

Health Scrutiny Panel – Meeting held on Tuesday, 17th September, 2013.

Present:- Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Mittal, Plimmer, Sandhu (arrived at 6.45pm) and Small.

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

Apologies for Absence:- Councillor Strutton

PART I

21. Declarations of Interest

None were declared.

22. Minutes of the Last Meeting held on 24th July 2013

Resolved - That the minutes of the last meeting held on 24th July 2013 were approved as a correct record.

23. Member Questions

There were no questions received from members.

24. Adult Safeguarding Annual Report 2012/13

The Committee considered a report presenting the draft Annual Report of the Slough Safeguarding Adults Partnership Board that set out the work of the Board between April 2012 and March 2013.

The Board was now in its fifth year, and in accordance with the Department of Health Guidance document 'No Secrets', had produced its Annual Report for endorsement by each statutory agency. The report began by acknowledging the publication of the draft Care and Support Bill, which was due to establish the first statutory framework. It was disappointing to note that following consultation, the Government had decided not to introduce a specific power of entry (for a social worker and police officer) to speak to someone who they think could be at risk of abuse or neglect, in support of the duty to make enquiries.

Under the reorganised structure of the health service now in place, a Nurse Director had been appointed who would act as the safeguarding lead for the Slough CCG and represent the CCG on the Slough Safeguarding Adults Partnership Board. The new Disclosure and Barring Service had come into force in March 2013, merging the Criminal Records Bureau and the Independent Safeguarding Authority, and work was being undertaken to ensure all partners were aware of their responsibilities in the management of their staff. Events at Winterbourne View and Stafford Hospital had highlighted

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the importance of effective multi-agency safeguarding arrangements and the 'lessons learned' have informed the work carried out locally.

In 2012/13, the Board commissioned a Peer Review Challenge into all aspects of Safeguarding Adults in the Borough. The review team confirmed that Policies and Procedures were in place, complete and up to date and found much evidence of good practice taking place. A number of areas had been identified for development and using information gained from the Peer Review, the Board had developed its Safeguarding Adults Strategy for 2013 – 2016.

The Committee noted that there had been 499 alerts made to the safeguarding team in 2012/3, an 8% increase over the previous year. There was a changing pattern to nature of alleged abuse for safeguarding referrals, whereby neglect was now the most common reason for referrals at 43% of the total, compared to the position two years ago when physical abuse had been the primary reason.

From answers to questions, the Panel noted that while it was difficult to show how effective the Safeguarding Board had been, attention was drawn to the following points:

- A strong training agenda for staff was in place aimed at improving the identification of abuse, with simple and effective means of making referrals.
- A lot of emphasis was placed on getting the message across and a communications strategy aimed at delivering wider safeguarding messages to Slough residents had been made a priority for 2013/14.
- Health care workers in care homes and providing domiciliary care were subject to strict disciplinary measures and any incidents that occurred were dealt with promptly.
- All providers were required to ensure their staff were given the DBS check.

Resolved - That the report be noted.

25. Public Local Account

Consideration was given to a report presenting the draft Adult Social Care Local Account 2012 – 2013 and priorities for 2013-14. The Local Account was a measure of how well care services were being provided in Slough and contained a summary of the position and details of the key achievements over the last year.

Looking ahead to 2013-14, the recommended priorities were set out under four headings:

- Delaying and reducing the need for care and support
- Enhancing quality of life for people with care and support needs
- Ensuring people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

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The Panel noted that the number care beds bought in by the Council was falling but overall the number of people receiving care was going up. The focus was on supporting people at home, which was not only substantially cheaper than residential care, but also generally preferred by people since it enabled them to remain independent at home. It was the aim of the Council to increase the numbers of people taking more control of their lives through self-directed support; the target for 2012/13 had not been reached and this had been made a priority for 2013/14, although it remained a challenge.

People were now in a position to choose personal assistance and/or domiciliary care from a range of 12 providers. The Safe Place Scheme had been successfully extended and 48 local businesses had signed up to it. Setting clear standards for the care services provided and asking those who received the service for their views were seen as key to achieving the improvements sought, in conjunction with better management of the resources available through early interventions and developing preventative services.

Resolved - That the Local Account be received and approved for wider publication.

26. Older People's Strategy

The Panel considered a report introducing the refreshed Slough Commissioning Strategy for Older People 2013 – 2018, for comment and approval.

A presentation for the Panel set out the issues and main points of the Commissioning Strategy, which had to be considered against a Slough over 65 population which was projected to rise from 13,800 in 2014 to 16,200 in 2020. The largest rise was expected in 65 to 69 age group, although the greatest cost was associated with care for the over 85 age group. The spend on older people services in 2012/13 totalled approximately £10m, of which £4.5m was for nursing and residential care. The Council currently supported 1013 older people in the community through a variety of care services, 182 people in residential care and 237 in nursing care.

Extensive consultation had been carried out with older people about their circumstances and their views on the services provided. Figures on the outcomes were based on a return of 463 questionnaires and showed that among older people there was generally a good measure of satisfaction with access to community services, access to transport, choice and control over care and support, and that their privacy, dignity and choices were respected. There was an awareness of safeguarding against abuse and a good level of confidence around reporting it. The responses had also highlighted a number of areas where improvements were desirable:

- 75% of carers were not in receipt of respite care
- 57% of respondents felt they were not consulted about local decisions
- 34% felt their personal care needs were not being met

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- People wanted improved access to specialist services and increased access to wellbeing and prevention services
- There were concerns about future provision for transport facilities

This pointed to a lack of information and communication about services in the Borough, since many of the services requested in the consultation were already being provided but were not known about. In conclusion, the areas for focus of the commissioning strategy had been placed into four key themes:

- Theme 1 – promoting and sustaining health and wellbeing for older people including prevention
- Theme 2 – increased support to enable independence in the community and improving quality of life
- Theme 3 – Managing long-term conditions
- Theme 4 – supporting people at the end of their lives

Having received answers to a number of questions, Panel members welcomed the refreshed Strategy, together with the Action Plan, as important steps to assist the Council in developing a more comprehensive range of support for older people in the Borough.

Resolved -

- (a) That Alan Sinclair, Assistant Director Adult Social Care, be thanked for his presentation to the Panel.
- (b) That the draft Commissioning Strategy be approved for wider publication.

27. Heatherwood and Wexham Park Hospitals

The Panel received the following papers for consideration:

- CQC Inspection Report on Wexham Park Hospital – July 2013
- CQC Inspection Report on Heatherwood Park Hospital – July 2013
- Monitor Enforcement Undertaking Notice
- CQC Statement

The Panel also received (updated at September 2013) Heatherwood and Wexham Park Hospitals Action Plans in response to the Care Quality Commission Inspection and Philippa Slinger, Chief Executive of the Trust, was in attendance to report on them. A great deal of progress had been made in relation to the improvements required; the action set out in the warning notice to meet the essential standards of quality and safety had been completed by the due date of 12 August. Re-inspection by the CQC was awaited. The Trust was now working through all the areas which were, in the judgment of CQC, of moderate concern, and the Action Plans detailed the progress made on each. In a number of areas, changes had been made to systems and processes which, though successful, would take some months to become firmly embedded within the organisation. This would then allow the number and frequency of the daily checks and inspections that had been introduced to be decreased.

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In relation to volume and capacity issues, work was ongoing in the A&E department where a new modular waiting area had been brought in and the former waiting area was being converted to provide 18 additional bays (due for completion by October 2013). The refurbishment of Ward 17 would provide 28 additional beds by mid October and the refurbishment of Ward 10 (vacated by Mental Health) would provide a further 28 beds by February 2014. A modelling exercise had shown that if volumes were no worse than last winter, then patients could be accommodated and demand for services met.

Philippa Slinger also reported on, and covered in answers to questions, the following matters:

- A surge escalation plan was in place to come in to operation at times of peak demand on A&E.
- Staffing was an ongoing challenge: the Trust was currently advertising for 12 consultants but applicants were difficult to attract. Nurse recruitment had been assisted by some successful recruitment campaigns in Europe.
- Feedback from patients was very important. In addition to data from the 'Friends and family' test and the National Patient Survey, the Trust was looking to collect data from electronic patient feedback.
- From November, A&E would have the benefit of a new computer system which would assist with the logging and tracking of patients.
- Cleanliness was being tackled through two deep cleans (over a six month period) for the whole of the premises. Also, a system was being introduced to provide for a Matron and the domestic supervisor to be required to jointly sign-off work.
- The Trust was one of a number selected by the Department of Health for special financial support. £3.9m revenue funding had been allocated for additional staffing in A&E, for staffing the newly refurbished wards due to be opened (including the full year costs), for staff for new diagnostic services and for buying planned surgical services from elsewhere.

Resolved - That the report be noted and Philippa Slinger be thanked for attending to report progress.

28. Forward Work Programme

The Panel considered the work programme for 2013/14, setting out the priorities and topics for the year. Any slippage occurring would be used to help achieve a more even programme.

Resolved - That the work programme be noted.

29. Attendance Record

Resolved - That the attendance record be noted.

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30. Date of Next Meeting

The date of the next meeting was confirmed as 21st November 2013.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.26 pm)