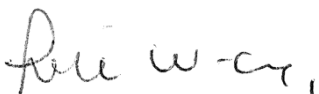


Date of issue: Monday, 5 October 2020

<b>MEETING:</b>	<b>HEALTH SCRUTINY PANEL</b> (Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Matloob, Mohammad, Qaseem, Rasib, and Sarfraz)  <b>NON-VOTING CO-OPTED MEMBERS</b> Healthwatch Representative – Mr Colin Pill Buckinghamshire Health and Adult Social Care Select Committee Representative - vacancy
<b>DATE AND TIME:</b>	TUESDAY, 13TH OCTOBER, 2020 AT 6.30 PM
<b>VENUE:</b>	VIRTUAL MEETING
<b>DEMOCRATIC SERVICES OFFICER:</b> (for all enquiries)	JANINE JENKINSON  07511 048 406

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.



**JOSIE WRAGG**  
Chief Executive

AGENDA

PART I

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
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**APOLOGIES FOR ABSENCE**

**CONSTITUTIONAL MATTERS**

- |    |                          |   |   |
|----|--------------------------|---|---|
| 1. | Declarations of Interest | - | - |
|----|--------------------------|---|---|

*All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.*



<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
2.	Minutes of the Last Meeting held on 8th September 2020	1 - 8	-
<b>SCRUTINY ISSUES</b>			
3.	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>	-	-
4.	Situation Report - Verbal Update on COVID-19 in Slough	9 - 10	All
5.	Frimley Clinical Commissioning Group (CCG) Potential Merger Update	To follow	All
6.	Slough Place Winter Plan 2020/21	11 - 32	All
<b>ITEMS FOR INFORMATION</b>			
7.	Health Scrutiny Panel - Work Programme 2020/21	33 - 36	-
8.	Members' Attendance Record 2020/21	37 - 38	-
9.	Date of Next Meeting - 26th November 2020	-	-

### **Press and Public**

This meeting will be held remotely in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. Part I of this meeting will be live streamed as required by the regulations. The press and public can access the meeting from the following link (by selecting the meeting you wish to view):

<http://www.slough.gov.uk/moderngov/mgCalendarMonthView.aspx?GL=1&bcr=1>

Please note that the meeting may be recorded. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain. The press and public will not be able to view any matters considered during Part II of the agenda.



**Health Scrutiny Panel – Meeting held on Tuesday, 8th September, 2020.**

**Present:-** Councillors Smith (Vice-Chair, in the Chair for the meeting), Ali, Begum, Gahir, Mohammad and Qaseem

**Also present under Rule 30:-** Councillor Dhaliwal

**Apologies for Absence:-** Councillor A Sandhu and Rasib

**PART I**

**12. Declarations of Interest**

None were declared.

**13. Minutes of the Last Meeting held on 25th June 2020**

In relation to Minute No. 4 it was noted that the word ‘Vice’ should be inserted, so that the resolution read as follows - ‘That Councillor Smith be confirmed as the **Vice**-Chair of the Health Scrutiny Panel for 2020/21’.

**Resolved** – That, subject to the amendment detailed above, the minutes of the meeting held on 25<sup>th</sup> June 2020 be approved as a correct record.

**14. Member Questions**

None had been received.

**15. Update on Progress of Disability Task and Finish Group**

An update on progress to implement the recommendations of the Disability Task and Finish Group was provided to the Panel.

Members had previously received written updates at the meeting held on 20<sup>th</sup> November 2019. During the meeting concern had been raised that insufficient progress had been made in the desired time frames. Therefore, it had been agreed that the relevant officers would be requested to attend a future meeting in order to provide further details and respond to queries.

The Chair invited officers present to introduce themselves. In attendance were the Service Lead, Major Infrastructure Projects, the Planning Manager and the Licensing Manager. Concern was raised that a representative from Parking, Highways & Network Management had not been available to join the meeting.

*(At this point in the meeting Councillor Gahir declared that he was a Hackney Carriage driver. He remained logged in throughout the virtual meeting)*

The Licensing Manager experienced some technical difficulties whilst providing his update. Therefore, Members were invited to submit written

## Health Scrutiny Panel - 08.09.20

questions to the Senior Democratic Services Officer and responses would be circulated to the Panel. Members were also asked to submit written questions for the Parking, Highways & Network Management Team and these would be forwarded to the relevant officer.

Following the conclusion of the presentations, the Chair invited comments and questions from Members.

During the course of the discussion, the following points were raised:

- Staffing in the Parking Team had recently been reviewed and the recruitment of an additional engineer would be undertaken imminently. An additional officer was needed to address the backlog of parking schemes requiring completion.
- Discussion took place regarding a scheme to restrict pavement car parking. It was explained that initially, the scheme had been rolled out on a ward by ward basis; however this had proved difficult and the scheme had been put on hold. Subsequently, the Parking Team had reconsidered the strategy and was now looking to implement the scheme across the entire Borough rather than on a piecemeal basis.
- Members were invited to email the Parking Team with any queries relating to particular areas of concern within their wards.

The Chair then invited Councillor Dhaliwal to address the Panel under Rule 30.

Councillor Dhaliwal asked if Slough Railway Station was fully Disability Discrimination Act (DDA) compliant. In response, it was explained that the Station was compliant and Langley Station was in the final stages of completing works to comply with the DDA standard.

Councillor Dhaliwal highlighted the frustrations residents had experienced during the introduction of the experimental parking scheme and urged officers not to repeat the same errors.

The Chair thanked officers in attendance for the updates.

### **Resolved –**

- (a) That the updates be noted.
- (b) That Panel Members be requested to submit any additional questions for the Team Leader, Parking or the Licensing Manager to the Senior Democratic Services Officer.

## Health Scrutiny Panel - 08.09.20

### 16. Frimley Clinical Commissioning Group (CCG) Potential Merger

The Executive Place Managing Director introduced a report that set out the intention of NHS East Berkshire, North East Hampshire & Farnham, and Surrey Health Clinical Commissioning Groups to merge on 1<sup>st</sup> April 2021.

Feedback from Members was sought regarding the proposal. In particular views on the challenges a merger could effect, and any practical matters that needed to be taken into consideration.

Following the conclusion of the presentation, the Chair invited comments and questions from the Panel.

During the course of the discussion, the following points were raised:

- It was highlighted that Slough's demographic and 'health profile' was not typical of its neighbouring areas. Reassurance was sought that the proposal would not have a detrimental impact on the services Slough residents received. In addition, it was queried how the 'patient voice' would be considered within an enlarged Clinical Commissioning Group (CCG). In response, it was explained that the governance arrangements recognised the importance of 'place' and services would be built around the needs of the Slough community. The allocation of funding from NHS England would remain unchanged and Slough would retain significant control on how resources were utilised. Engagement with residents and co-design of services would be a central focus. The merger would allow expertise from across the three CCGs to be shared and built on to better deliver services to local residents.
- It was highlighted that most residents were unaware of the structures that made up their local health and care services and it was asked how communities had been consulted on the proposed merger plans. It was explained that the proposal had been communicated through the Integrated Care System Communication Team, however it was acknowledged that a more joined up approach with local authorities needed to be developed.

The Chair then invited Councillor Dhaliwal to address the Panel under Rule 30.

Councillor Dhaliwal asked what tangible benefits the proposed merger would deliver. He raised concern regarding the different demographics of the five areas and queried what impact the merger would have on the provision of services for Slough.

In response the Executive Place Managing Director acknowledged the presence of health inequalities across the Frimley Collaborative and explained that the proposed merger would provide greater value for money as duplication would be reduced. There would be opportunities to use resources and assets more efficiently, centralising some

## Health Scrutiny Panel - 08.09.20

functions to be more effective and enabling better access to support and expertise.

The Director of Adults and Communities added that the proposed merger would deliver services focused on locality; whilst also providing the benefits of being part of a larger CCG system.

In relation to time frames, it was explained that during September 2020, the Frimley Collaborative Board would be deliberating whether or not to submit an application to merge. Member GPs would be asked to vote on the proposal in mid September and the deadline for applications to be submitted to NHS England was 30<sup>th</sup> September 2020. The Executive Place Managing Director agreed to provide an update report to the next Panel meeting.

The Chair thanked the Executive Place Managing Director for the report.

### **Resolved –**

- (a) That the report be noted.
- (b) That an update report be provided at the next Health Scrutiny Panel meeting.

## **17. Situation Report - Verbal Update on COVID-19 in Slough**

The Director of Adults and Communities provided the Panel with an overview of the situation in Slough during the Covid-19 outbreak.

Presentation slides were circulated to the Panel that provided information relating to the number of Covid-19 cases in Slough and the impact on Adult Social Care, Slough Children's Services Trust and bereavement services.

In concluding the presentation, the Director of Adults and Communities invited comments and questions from the Panel.

During the course of the discussion, the following points were raised:

- The impact of Covid-19 on people's mental health and wellbeing was discussed. It was explained that social workers, hospitals and locality teams had continued to provide mental health support throughout the lockdown period. There had been a slight increase on service demand; however a more significant increase in demand over the coming months' was anticipated. A range of measures were being planned to prepare for the expected increase in approaches.
- The Council had provided funding support to care homes for Personal Protective Equipment and various infection control items.
- It was noted that the Council had been managing an unprecedented crisis. Good contingency plans had been put in place and areas of

## Health Scrutiny Panel - 08.09.20

concern had been effectively managed. Lessons learnt would be used to inform the management of any uptick in Covid cases. To control infection rates and avoid a second peak the key message continued to be 'Hands. Face. Space'.

- The testing site at Montem Centre had been successful, and options to establish mobile testing units were being considered.

The Chair thanked the Director of Adults and Communities for the update.

**Resolved** – That the report be noted.

### 18. Slough Local Outbreak Management

The Director of Adults and Communities introduced a report that set out how Slough Borough Council was actively managing the Covid-19 outbreak through implementation of the Local Outbreak Management Plan, in collaboration with public health and local partners.

During the course of the discussion, the following points were raised:

- The Council had new powers under The Health Protection (Coronavirus Restrictions) Regulations 2020 in prescribed circumstances to give directions (to close or restrict) individual premises, events and public outdoor places to curb the incidence and spread of Covid.
- The Council had established the #OneSlough Community Champions network, which had attracted a high number of residents interested in becoming Champions. The Champion role involved sharing factual information and promoting key communications as widely as possible to residents within the community.
- It was noted that home testing kits could be delivered to a resident's door, allowing them to test themselves without leaving the house. Initially, the availability of home testing kits had been limited, but this had now improved.

The Chair on behalf of the Panel thanked all Council staff for the work undertaken throughout the pandemic.

**Resolved** – That the report be noted.

### 19. Slough Black, Asian, and Minority Ethnic (BAME) COVID-19 Project Update

The Public Health Programme Manager introduced a report that provided a comprehensive update on the Slough Black, Asian and Minority Ethnic (BAME) Pilot Project.

Evidence showed that the burden of illness and death due to Covid-19 was not shouldered equally across the population. The risk of dying was higher among those in BAME groups, than for those in white ethnic groups. Given

## Health Scrutiny Panel - 08.09.20

the demographic of the Borough, Slough residents were at a higher risk of harms and this had been evident in the patterns of illness to date.

The aim of the BAME Project was to strengthen the ability of individuals and communities to work in partnership with the NHS, the local authority, and public health and voluntary sector organisations to protect themselves from the direct and indirect harms of Covid.

The Chair then invited comments and questions from the Panel.

During the course of the discussion, the following points were raised:

- A Member asked if there was any data to demonstrate the impact of poor housing on health and well-being. It was explained that in high density areas such as Farnham Road and Chalvey there was an increased risk of Covid transmission. Large multigenerational households were also at an increased risk of transmitting the virus to family members.
- Concerns were raised in relation to large groups of people gathering, particularly in religious buildings. A Member queried how the Council was monitoring and enforcing the current legislation restricting social gatherings. It was explained that random spot checking was resource intensive; therefore it would be useful to receive information directly from councillors relating to particular locations or venues of concern. Receipt of local intelligence also strengthened the Local Outbreak Planning.
- It was noted that 'word of mouth' was the most effective mechanism of communicating public health messages, particularly when promoted by community leaders. The #OneSlough Community Champions used a network of residents to promote the latest Covid-19 updates and advice within the community.

The Chair thanked the Public Health Programme Manager for the report.

**Resolved** – That the report be noted.

## 20. Health Scrutiny Panel - Work Programme 2020/21

The Policy Insight Analyst explained that an update on the provision of GP surgeries in Slough would be provided at a future meeting.

Further to the discussion under Minute No. 16 - it was agreed that an update on the Frimley Clinical Commissioning Group potential merger would be provided at the next meeting.

**Resolved** – That subject to the amendment detailed above, the Forward Work Programme, as set out in Appendix A of the report be agreed.



**Health Scrutiny Panel - 08.09.20**

**21. Members' Attendance Record**

**Resolved** - That the details of the Members' Attendance Record be noted.

**22. Date of Next Meeting - 13th October 2020**

**Resolved** – That the date of the next meeting was confirmed as 13<sup>th</sup> October 2020.

Chair

(Note: The meeting opened at 6.33 pm and closed at 9.50 pm)

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 13<sup>th</sup> October 2020

**CONTACT OFFICER:** Alan Sinclair, Director of Adults and Communities

**(For all Enquiries)** (01753) 875752

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**SITUATION REPORT – VERBAL UPDATE ON COVID-19 IN SLOUGH****1. Purpose of Report**

This is a covering report for a verbal update.

This verbal update will provide the Health Scrutiny Panel with an overview of the current situation in Slough during the COVID-19 outbreak.

**2. Recommendations/Proposed Action**

The Panel is requested to note the report.

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

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the council's decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful.
- Our people will be healthier and manage their own care needs.

#### 4. **Other Implications**

##### (a) Financial

There are no financial implications of proposed action.

##### (b) Risk Management

There are no risk management implications of proposed action.

##### (c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

##### (d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

#### 5. **Supporting Information**

5.1 This report is a covering report for a verbal update which will be provided by the Director of Adults and Communities to the Health Scrutiny Panel during the October meeting.

5.2 This verbal update will provide information on:

- Local outbreaks and incident management
- Testing and tracing
- Contacts made by the One Slough call centre.
- The current situation of ASC services in Slough

5.3 This verbal update will be accompanied by a PowerPoint presentation. In order for the presentation to contain the most up to date information, the slides will not be published in advance of the meeting.

#### 6. **Conclusion**

This verbal update is intended to provide the Health Scrutiny Panel with information on the current situation in Slough during the COVID-19 outbreak.

#### 7. **Appendices Attached**

None.

#### 8. **Background Papers**

None.

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 13th October 2020

**CONTACT OFFICER:** Ricky Chana, Senior Commissioning Manager Primary Care, 07833 082 352  
Mike Wooldridge, Better Care Programme Manager, 07813 094 040

**WARD(S):** All

**PART I****FOR COMMENT & CONSIDERATION****SLOUGH PLACE WINTER PLAN 2020/21****1. Purpose of Report**

To outline the winter plan for services for the population of Slough from primary care and the wider integrated services, including:

- Primary Care Provision during Winter 2020/21;
- Arrangements for Hot and Cold Sites for pressures resulting from Winter and future wave CV19;
- Operating Days and Hours – Including any Winter arrangements and extended hours appointments;
- FLU Vaccination planning;
- Reablement and integrated care services available to Slough residents.

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

- The Panel is requested to note the plan and provide feedback and comments.

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

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA)

**3a. Slough Wellbeing Strategy Priorities**

Priorities:

1. Starting Well – The Primary Care ‘Hot site’ will be for children and adults with symptoms that could be indicative of Covid-19. This service does focus particularly on children under 5 displaying fever symptoms, as they need to be examined by a clinician in most cases to determine the appropriate course of action.

2. Integration (relating to Health & Social Care) –the plan includes continuation of the integrated care decision making programme through the cluster MDTs and local access points, managing patient flow out of the acute hospital and avoiding admissions where possible.

### 3b. **Five Year Plan Outcomes**

- Outcome 1: Slough children will grow up to be happy, healthy and successful – **the Primary Care ‘Hot site’ will be for children and adults with symptoms that could be indicative of Covid-19.**
- Outcome 2: Our people will be healthier and manage their own care needs – **the additional capacity put into our services will manage the healthcare needs of the Slough population.**
- Outcome 3: Slough will be an attractive place where people choose to live, work and stay n/a
- Outcome 4: Our residents will live in good quality homes n/a
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents n/a

### 4. **Other Implications**

#### (a) Financial

The finances for the primary care elements of this plan were signed off by the East Berkshire CCG Primary Care Operations Group on 24th September 2020, under the CCG governance structure.

#### (b) Risk Management

East Berkshire CCG has a separate risk register outlining all of the relevant risks and mitigation plans that is being managed under the CCG governance structure.

#### (c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications that we are aware of from these plans.

#### (d) Equalities Impact Assessment

There is a programme of work currently around the impact of Covid-19 on the BAME community and this is integral to our winter and understanding the potential impact on certain communities within our population.

### 5. **Supporting Information**

The Slough Place Winter Plan 2020/21.

### 6. **Comments of Other Committees**

This was signed off by the East Berkshire Primary Care Operations Group on 24<sup>th</sup> September 2020.

7. **Conclusion**

The purpose of presenting the report to the Panel is to share our winter plan for primary and integrated care for winter 2020/21. This is part of a system wide approach to how we prepare to respond to winter and the next phase of Covid-19.

The Panel is requested to note the plan and provide feedback and comments.

8. **Appendix**

Appendix A – Winter Plan 2020/21

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## Winter Plan 2020/2021

### Slough Place winter plan



# Key Considerations Primary Care

- Primary Care Provision during Winter 2020/21
- Arrangements for Hot and Cold Sites at PLACE for pressures resulting from Winter and future wave CV19.
- Operating Days and Hours – Including any Winter arrangements and extended hours appointments
- Triage and Booking Arrangements
- Capacity Planning – including staff absence and surge in demand for Children
- Arrangements for Blood Tests and clinical investigations
- Workforce capacity- accommodating management of risk as we have high number of BAME workforce in primary care
  
- **NHS111 direct booking** - *practices must continue to make available a minimum of 1 slot per 500 patients for direct booking by 111.*
  - *These slots will be booked following clinical triage, and are not appointments in a traditional sense, as practices will clinically assess the patients remotely and arrange their ongoing management. This ensures that only those who need further care (in-person or via telephone / video consultation) are presenting to services, and they are managed as appropriate for their clinical condition.*

# Primary Care

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
General Practice	General practice core services	8 am – 6:30 pm	<ul style="list-style-type: none"> <li>Total Triage – reduced f2f and increased remote and telephone care</li> <li>Education and support for the workforce through change</li> <li>Additional capacity for hot patients through hot hubs and appointments through general practice/PCNs</li> <li>Additional capacity for cold patients provided at general practice level</li> <li>Business Continuity assurance and consistent offer</li> <li>Paeds Pathway for febrile children</li> </ul>	G	Ricky Chana	Now  Phased: Early October – Easter 2021
	Improving Access to General Practice	6:30pm – 8:00pm weekdays 9:00am – 2:00pm weekends	Seasonal additional capacity modelled to focus on post Bank holidays Guaranteed 8-8 access via Total Triage with F2F offer includes routine LTC checks, phlebotomy and smears.	G	Angela-Anderson Lambert	Continued through winter
	Winter service: community pharmacists	TBC	NHSE plans requested – draft initially	A	TBC	<b>TBC</b>
	Hot Site Hub pathway	8 am – 6:30 pm	CV19 surge triggers agreed Retain the flex and additional capacity through car based service with option to re-establish hubs with increased capacity Paeds Pathway for febrile children to be incorporated into this service	A	Sangeeta Saran/ Ricky Chana	Can be re-established in 5 working day (48 hrs with push)

# Primary Care

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Care Homes	GP clinical support to care homes	Weekly check ins , remote consultations , •Rapid response utilising our integrated community offer to avoid unnecessary admissions Geriatrician support via BHFT LD health checks via clinical lead in Care homes		G	Ricky Chana / Mike Wooldridge	Currently in place and will continue throughout winter
BAME	Slough BAME Clinical Covid-19 pathway/ Pulse Oximetry Pathway for high risk groups		Pulse oximetry programme for suspected Covid-19 patients, with access to monitoring and testing at home through virtual clinics and enrolment onto national trial programme	A		Currently available and through winter
	SWIC redeployed staff / PCN resources		<ul style="list-style-type: none"> <li>Hot Car visiting service for suspected CV19 patients staffed by paramedic and GP</li> <li>Cold car visiting service for non suspected CV19 cases</li> <li>Car visiting services to continue in conjunction with re-established hot site service</li> </ul>	G		In place and to continue throughout winter
	Homeless clinical support	Outreach clinics established and running weekly from Lookahead hostel	Sufficient capacity currently to respond to additional demand / appointments	G		Now through Winter
	Asylum seekers	GMS Primary Medical Service Provision + social and community healthcare provision	Newly arrived asylum seeker cohort in Slough (160 pts) registered and provided with immediate health and care provision TB and other immunisations status checked and updated	A	Ricky Chana	Currently in place and will continue throughout

# Primary Care - Additional arrangements

Care domain	Care elements	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Primary Care Additional schemes	General Practice - children's	Review and training on CV19 children's pathway- requested Consistent offer from all general practice for children under 5 – linked to Hot Site Pathway	A		Ongoing – September training requested
	Paediatric	24/7 access to specialist advice and guidance, with direct patient follow up as required by specialists through shared care	G		In place now (paeds hotline )
	Prevention	Flu campaign; planning assumptions for general practice agreed Require confirmation on the provider responsible for over 50s campaign for scale model – currently part of phase 2 of Flu season PCNs have started delivery of FLU vaccs at scale in community venues across Slough	G		October 2020
	Education through Communication	Education sessions for Total Triage model in providers Voluntary sector offer – One Slough in place and connected and offered via Social prescribers	G		Oct 2020
	Urgent on the day access	Reduced admissions through ED direct to ambulatory care	A		Commenced July 2020
	COVID Recovery and core	Slough Cold Car Visiting Service for non-Covid suspected patients requiring F2F review.	G		In place and to continue throughout winter

# Slough

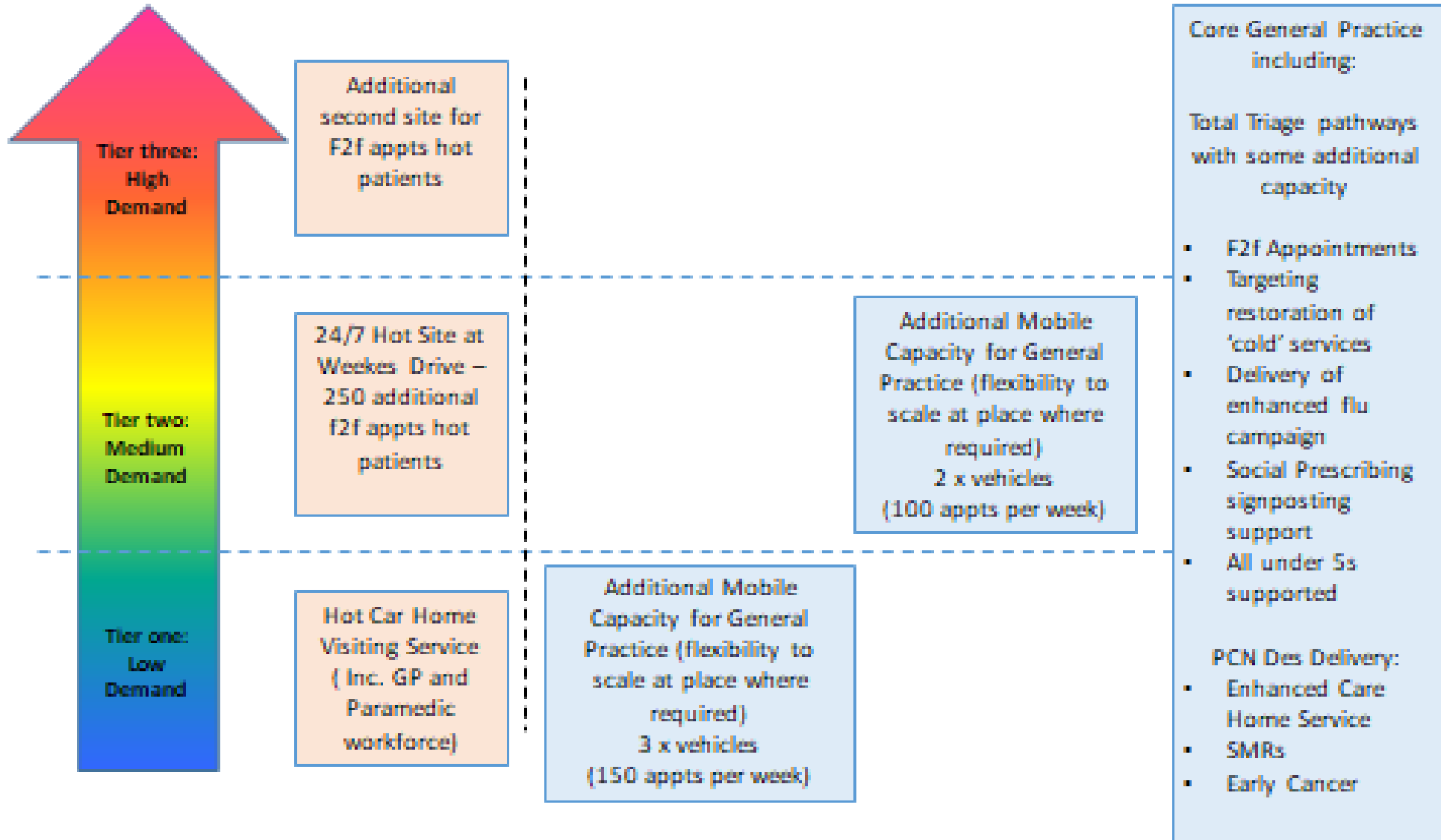
## Summary of Suspended Services

Service currently suspended	Impact over Winter 20/21 (actual or forecast) Will it continue to be suspended?	Mitigation Plan
Slough Walk in Centre	<ul style="list-style-type: none"> <li>• Currently no walk-in service for patients for minor injuries/illness – this model would not be feasible in the current Covid-19 environment</li> <li>• Minor injuries to ED routinely</li> </ul>	<ul style="list-style-type: none"> <li>• Redeployed workforce currently staffing GP element of CV19 Hot Car Service and Cold Car home visiting service in Slough</li> <li>• Additional capacity through redeployed workforce for general practice</li> </ul>
St Marks Urgent Care Centre, Maidenhead	<ul style="list-style-type: none"> <li>• Minor injuries to ED routinely</li> <li>• Additional demand on other services, including 111, ED and general practice (M'head)</li> </ul>	<ul style="list-style-type: none"> <li>• Additional capacity through redeployed workforce for general practice</li> </ul>

# Primary Care Winter/COVID-19 Phase 3

HOT

Not HOT



# Trigger and escalation

System triggers set out in Urgent Care Winter Planning slides:

- Meantime in A&E for Admitted patients (TBC)
  - Meantime in A&E for Non Admitted Patients (TBC)
  - Ambulance delays where more than five have been delayed for more than 60 minutes.
  - One or more 12 hour breach in A&E.
  - An increase in beds closed due to D&V by 20 beds from one day to the next.
  - In addition, any major patient safety incidents will be highlighted.
- 
- Primary care / Community driven triggers:
  - Weekly outbreak PHE data by LA – As per Slough Local Outbreak Management plans
  - Primary Care weekly demand – CV19 GP Demand tool
  - Hot car activity – Weekly data on use of hot car plus pulsoximetry.
  - Workforce weekly – Practice returns to be reinstated



# Slough Winter Model

## 20/21 Winter Pressures Scheme

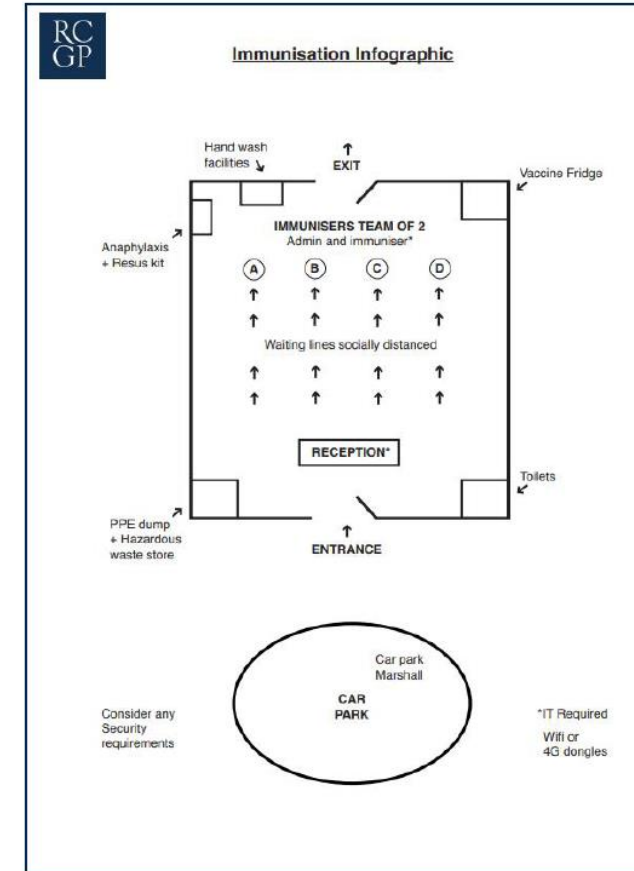
### *3 Proposed elements of the scheme:*

- **Element 1 - Additional Capacity**
  - Based on previous years, additional capacity in general practice based on 3.5% of registered population for urgent same day appts.
  - 5,829 additional appointments in Slough place across winter
  - Additional appointments are to be delivered by a GP or Nurse Practitioner (or any other trained professional as agreed with the CCG, i.e. physiotherapists, paramedics etc. based on current urgent demand / capacity evidence provided by the practice).
  
- **Element 2 – Mass vaccinations of Flu**
  - The CCG is offering Slough Practices additional resources to deliver mass vaccination to accommodate the additional capacity of patients eligible for a flu vaccination this winter
  - Includes reimbursement of costs relating to venue hire, cool bags for cold chain, cleaning, (costs must be agreed prior to booking with Slough Primary Care lead) in addition to PPE costs already being funded.
  - Practices/PCNs are responsible for the co-ordination of the site use, providing all staff, laptops, vaccines, waste bins, waste bags, and the co-ordination of the volunteers.
  
- **Element 3 – CV19 Phase Three / Winter Preparedness Self-Assessment**
  - Self assessment Assurance template to be completed by all practices for assurance on:
    - Phase 3 letter requirements
    - Winter Planning
    - Updated QOF requirements

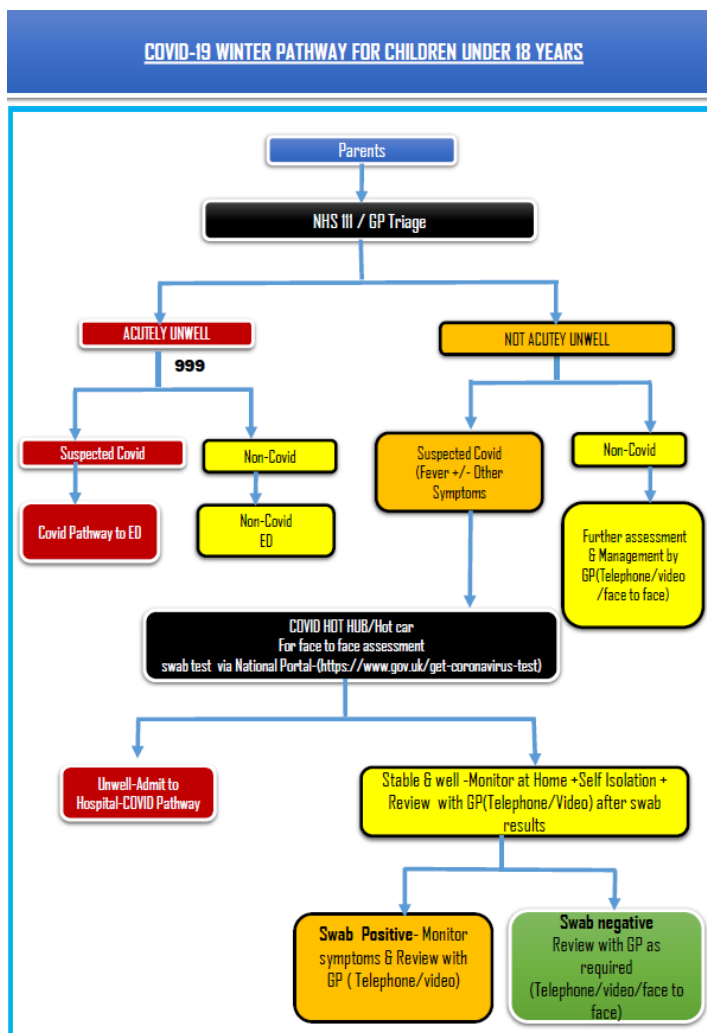
# FLU Planning - Slough

*Delivery in large scale indoor venues to enable delivery of mass vaccinations while observing social distancing guidelines*

- Salt Hill Activity Centre: **SHAPE, CSN, SPINE**
- Cippenham Community Centre: **SHAPE, SPINE, LOCC**
- Weekes Drive Community Hall: **SPINE**
- Colnbrook Community Hall: **LOCC**
- Britwell Community Centre: **SPINE**
- Practice Premises – **subject to robust delivery plans for mass vaccinations**
- *Based on RCGP model*
- *Appointments to be pre-booked*
- *IT: VPN to practice systems, clinics organised at practice level*
- Housebound patients: **Exploring options to utilise home visiting service**



# Management of children



**Wheezing** From an operational perspective, the hot hubs will need to have paediatric saturation monitors, spacers and digital thermometers to adequately assess children presenting with viral wheezing or other respiratory symptoms

**Healthier Together Platform**-this is an online platform designed to help parents manage their child with minor illness and ailments.

**Other Paediatric Pathways** there are other paediatric pathways that are on DXS which have been updated and need to be rolled out across the system. **D&V will be the most used one for this winter-we are looking**

# Admission avoidance support

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Community support services	RRR-Reablement	24/7 service with care co-ordination 7-11 daily & EDT cover	Additional 3 x O.T's being sourced for winter preparedness, open advert for RA's	A	Andre Ansah SBC	tbc
	Responder service	Responder service via Golden Rose for community response for falls, welfare checks	To continue in this contractual yr. Ability to flex for additional capacity as /when required	G	Avtar Mann SBC	April 19
	ICDM	LAP 8-5, Mon-Fri	2 hr urgent response, able to support acute discharges and help prevent admissions as per COVID surge as/when surge requires additional capacity.	G	Jeanette Bailey Community Integration Manager - Slough	October 20
	ICDM	Clusters, mthly per PCN	To increase capacity as required to more frequent meetings Piloting DN virtual ward rds.	A	Jeanette Bailey	"
	Emergency placements and POC	In S/S baseline	Spot purchases increased as required to prevent admission	G	Jonathan Carter SBC	April 20
	ARC and Step up beds	In BHFT baseline	Able to arrange next day ARC clinic appt and locate bed if Ax as needed to prevent acute admission	G	Claire Williamson /Jo Blackburn BHFT	April 20

# Admission avoidance support

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Community support services	ICDM therapy input into Cold car provision	None in baseline- new business case for consideration	1 WTE O.T to support admission avoidance and provide home visit service inc. Falls environmental assessment, equipment provision	A	Jeanette Bailey CIM	tbc
	Falls and other long term condition management services	In BHFT and SBC baselines, RRR ARC falls clinic Falls free for life ARC clinics and specialist nurses	New E.B wide Fallers leaflet to be provided to Trusts / discharge teams / community services More falls prevention support moving online	G	Mike Wooldridge BCF	1.10.20
Voluntary sector/One Slough	One Slough offer	Social prescribing and food parcel's, befriending, meds collections, welfare check phone calls and COVID response.	Surge services available as required. Collaborative COVID escalation/response via DASS and SCVS CEX	G	Ketan Ghandi SBC	In place now
Public Health	Good gym	One off "missions", regular contact	Available as core service	G	Tim Howells SBC	In place now
Social services	Day centre support	Currently running with 'bubbles' of service users and Plus on line / virtual session and 1-1 sessions	Using a mini bus for new or existing bubble to be able to access indoor and out door facilities (weather dependent)	G	Karen Woolford SBC	In place now

# Community Services incl Care Home and Dom Care capacity

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Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Community Beds	BHFT D2A beds	Beds in St Marks and Upton Hospital for D2A (x6) supporting discharge as interim beds		G	Helen Williamson BHFT	1 April 20
	Highways Beds	Dementia support beds residential (x8)		G	Kerine Smith SBC	1 April 20
	Additional beds commissioning in Windmill	Additional capacity and flexible to support other		A	Sunita Ruben SBC	tbc
Domiciliary Care	Capacity in Dom care sector	Additional capacity for dom care packages from approved providers	Increasing pool of availability in preparation for winter	G	Suzanne Binns SBC	1 April 20
	PBBT team co-ordinating and commissioning dom care packages	Normal working hours 9-5	Supporting weekend discharges as/when surge response required additional capacity	G	Suzanne Binns SBC	tbc

# Community Services incl Care Home beds and Dom Care

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Care Homes	Enhanced GP support to care homes	Weekly care home round for residents <ul style="list-style-type: none"> <li>• Medicine reviews</li> <li>• Hydration and nutrition support</li> <li>• Oral health care</li> <li>• Access to out-of-hours/urgent care when needed</li> </ul>		G	Mike Wooldridge Clinical lead appointed for each care home	1.4.2020
	MDT support	Personalised support plans Coordinated health and social care:: <ul style="list-style-type: none"> <li>- Expert advice and care complex needs</li> <li>- Continence</li> <li>- Flu prevention and management</li> <li>- Wound care</li> <li>- Falls prevention,</li> <li>- Rehabilitation/reablement services</li> <li>- Developing community assets /resilience and independence</li> </ul>	Currently still at inception stage with co-design work underway to develop this care home MDT approach. Will be linked to community MDT ICDM making best use of shared resources.	A	Mike Wooldridge Clinical lead appointed for each care home	1.10.20
	Quality / community nursing	Support with Infection Control advice and training Nursing support from the QualityTeam		G	Jo Greengrass EBCCG	In place now

# Place Integrated Care

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Integrated Care	MDT clusters	3 x cluster MDTs meetings per month	This could be increased to x4 per month if/when required to provide quicker access and additional capacity.	A	Jeanette Bailey CIM	In place – additional capacity tbc
	Local Access Point	SW, CM and OPMH worker Operational hours 8 am -5pm	Options to support acute complex discharges if/as required to follow up and prevent readmissions	G	Jeanette Bailey CIM	In place now Changes to pathway as/when escalated
	Discharge to Assess	Interim packages of support provided by Reablement Assistants in RRR service	3x additional OTs to be recruited. Option to bring in dom care capacity if required	A	Andre Ansah SBC	In place now - additional element tbc
	In reach nursing services to support early discharges (ICR and ESD)	Mon- Friday 8-4pm	?	G	Sri Nellagiri/ Jo Blackburn BHFT	In place now



# End of Life Care support

Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surge whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
End of Life Care	End of Life Care advice line	Support and advice to professionals and families 24/7		G	Thames Valley Hostel	In place now
	Care Home MDT	Supporting quality palliative and end-of-life care		A	Clinical lead for each care home	1.10.20
	East Berkshire Palliative Care Team	4 x OT based in acute supporting community support, home visits, equipment, education advice etc.		G	Kate Browning FHFT	In place now
	Intermediate Care EOLC service (RRR)	End of life care (<6 weeks diagnosis) to support at home.		G	Kerin Smith SBC	In place now

# Discharge Support

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Care domain	Care elements	Base line service provision	Additional Plans to meet winter Challenges / Deliver elements? How this will operationally link with other services and respond to surg whatever the cause	Initial RAG rating	Lead for care element	Date when fully mobilised
Adult Social Care	HSWT via IRIS- new Ax or Restarts of POC	Provided 7/7 at present, 8-8 cover	To continue through WP	G	Andre Ansah SBC	1.4.20
	D2Ax & RRR	As above	“	G	Andre Ansah SBC	1.4.20
		“, 7-8 cover, 9-5 @ W/ends Access to NRS buffer store	AA to recruit O.T's and Ra's to support D2Ax	A	Kerine Smith SBC	
ICDM	In-reach ESD	In BHFT baseline, ICR/ICT and ESD for Stroke	Resources are moved around to ensure cover.	G	Jo Blackburn BHFT	1.4.20
	LAP	Daily MDT, M-Fri	Any member of MDT can refer patient for triage, discussion and signposting e.g. HSWT/localities esp. for out of area or complex discharges.	G	Jeanette Bailey CIM	1.4.20
BHFT	Community services	In baseline, D.N's, specialist nurses, O/P clinics, wheelchair services, ARC, Falls services.	See BHFT plan	G	Clare Williams BHFT	1.4.20
Voluntary sector/One Slough	Social prescribers Befriending services Good-Gym	In baseline contracts	COVID response as required	G	Ketan Gandhi SBC	1.4.20

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 13<sup>th</sup> October 2020

**CONTACT OFFICER:** Ellie Gaddes, Policy Insight Analyst

**(For all Enquiries)** (01753) 875657

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**HEALTH SCRUTINY PANEL - WORK PROGRAMME 2020/21**

1. **Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2020-21.

2. **Recommendations/Proposed Action**

That the panel review the work programme and potential items listed for inclusion.

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

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the councils decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful.
- Outcome 2: Our people will be healthier and manage their own care needs.

4. **Other Implications**

**(a) Financial**

There are no financial implications of proposed action.

**(b) Risk Management**

There are no risk management implications of proposed action.

**(c) Human Rights Act and other Legal Implications**

There are no Human Rights Act implications arising from this report.

**(d) Equalities Impact Assessment**

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 This work programme has been formed through discussions between the Chair of the Health Scrutiny Panel, the Vice-Chair of the Health Scrutiny Panel and the Director of Adults and Communities.

5.2 The work programme is a flexible document which will be continually reviewed throughout the municipal year. It will be updated to take into account requests for consideration of issues from members of the Health Scrutiny Panel.

6. **Conclusion**

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

7. **Appendices Attached**

A - Work Programme for 2020/21 Municipal Year

8. **Background Papers**

None.

## Health Scrutiny Panel Work Programme 2020/21

Task and finish Group / Visits	
Meeting Date	
<b>26<sup>th</sup> November 2020</b>	
	<ul style="list-style-type: none"><li>• Situation Report – Verbal update on COVID-19 situation in Slough</li><li>• East Berkshire CCG - GP provision</li><li>• Frimley Health and Care System Winter Plan</li><li>• Immunisations and Screening Update</li><li>• Mental Health Update</li></ul>
14 <sup>th</sup> January	
	<ul style="list-style-type: none"><li>• Situation Report – Verbal update on COVID-19 situation in Slough</li><li>• Disability Task and Finish Group update</li><li>• Berkshire Healthcare NHS Foundation Trust Annual Plan</li><li>• Slough Safeguarding Boards Annual Report (2019/20)</li></ul>
31 <sup>st</sup> March	
	<ul style="list-style-type: none"><li>• Situation Report – Verbal update on COVID-19 situation in Slough</li></ul>

- JSNA Update
- ASC Strategy, Budget and Winter Plan (includes update on COVID-19)
- Frimley Health and Care System Annual Plan

**MEMBERS' ATTENDANCE RECORD 2020/21**

**HEALTH SCRUTINY PANEL**

<b>COUNCILLOR</b>	<b>25/06/20</b>	<b>08/09/20</b>	<b>13/10/20</b>	<b>26/11/20</b>	<b>14/01/21</b>	<b>31/03/21</b>
Ali	P	P				
Begum	P	P				
*Gahir	P	P				
*N Holledge	Ab	Ab				
**Matloob						
Mohammad	P	P				
Qaseem	P*	P*				
Rasib	P	Ap				
A Sandhu	P	Ap				
**Sarfraz						
Smith	Ap	P				
Colin Pill – Co-optee	Ap	Ab				

**P = Present for whole meeting P\* = Present for part of meeting Ap = Apologies given Ab = Absent, no apologies given.**

\*Councillors Gahir and N Holledge no longer members of the Panel from 24th September 2020.

\*\*Councillors Matloob and Sarfraz appointed to the Panel from 24th September 2020.

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