

Health Scrutiny Panel – Meeting held on Thursday, 26th November, 2020.

Present:- Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Matloob, Mohammad, Qaseem, Rasib and Sarfraz

Also present:- Councillors Gahir and Strutton

PART I

32. Declarations of Interest

Councillor Mohammad declared that she was a Practice Manager at a GP Surgery in Slough. She remained present for the duration of the meeting.

33. Minutes of the Last Meeting held on 13th October 2020

Resolved – That the minutes of the meeting held on 13th October 2020 be approved as a correct record, subject to noting that Councillor Qaseem stating that she had been present.

34. Member Questions

No questions had been received.

35. Situation Report - Verbal Update on Covid-19 Situation in Slough

The Service Lead Public Health gave a presentation to the Panel to provided an overview of the current situation of the Covid-19 pandemic in Slough.

The Panel noted the following:

- Cases in Slough had started to fall again, but at a slower rate than national and regional comparators.
- There was still a high number of cases in the 17-21 year old age group, although it was currently reducing.
- The mortality rate was currently in line with the seasonal average with 7 Covid-19 deaths reported in week ending 13th November.
- The number of outbreaks was stable with some reported in schools.
- The proportion of tests coming back as positive had decreased from 12.1% to 11.8%.
- The Government had announced that Slough would enter Tier 3 at the end of the current national 'lockdown'. This was the highest tier.

Members of the Panel, and Councillors Strutton and Gahir speaking under Rule 30, asked a number of questions during the course of a wide ranging discussion. The key points are summarised as follows:

- The reasons case rates in Slough weren't falling as quickly as many of areas was raised. The Service Lead commented that there were likely to be several contributory factors including a high number of multi-

Health Scrutiny Panel - 26.11.20

generational households, population density, a large number of people with existing conditions and people in front facing occupations. It was noted that household mixing was a major driver of community transmission and it was crucial these rules were followed. The impact of events which may increase mixing such as Diwali and Christmas was raised.

- It was recognised that communications was crucial and Members asked what more could be done. The Panel was informed that a review of communications messages was taking place, including input from a behavioural scientist, to try to further improve and reinforce messaging. A social listening survey had also been carried out to try to better understand the reasons for non-compliance with Covid-19 rules and the results would be available soon.
- A Member asked what more could be done to enforce the restrictions and to promote compliance. The Council worked closely with Thames Valley Police who had the main enforcement powers. Intelligence about businesses breaching regulations were responded to by the Council or relevant partners and action would be taken where appropriate. Six new Covid Information Officers had also recently been appointed to operate between 2pm to 11pm to reinforce messages. The Panel said it would welcome further information in future reports on the number of reported breaches attended by Covid Information Officers.
- Some parents were concerned about sending their children to school and the approach and sanctions for non-attendance was discussed. Schools had carried out detailed risk assessments and put in place a wide range of mitigation measures. The Service Lead informed Members of the work being undertaken with schools, including responding quickly to any positive cases, tracing and isolating bubbles.
- Several questions were asked about the new Tier 3 restrictions, specifically travelling to neighbouring areas which were in lower tiers for health or education reasons. It was confirmed that there were travel exemptions which meant it was permitted to travel for medical appointments or to get to school or college. The thresholds for local authorities being moved up or down a tier was not clear, but the Government had stated the criteria included case rates, cases in the over 60s, pressures on health services and the proportion of positive tests.
- Vaccine availability was discussed including whether BAME communities may receive priority access. The prioritisation criteria was set nationally and included age, care home residents and health workers.

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

Health Scrutiny Panel - 26.11.20

Resolved – The update was noted.

36. Slough Primary Care Provision

The Panel received a presentation from Dr Jim O'Donnell that updated on Primary Care Provision in Slough.

An overview was provided of the current provision which was delivered by 16 practices across 18 sites in Slough. There were four Primary Care Networks in Slough and they worked together to join up services with hospitals and community services. Ward councillors were encouraged to engage with their Primary Care Networks to have regular dialogue about services available to residents. Primary care services were highly accessible in Slough and the vast majority of residents were a short distance either by car, public transport or walking.

Slough compared favourably to national averages in terms of waiting times for GP appointments with 37% of respondents to the 2020 GP Patient Survey saying they had received appointments on the same day (compared to 32% nationally), 10% on the next day and 25% a few days later. Members asked why 20% of patients waited more than a week for an appointment and various reasons were cited included periods when demand was high or sometimes patients preferred to wait for non-urgent appointments. There were variations in waiting time performance between practices and this was one of the areas which Dr O'Donnell suggested ward councillors raise with their local practices to ensure residents priorities were understood and any barriers overcome. The specific issues in Colnbrook with Poyle were raised and it was noted that the Council had recently purchased a site which would become a new GP led facility.

All GP practices had remained open during the Covid-19 pandemic and the way in which services had been provided had changed significantly. Whilst face to face appointments had still been available where clinically appropriate, there had been a significant increase in virtual consultations which had given patients better access to general practice than ever before as transport barriers had been removed. A Councillor asked about the impact the pandemic had had on maternity services and Dr O'Donnell explained the way in which health visiting and midwifery services were delivered. He highlighted the crucial importance of 'starting well' and the commitment primary care had to continue to improve services for young families.

In relation to the GP practice workforce it was noted that there had been an increase of 4% in the past year of total FTEs with a rise in the number of GPs from 84 in April 2019 to 90 in April 2020. There had been a reduction in the number of nurses in Slough's GP practice workforce. It was recognised that nursing was a demanding profession and more could be done nationally on issues such as pay and workload to support nursing.

Health Scrutiny Panel - 26.11.20

At the conclusion of the discussion the Panel thanked Dr O'Donnell for his positive presentation and more broadly for the excellent work that he and his colleagues in primary care were doing for residents in Slough.

Resolved – That the presentation on Slough Primary Care Provision be noted.

37. **Frimley Health and Care System Winter Plan**

The Panel received a presentation from representatives of Frimley Health NHS Foundation Trust, Danny Bailey and Jo Hunter, on the Winter Plan for the health and care system.

It was recognised that a very challenging winter lay ahead and the Panel was assured that a robust plan was in place to address annual winter pressures and the impacts of Covid-19. The key aspects of the plan were outlined which showed how various workstreams and actions were in place which applied to organisations across the health system. This included plans for urgent and emergency care, hospital based care, community care and flu planning. Acute hospitals would be working closely with partners, including local authorities, to deliver the plan.

Members of the Panel, and Councillor Strutton speaking under Rule 30, discussed a range of issues including the ability of the NHS to cope with Covid-19 and the flu season simultaneously. Plans were in place to test hospital patients for flu and Covid-19 and avoid mixing patients. More people had been vaccinated against flu this year and the Covid-19 measures such as masks and social distancing were likely to have an impact on spread of other respiratory viruses this winter. It was extremely difficult to model the specific impacts that the current situation would have on flu, but the plans in place were designed to respond quickly.

The impact of Covid-19 on other hospital services such as Accident & Emergency and cancer was raised. Some cancer services had been reduced initially in response to Covid-19, however, they had been rebuilt throughout the year. The Trust had continued to meet its cancer targets. A series of measures were in place to seek to avoid unnecessary emergency admissions, for example through the 111 service.

The Panel thanked Mr Bailey and Ms Hunter for their presentation and for the exceptional work that was being done by staff in the Trust in response to the Covid-19 pandemic.

Resolved – That the update be noted.

38. **Mental Health Update**

The Panel received a presentation on adult mental health from Nadia Barakat of the Frimley Collaborative Partnership of Clinical Commissioning Groups

Health Scrutiny Panel - 26.11.20

(CCGs), Seb Byrne of SBC/Berkshire Healthcare Foundation Trust (BHFT) and Susanna Yeoman of BHFT.

The presentation covered community mental health transformation, Mental Health Integrated Community Service (MHICs), the links to the NHS Long Term Plan, Slough local offer and the impacts of Covid-19. NHS England had awarded £5.2m to Frimley Health & Care ICS to drive the transformation of community mental health services through the MHICs and the services would be available in eight Primary Care Networks by the end of 2020/21. Slough LOCC PCN (Langley, Orchard, Chapel and Cippenham) was one of the initial sites that had had a 'soft launch' in November 2020. The service would be available to adults of all ages with significant mental health needs in primary care with the aim of more flexible support and an 'easy in, easy out' approach which removed unhelpful thresholds and barriers. Teams would be co-located including a clinical psychologist practitioner, consultant, registered mental health nurse and community connector.

In relation to the NHS Long Term Plan the Panel noted the strong commitment it had to give parity to mental health and increase baseline funding. Progress was being made on local delivery including work to reduce Out of Area Placements and improve dementia care. Members were updated on a number of local developments including The Gateway which aimed to ensure there was 'no wrong door' in accessing services; Enabling Town Slough; and the EMBRACE therapeutic programme which had been formally accredited in May 2020.

The Covid-19 impact on services had been significant with an increase of 28% in contacts. There had been a shift from face to face to virtual services. It was reported that there had been an increase in the proportion of complex cases and people with increased acuity and more safeguarding referrals due to domestic abuse. Members discussed the potential medium term impacts on demand for mental health services following the relaxation of some 'lockdown' restrictions throughout the year. There had been a change in the nature of presentations this year which was likely to be due to the pandemic and the rising problem of loneliness was a major concern.

Speaking under Rule 30, Councillor Strutton commended the partners for the work they were doing and asked a number of questions on out of area provision, issues caused by moving to virtual provision of services and suicide prevention. Officers responded to the various points raised and it was noted that the number of Slough clients placed out of area was very low but was sometimes required when highly specialist provision was needed.

At the conclusion of the discussion the Panel thanked Officers for the presentation and for the work that was being done to improve mental health provision for local residents.

Resolved – That the report be noted.

Health Scrutiny Panel - 26.11.20

39. Update on the Slough Local Action Plan for Immunisations and Screening

The Panel received a report from Tim Howells, Senior Programme Officer for Public Health at the Council, on the immunisation and screening work undertaken since the previous report in June 2019.

A Local Immunisation Partnership had been established to draw together the expertise across the system to drive up the level of immunisation in Slough. The NHS had doubled the target for flu vaccinations this year to 30 million and the early indications were that uptake locally had increased slightly compared to previous years. The Council had made a commitment to fund vaccinations for all staff. Slough had asked to join a pilot to use the adult flu vaccine in children, as the child vaccine contained gelatine which had reduced the uptake in Slough's population.

An update was provided on the preparations for Covid-19 vaccinations and plans were in place to start the programme in December initially to the most vulnerable groups. There would be challenges to vaccine roll out and work was underway with community champions to encourage take up and dispel myths. In response to a question about community perceptions of vaccines more generally it was noted that a major survey had been undertaken by the Council to better understand some of reasons why some people were reluctant to take up vaccines and this would inform local plans.

At the conclusion of the discussion the report was noted.

Resolved – That the report be noted and that a further update be provided in 2021.

40. Health Scrutiny Panel -Work Programme 2020/21

The Policy Insight Analyst summarised the proposed Work Programme for the Panel for the remainder of the municipal year.

Members agreed the items for the next meeting on 14th January as stated. For the update report on the implementation of the Disability Task & Finish Group recommendations it was agreed to invite relevant Officers, including parking, back to the Committee to review progress. Members were encouraged to submit questions in advance to enable an informed response to be provided at the meeting.

Resolved – That the Forward Work Programme, as set out in Appendix A to the report, be agreed.

41. Members' Attendance Record

Councillor Qaseem had stated earlier in the meeting that she had been present at the meeting held on 13th October 2020 and it was therefore agreed to amend the Members' Attendance Record.

Health Scrutiny Panel - 26.11.20

Resolved – That the details of the Members' Attendance Record be noted, subject to an amendment to the meeting held on 13th October 2020 to record Councillor Qaseem as being present.

42. Date of Next Meeting - 14th January 2021

The date of the next meeting was confirmed as 14th January 2021.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.08 pm)