e) We are also working with the Carer Partnership Board in Slough to promote greater attendance and participation by carers there, as this will give carers a greater voice.
- (f) Carer noticeboards and reception noticeboards regularly updated with information, events, training, advice etc.
- (g) Working with the BHFT Carer Strategic Development Group on implementing the Carer Strategy.
- (h) Triangle of Care action plan has been updated and is being followed to improve the outlook for carers.

10. **Earlier intervention**

- (a) Early intervention in Psychosis (EIP) service was established in Berkshire with new investment in 2016. There is clearly established evidence to show that earlier intervention with this group delivers improved clinical outcomes, and NICE compliant pathways now available to Slough residents experiencing a first episode of psychosis. The interventions include biological, psychological and social interventions to support service users and families to better understand and manage the condition and support recovery.
- (b) The Berkshire EIP Service provides assessment and interventions for individuals experiencing a first onset of psychosis, during the first 3 years of initial onset. EIP are commissioned to provide a community based service, with the flexibility to provide in reach into mental health wards as required. The service was initially commissioned to work with those aged 14 to 35; from October 2015 the service extended this from birth to 65 years following national mandate as part of the Five Year Forward View.
- (c) National service delivery targets for EIP service have been set by NHS England and Department of Health:
 - 50% of those referred to receive NICE compliant treatments by April 2016, increasing to 60% by 2020/21.
 - The new EIP Standards require all EIP teams to have the capacity and competency to deliver the following NICE interventions as follows:
 1. CBT for psychosis
 2. Physical Health Assessments

3. Family Interventions
4. Wellbeing support
5. Management of clozapine prescribing
6. Carer focused education and support
7. Education and employment support

(d) The remit of EIP service has also recently been further expanded with provision to those deemed to have an 'At Risk Mental States' (ARMS) in order to prevent the emergence of psychosis

(e) Predicted Prevalence rate for Slough is 30.7 new cases of psychosis per year.

(f) Referrals

2016/17 – Slough total referrals 23, April 2017/18 =17 referrals to date.

2016/17 – Service total referrals was 142 against a prevalence rate of 128.7

(g) Across the service 86% of all referrals are assessed, allocated and started on a NICE concordant care package within 2 weeks.

11. **Perinatal Mental Health**

Currently since the CSDF (Community Services Development Funding from 1.1.17) the Specialist Perinatal Mental Health Service provides (county wide): Assessment (either telephone triage or face to face assessment) for new perinatal (pregnant or up to one year post-partum) referrals into secondary care mental health services including those for: Pre-conceptual counselling (women at high risk i.e. bi-polar disorder) and Concealed Pregnancy.

The service offers:

- (a) Assessment most often in the home environment, signposting to other services including 3rd sector and IAPT and community follow up.
- (b) Perinatal CBT for women open to the perinatal service most often in the home environment.
- (c) Access to Perinatal Psychiatrist and maternity planning for high risk women.
- (d) Advice, support and gatekeeping for professionals or teams providing care for women who require admission to Mother and Baby unit (MBU).
- (e) Advice and guidance to other MH teams with women open to them coming under the perinatal remit and training to colleagues and 3rd sector.
- (f) Moderation on SHaRON, SHaRON is a safe and secure social networking website, designed to support mental health recovery and is being used for maternal wellbeing, partners and carers subnets and in due course to birth trauma subnet.

As part of the funding the service also provides:

- (a) Access to medication advice either with the psychiatrist or our perinatal pharmacist

- (b) Perinatal Nursery Nurses
- (c) Trauma pilot (active)
- (d) Development of complex needs pathway (in discussion)
- (e) Maternity clinic pilot (commenced at WPH 8.8.17)
- (f) SHaRON lead to recruit peer moderators for SHaRON and increase referrals to peer support
- (j) 113 Perinatal referrals during 2016/17 for Slough

12. **Crisis and secondary care treatment services**

- (a) Crisis Resolution and Home Treatment Team (CRHTT) is a 24 hour service which serves the purpose of providing an alternative to hospital admission to those individuals who have been assessed and found to be going through a mental health crisis which would have otherwise required an admission to an acute mental health ward. The team also works with individuals to resolve any mental health crisis which could have led to an admission being required within a week.
- (b) The East CRHTT service covers the three localities within East Berkshire: Slough, Windsor/Ascot/Maidenhead and Bracknell.
- (c) The service consists of a crisis hub which takes referrals from the Common Point of Entry, from other parts of the mental health service, direct referrals for patients who have been under the care within the last 6 months or from their relatives/carers. We also take referrals from police, drug and alcohol services, probation services, the liaison and diversion teams, Wexham Park Hospital A&E liaison service, other local and national A&E liaison services. Out of hours, when the Common Point of Entry is not in operation, the CRHTT becomes the first point of contact to local mental health services.
- (d) The other parts of the CRHTT are locality specific home treatment teams which assures the day to day care for the service user who is being home treated as an alternative to hospital admission. The HTT also provides an option of early discharge for those service users who have been admitted to our local mental health beds
- (e) Mental Health Liaison – development of service based at WPH enabled through - increased investment from 2017 to achieve Core 24 Compliant service by March 2018. The new investment will include a component to provide short term support following presentation at WPH to support access to appropriate follow up treatments and prevent re-attendance.
- (f) CRHTT/HTT had 515 referrals during the period January-June 2017 and with an average case load of 564 patients at any one time for Slough.

13. **Parity of esteem**

Progress has been made to raise the profile of issues and Crisis Care Concordat had 14 points to address:

- (a) Matching local need with a suitable range of services
- (b) Mental Health Crisis Services Response Times

- (c) Responsive Ambulance Times
- (d) Improve Access to Support via Primary Care
- (e) Social Services Contribution to Improved Emergency Duty response Times
- (f) Improve CAMHs Alternatives to Admission and Access to Tier 4 Beds
- (g) Improved Ambulance Response Times for S135 & S136 Detentions
- (h) Improved Training and Guidance for Police Officers
- (i) Response from Community Substance Misuse Service Providers
- (j) Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring
- (k) Develop further Alternatives to Admission (NHS & Local Authority)
- (l) Use of Restraint
- (m) Primary care response
- (n) Monitoring Progress and Planning Future System Improvements, some investment has been made but needs continued focus.

14. The 5YFV has increased funding to MH services in Berkshire and there are further opportunities being explored through the Frimley Health and Care Sustainability and Transformation Partnership. A MH work stream was recently launched to increase the profile of MH in STP planning and initiatives. The STP provides us with opportunities to develop preventive MH services across the Frimley footprint, in particular opportunities to improve the mental health service interface with primary care and in the integrated decision making hubs.

15. **Comments of Other Committees**

This report has not been presented to any other committee.

16. **Conclusion**

There has been significant national attention in recent years on the importance of prevention and earlier intervention, as well as the vital role played by the community and voluntary sector. This has been reflected in legislation and policy guidance. Recent investment has enabled the development and expansion of primary care level and preventive services; however the growing demand will continue to require ongoing innovation and creative approaches. One such approach is the recovery focused Peer Mentors, experts by experience inclusion strategy for building community capacity and resilience. Slough has achieved a high level of engagement and with excellent outcomes with the development of Hope Recovery College. This approach supports independence and a route out of mental health services. Evidence suggests this area of service delivery has proved so successful and has created a problem inasmuch that demand outstrips capacity of the service. All the indicators are that more investment in this area is required and which allows for movement through the treatment system. Historically secondary mental health services had little to offer patients at this stage of treatment and as such had limited discharge options for some of the most complex patients. The chosen methodology has opened up so much potential for the client group and including 53 people supported back in to work over the last 12 months.

17. **Appendices Attached**

None.

18. **Background Papers**

None.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 31st August 2017

CONTACT OFFICER: Alan Sinclair, Director Adult Social Care
(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR COMMENT AND CONSIDERATION

FIVE YEAR PLAN: OUTCOME 2 UPDATE

1. **Purpose of Report**

1.1 To update the Panel on the progress of Outcome 2 from Slough Borough Council's (SBC) Five Year Plan: 'Our people will become healthier and will manage their own health, care and support needs.'

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

2.1 The Panel is requested to consider the actions taken on the matters raised at the Panel's meeting on 27 March 2017, and how it would like to assess the Outcome in future.

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

3a. **Slough Joint Wellbeing Strategy Priorities and Joint Strategic Needs Assessment**

The Five Year Plan relates to all aspects of the Slough Joint Wellbeing Strategy's priorities as set out below:

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

The Five Year Plan has been developed using the evidence base of the Joint Strategic Needs Assessment and the Slough Story.

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

This report focusses on outcome 2 of the 5 outcomes in the Five Year Plan: 'Our people will become healthier and will manage their own health, care and support needs.'

4. **Other Implications**

(a) **Financial**

The Five Year Plan is important in determining the priority outcomes against which resources will be allocated. The time frame for the Five Year Plan is aligned with our medium term financial planning and will roll forward each year, i.e. the new Plan looks ahead for the five years 2017/18 to 2021/22.

- (b) Risk Management
There are no identified risks associated with the proposed actions.
- (c) Human Rights Act and Other Legal Implications
There are no direct legal implications. The specific activity in the Plan and other plans may have legal implications which will be brought to the attention of Cabinet separately. There are no Human Rights Act Implications.
- (d) Equalities Impact Assessment
There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Plan, as required.

5 Supporting Information

5.1 The Health Scrutiny Panel has been given responsibility for oversight of Outcome 2 by the Overview and Scrutiny Committee.

5.2 As with the 4 other Outcomes of the Five Year Plan, Outcome 2 has a series of key actions which set out what will be done to achieve the outcome – these are:

1. Target those individuals most at risk of poor health and wellbeing outcomes to take up health checks.
2. Develop preventative approaches to enable our residents to become more able to support themselves.
3. Build capacity within the community to enable a focus on supporting more people to manage their own health, care and support needs.
4. Deliver a new model of public service that empowers residents to live independent and healthy lives.
5. Ensure people are at the centre of the adult safeguarding process and are supported to manage any risks.

5.3 As a result, the Panel may wish to consider breaking the Outcome down into these key actions. The Panel can then decide which actions to evaluate in greater depth at its future meetings, depending on the priorities that members feel are the most pressing for SBC at the present time.

5.4 The Panel's first report on Outcome 2 was taken on 27 March 2017. This meeting made the following request for the content of this update:

That the Panel receive an update in six months on the progress being made in delivering Outcome 2 of the plan to include:

- i. an overview of performance;*
- ii. any issues or barriers requiring additional support;*
- iii. links between wellbeing and housing; and*
- iv. an update on the use of digital technology to help deliver Outcome 2.*

A summary of progress under these issues is set out below.

5.5 An overview of performance – a copy of end of Q1 2017/18 performance is attached as an appendix.

Smoking cessation

Slough continues to perform above the region and nation in terms of numbers of people who set a quit date and are proven to have quit for 4 weeks or more (68% compared to 49% in England), and are involving higher proportion of local residents in smoking cessation engagements (580 per 100,000 compared to 242 across England).

Direct Payments

We are continuing to increase the numbers of service users and carers supported through Direct Payments, enabling these people to take full control over their personal social care needs.

Health Checks

The proportion of eligible residents offered an NHS Health Check is improving slowly, but remains beneath regional and national positions. A number of measures have been set up to address this, including commissioning a new 'cardiowellness4Slough' programme, which launched in January 2017. This programme will deliver 800 additional Health Checks before March 2018.

There have been nearly 200 opportunistic health checks conducted through CardioWellness4Slough in the four months from April 2017. These health checks are achieving all targets that aim to improve inequalities, with significant proportions being provided to males, residents of deprived wards and BME groups. This is in addition to slightly improved uptake of GP-provided health checks in Q1 2017/18 (1055 offered, 506 given).

Other council initiatives which will assist in delivering the aims of Outcome 2 include the installation of Green Gyms in a further nine parks across Slough, enabling our residents to access free-to-use gym equipment in their local neighbourhoods at a time that suits their lifestyles; the Phase 2 completion of the Community Sports Stadium at Stoke Road; and the recommissioning of our Community Sports and Leisure Contract.

5.6 No key barriers have been identified that require any additional support at this stage.

5.7 Links between wellbeing and housing

One of the five main themes with the Councils updated Housing Strategy 2016 to 2021 is to ensure that specialist accommodation is available for vulnerable people and those with special housing needs, for example, young people, older people and people with disabilities. We are currently working closely with Housing colleagues in developing twenty new units in Rochford Gardens for people with a range of disabilities and also working with a local provider in developing more extra care capacity for older people. The Locality Teams within the recently restructured Adult Social Care are developing relationships with their Housing colleagues to ensure that there is far more joined up working across housing and social care.

5.8 Use of digital technology

Through a government grant we have purchased 20 Smart tablet devices/phones on behalf of people with learning disabilities living in the community. The tablets/phones will enable these residents to manage their own health and wellbeing by monitoring their own fitness through a fitness app, improve their social

mobility by using social media apps such as Facebook enabling them to keep in contact with their networks and keep up to date with what is going on in Slough for people with learning disabilities.

Slough Borough Council in partnership with Slough NHS Clinical Commissioning Group (Slough CCG) have completed the procurement exercise to re-commission the fully managed Telehealth and remote monitoring services for Slough GP registered patients who have two specific long term conditions: Chronic Obstructive Pulmonary Disease, Chronic Heart Failure and diabetes. This service is funded via the Better Care Fund.

We are currently proceeding ahead with a contract award with the service start date of early September 2017. The aim of the service is to use Telehealth technology to improve the health and wellbeing of Slough patients with complex health needs and to achieve efficiencies in the wider health and social care economy. The Telehealth equipment will support to achieve the following outputs;-

- (a) Reducing non elective admissions to hospital
- (b) Reducing admissions of older people to care homes
- (c) Reducing delayed transfers of care
- (d) Improved patient/user satisfaction
- (e) Improving quality of life for people with more than one long term condition
- (f) Provide integrated health and social care solutions

6 **Comments of Other Committees**

- 6.1 The Five Year Plan and outcome performance is regularly discussed by the Cabinet and the Overview and Scrutiny Committee.
- 6.2 This specific report has not been considered by any other Committee within SBC.

7 **Conclusion**

- 7.1 The Health Scrutiny Panel is requested to consider the progress made to date and the most appropriate manner in which to scrutinise Outcome 2 in its future meetings.

8 **Appendices Attached**

(A) 5YP Outcome 2 as at end of quarter 1 2017-18 - June-17

9 **Background Papers**

(1) Five Year Plan 2017 – 2021.

5YP Outcome 2 as at end of quarter 1 2017-18 - June-17

Outcome 2: Our people will become healthier and will manage their own health, care and support needs

| Ref | Outcome Measure | Date Updated | Baseline | Target | Actual | Direction of Travel | RAG Rating | Actions |
|-----|---|--------------|--|--------------------------------------|--|---------------------|------------|---|
| 2.1 | Increase number of people starting and completing a smoking cessation course (rate per 100,000 population). Percentage of those who successfully quit smoking. | Apr-17 | 2015/16 Q1-Q4 <u>4 weeks</u> Slough 65.40% [998] SE 55.67% England 51.02% <u>Rate per 100,000</u> Slough 918 SE 375 England 440 | Above the national rate | 2016/17 Q1-Q3 <u>4 weeks</u> Slough 68.33% [630] SE 52.10% England 49.81% <u>Rate per 100,000</u> Slough 580 SE 221 England 242 | ↑ | Green | Slough continues to perform above the SE and England in terms of numbers of people who set a quit date and go on to quit for 4 weeks and longer. The conversion rates are well above benchmarking averages. In Slough, smoking in pregnancy (which is reported as smoking at time of delivery) also remains lower than regional and national averages. |
| 2.2 | Increase number of adults managing their care and support via a direct payment | Aug-17 | 360 [Mar-17] 235 [Mar-16] 197 [Mar-15] 188 [Mar-14] | Increasing | 374 clients & carers [Jun-17] [239 clients + 135 carers] | ↑ | Green | The number of service users and carers supported through a Direct Payment continues to increase. We have implemented a new system using pre-payment cards which will make Direct Payments easier to manage and use, are contracting with Enham Trust to provide a Personal Assistant Matching and Employment Support service, and have issued guidance to staff to support and seek Direct Payments as the default position when providing services. We will be reviewing the performance measure used in the 5 Year Plan report to ensure we use the most appropriate measure to evidence our primary strategy of increasing the number of service users and carers who can control their support through Direct Payments. |
| 2.3 | Increase the uptake of health checks Increase the percentage of the eligible population aged 40-74 offered an NHS Health Check | Apr-17 | 2016/17 Q3 Slough: 3.19% [1,121] SE: 3.33% National: 3.71% Q2 Slough: 1.98% [698] SE: 4.51% National: 4.41% Q1 Slough: 1.72% [605] SE: 5.02% National: 4.49% | Closer to the national rate by 17/18 | 2016/17 Q1-3 Appointments offered: 2,424 Slough 6.89% SE 12.86% National 12.62% | ↑ | Amber | Health Check rates in Slough although improving remain below south east and national rates of 12.86% and 12.62% respectively. Measures are in place to address this, including commissioning a new cardiowellness4 Slough programme. This will deliver 800 additional Health Checks, with a view to bring Slough rates in line with national rates in 2017/18 financial year. The new cardiowellness4 Slough programme launched in January 2017. |

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 31st August 2017

CONTACT OFFICER: Alan Sinclair, Director Adult Social Care
(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

FRIMLEY HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

1. **Purpose of Report**

This report provides the Health Scrutiny Panel with an update on progress being made to deliver the Frimley Health and Care Sustainability and Transformation Partnership (STP) plan.

The aim of the Frimley STP is: *'to serve and work in partnership with the Frimley footprint population of 750,000 people, through the local system leaders working collaboratively to provide an integrated health and social care system fit for the future'*.

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

The Health Scrutiny Panel is recommended to note the report and the progress being made in delivering the Frimley STP plan and comment on any aspect of the plan.

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**

| <i>Risk Area</i> | <i>Risk/Threat/Opportunity</i> | <i>Mitigation(s)</i> |
|---|---|--|
| Financial <i>All parts of the system are facing financial challenge due to increasing demand and rising costs</i> | <i>Priority areas do not manage the financial pressures – or actions cause additional financial pressures across one part of the system or service area</i> | <i>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</i> |
| Property <i>Decisions are not made about current or future use of assets that help deliver the STP ambitions</i> | <i>Each part of the system or individual service continue to make decisions on their own irrespective of STP ambitions</i> | <i>STP will support via system leaders group to have a cohesive few of assets and estates. A one public estate strategy is being developed</i> |
| Employment Issues <i>Not having sufficient or trained staff to deliver new ways of working</i> | <i>Each organisation already has issues of recruitment and retention of staff</i> | <i>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</i> |

| | | |
|---|---|--|
| | | <i>to best meet the needs of our residents.</i> |
| Equalities issues <i>Health inequalities</i> | <i>The specific health issues of the Slough population will not be met by the STP priorities</i> | <i>STP has focussed on the main health issues across the footprint and this includes Sloughs priority health issues.</i> |
| Communications <i>The ambitions of the STP are not well understood by all parts of the system</i> | <i>Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes</i> | <i>Regular comms and workshops, briefings across the system. A unified approach of strategic direction will enable clearer communication to staff and residents. A newly established Health and Wellbeing alliance board with a focus on communications.</i> |

(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

As part of the NHS Forward Plan each health and social care area across the country has produced a five year Sustainability and Transformation Plan starting in 2015/16. The footprint for each area was prescribed by NHS England and for Slough this is the Frimley footprint. This covers the populations of Slough, Windsor, Ascot and Maidenhead, Bracknell and Ascot, Surrey Heath and NE Hampshire and Farnham CCG's – approximately 750,000 people. Sir Andrew Morris Chief Executive of the Frimley NHS Trust is the senior responsible officer for the Frimley Health and Care STP.

5.1 The plan relates to people of all ages for physical, psychological and social wellbeing, for carers and their families and covers health and social care support. A gap analysis was carried out across health and social care which helped validate the priorities and initiatives.

5.2 The governance for the STP is described below:

- **The Frimley STP decision making board.** One senior officer representing each of the statutory organisations with the responsibility for the delivery of health and social care services.
- A newly established **Health and Wellbeing Board Alliance Board.** This will be chaired by Sir Andrew Morris and attended by the chair and vice chair of each of the 5 health and wellbeing boards across the STP. The first meeting of this Board will be taking place in September 2017.

5.3 The three East Berkshire Clinical Commissioning Group's (Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG) have from 1st April 2017 moved to:

- Having a single Governing Body in common
- Having a single primary care commissioning committee in common
- Strengthening (GP) member meetings including public involvement
- Expanding clinical leadership capacity
- Streamlining assurance process
- Operating a financial risk share across all three CCG's

5.4 In July 2017 the CCG Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England. It is expected that this will take place from April 2018. An FAQ is attached for information.

5.5 Seven STP work streams have been established to deliver the priorities over the coming two years. These are at various stages of development and it is suggested that progress against delivery of each of these and their impact for Slough is reported on a regular basis to the Panel.

| Work stream | Progress |
|---|--|
| Shared Care Record | This work stream will enable the system-wide sharing of patient level information which will underpin the proactive management of frail and complex patients. It is progressing well and connected care as part of the local digital road map is under way across Berkshire Health Foundation Trust, Primary Care and Bracknell Council. All other parts of the system on track for implementation in next two phases. Slough Council will be in phase later this calendar year. |
| Integrated Care Decision Making Hubs | This work stream has been looking at how best to implement and deliver a locally focused integrated care model. There is a particular focus on simplifying access to multi-disciplinary and community based models of care. This will involve the active identification of individuals who are frail or at risk of becoming frail in order to proactively plan and coordinate their care. For Slough this aligns with the work of the council in delivering community hubs especially for Trelawney Avenue, Britwell and Farnham Road and also work to deliver an urgent treatment centre as part of the new urgent care strategy. |
| GP Transformation | This work stream is focussed on delivering the NHS Five Year Forward View by developing a sustainable model of general practice including a clinical, business and career model that reduces variation in care, improving outcomes across the STP. |
| Unwarranted Variation | This work stream is utilising the Right Care Approach to reduce variation across the system in five disease areas: circulation, musculoskeletal, neurology, respiratory, and gastrointestinal. Clinical and managerial leads have been identified and work is in progress to identify areas of opportunity. |

| | |
|--------------------------------|---|
| Care and Support Market | This work stream will look at three main areas: options for collaborative commissioning and procurement for care and support services; improved commissioning for our most complex/expensive people and improving quality in care homes. Work is well underway in mapping the range of care and support services that each of the 5 councils and the NHS purchase at scale and for individuals. A new care homes quality group has started to look at one best practice model of delivering this improved quality across all care homes in the STP area. |
| Support Workforce | The purpose of this work stream is to design a support workforce that is fit for purpose across the system. The aim is to work in partnership across the STP to recruit, retain and develop our support workforce in order to provide a joint workforce across organisations. Mobilising and making the best of the community and voluntary workforce to support delivery of our self-care and community activation plans. It will focus on three main areas: recruitment and retention; training and development; working in new ways. |
| Prevention | The aim of this work stream is to ensure people have the skills and support to take responsibility for their own health and wellbeing". This is to be achieved by: a) Developing a range of digital, telephone and face to face support b) Supporting a healthy NHS workforce to deliver sickness absence reductions c) Tobacco cessation in elective care, early cardiac detection, diabetes and physical inactivity utilising digital technology d) Learning from Vanguard self-care initiatives, including social prescribing and replicating effectively across the STP footprint. There will also be a focus on obesity reduction. |

5.6 The Frimley Health and Care STP has recently been assessed by NHS England as outstanding. The rating is based on progress of the plans relating to emergency care, elective care, safety, general practice, mental health, cancer, prevention, finance, system leadership, communications and engagement.

5.7 There have been drop-in STP information events arranged for staff to hear more about what the STP means for them and the next event as at Slough Borough Council offices on the 11th September 12-2pm.

6. **Comments of Other Committees**

The STP plan is a standing item on the Slough Wellbeing Board agenda.

8. **Conclusion**

Significant progress has been made in developing and starting to deliver the Frimley STP. The Health Scrutiny Panel is asked to note and comment on the STP and progress made and the proposed merger of the three East Berkshire CCG's.

9. **Appendices Attached**

1. Proposed merger of the three East Berkshire CCGs – FAQ

10. **Background Papers**

The STP plan can be found at <http://www.slough.gov.uk/council/strategies-plans-and-policies/sustainability-and-transformation-plan.aspx>

Proposed merger of the three East Berkshire CCGs – FAQ

Summary

Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG are anticipating a formal merger to come into effect from 1 April 2018. Since authorisation in 2013, there has always been a strong history of collaboration between the three organisations. In spring 2016 the CCGs' memberships and Governing Bodies agreed to restructure to form a single management team. In February 2017 it was agreed to move to a single Governing Body in Common, with shared joint subcommittees beneath this.

In July 2017 the Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England.

Frequently asked questions

Q. How does the proposal fit with the development of Sustainability and Transformation Partnerships?

A. It provides a logical next step in our journey of closer working in the Frimley STP footprint and thence to an Accountable Care System.

Q. Will this mean money being taken away from my area for investment somewhere else?

A. The overwhelming majority of spend on health is charged on an activity basis (for example, acute and elective work) or through a block contract (for example community nursing and mental health). The merger does not change this. There has been a small amount of discretionary investment previously, but in future NHS England is putting any additional funds into the Sustainability and Transformation Partnerships to determine the areas which will provide the greatest benefit from investment.

Q. Won't this mean a loss of local focus, understanding and engagement?

A. No. Local health status and needs will continue to be identified through the Joint Strategic Needs Assessment in partnership with each Local Authority. The three membership areas will continue to operate as they do now, so that local GPs are fully involved in the commissioning of service developments.

Q. Will the proposal help or hinder efforts to address inequalities?

A. It will lessen the risk of differential service provision between geographically very close areas (which occurs at the moment) and allow incremental investment to flow more easily to where the greatest health gain/reduction in inequality is required.

Q. What is the impact on clinical leadership?

A. The reach of clinical leadership to accelerate adoption of innovations and good practice will be broadened. The single Governing Body includes 11 clinicians.

Q. The CCGs have different strengths, how will these be maintained/shared?

A. All three of the CCGs have recently been rated “Outstanding” by NHS England, but there is still variation in quality and outcomes between them, and particularly at practice level. The merger will support wider benchmarking and referencing between practices to drive up standards and reduce inappropriate variation.

Q. Won't the change to governance be a big upheaval and distraction?

A. No. The CCGs have been working very closely, and with a single management team, for some time. The merger builds on the current governance of a single Governing Body in Common and it is not proposed to restructure the Governing Body, subcommittees or management team.

Q. Will the merger do anything about existing boundary issues?

A. Yes. It removes several of the current boundary-related inequalities and recognises the cross-border traffic in primary care that exists between the CCGs currently (for example, branch surgeries in different CCGs).

Q. What will patients see change?

A. The merger will enable clearer pathways that are more intuitive for patients and easier for providers to support. At the moment providers have to support several different pathways/models, which is inefficient for them and confusing for patients. We aim to facilitate clearer communication to public about how services work and where/how to access them.

Q. Will useful datasets at Local Authority level be maintained?

A. Although formal measurement by NHS England will be of a single CCG, locally we will be enhancing measurement and datasets at GP practice level and maintaining the ability to view data at a Local Authority level.

Q. It doesn't sound like this is much of a change, so why do it at all?

A. For many purposes, the three CCGs are already viewed and treated as an entity – for example by NHS England. However, the merger will allow us to reduce some back-office overheads such as three sets of audits and annual reports and implement clearer pathways more rapidly as described above.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 31st August 2017

CONTACT OFFICER: Dave 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 Committee 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 Committee 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 Committee's agenda at the start of the year, which will not allow the flexibility for the Committee to adapt to take into consideration issues that have arisen during the year.

6. **Resource Implications**

6.1 Overview and Scrutiny is supported by 1 FTE member of staff. This officer is responsible for support the O&S Committee and three Scrutiny Panels. Therefore, this is a finite resource and consideration must be given, in conjunction with the work programmes for the three Scrutiny Panels, as to how the resource is used during the year.

7. **Conclusion**

7.1 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 Committee must or may wish to scrutinise over the coming municipal year.

- 7.2 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 Committee organises its priorities at the start of the year.

8. **Appendices Attached**

A - Work Programme for 2017/18 Municipal Year

9. **Background Papers**

None.

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HEALTH SCRUTINY PANEL
WORK PROGRAMME 2017/2018

| Meeting Date |
|---|
| 10th October 2017 |
| <ul style="list-style-type: none"> • STP Update • Safeguarding Annual Report • Adult Social Care – Quality Report • Residents’ Involvement in Shaping Services • Community Hubs |
| 22nd November 2017 |
| <ul style="list-style-type: none"> • STP Update • CCG Operating Plan • Berkshire Healthcare NHS Foundation Trust – Annual Report • NHS Frimley Health Foundation Trust |
| 18th January 2018 |
| <ul style="list-style-type: none"> • STP Update • Adult Social Care – programme update • Learning Disabilities Offer – update • Public Health Programme (to include low take up of health checks) |
| 26th March 2018 |
| <ul style="list-style-type: none"> • STP Update |

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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 | | | | | |
| M Holledge | P | | | | | |
| Pantelic | P | | | | | |
| Qaseem | P | | | | | |
| Rana | P | | | | | |
| A.Sandhu | P | | | | | |
| Sarfraz | P | | | | | |
| Smith | P | | | | | |
| Strutton | 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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