

## **Health Scrutiny Panel – Meeting held on Thursday, 21st November, 2013.**

**Present:-** Councillors Strutton (Vice-Chair in the Chair), Chohan, Davis, Grewal and Plimmer

Non-Voting Co-optee – Healthwatch Slough representative, Arvind Sharma

**Apologies for Absence:-** Councillor S K Dhaliwal, Mittal and Small

### **PART I**

#### **31. Declarations of Interest**

None.

#### **32. Minutes of the Last Meeting held on 17th September 2013**

**Resolved -** That the minutes of the last meeting held on 17<sup>th</sup> September 2013 be approved as a correct record.

#### **33. Member Questions**

There were no questions received from members.

#### **34. Healthwatch Business Plan Proposals**

The Committee received a presentation from Healthwatch Slough representatives about activity and progress since coming into being on 1<sup>st</sup> April 2013. As the new independent consumer champion for health and social care services, it was the aim of Healthwatch to give advice and signpost people to information to help them make choices about care and to give residents a stronger voice to influence and challenge how health and social care services are provided locally.

The Committee was advised of the make-up of the Healthwatch Board that had been appointed and the staff engaged. A good deal of work had been done to set up the new organisation including induction training, establishing robust terms of reference and effective governance, engaging in the regional partnership with neighbouring Healthwatch organisations and developing a strategy on how to become Slough's independent consumer champion. Meetings had been held with all the key providers and projects had commenced on mapping access to GP appointments in Slough, sensory needs and Wexham Park Hospital.

The following points arose from discussion and questions from members:

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- The Panel was disappointed to note that no detailed work on a business plan for Healthwatch Slough had been undertaken. The aim was to finalise the business plan early in the financial year 2014/15.
- The interim action plan for the remainder of 2013/14 included for the recruitment of Community Champions, a formal launch of Healthwatch Slough (for which advice and assistance from the Council's Communications team was offered), appointment of lay members and establishing and sharing key priorities.
- The number of complaints received to date was low, which may be due to the slow start-up. Experience showed that contacts or expressions of concern about issues did not always reach the status of a complaint unless the complainant could be supported and assisted in articulating their complaint. Some complaints were simply signposted to the relevant care service to deal with directly.
- A total of 21 complaints had been received about Wexham Park Hospital on issues such as cancelled appointments, dignity or privacy in relation to the care received, delays in diagnosis etc. These were all areas that Healthwatch was keen to follow up and seek positive outcomes.
- There had been delays in finalising the contract between Healthwatch and the Council but it was hoped this would be signed shortly.
- It would be useful for the Council to have regular reports from Healthwatch covering the main areas of complaints submitted, the findings from any recent reports/investigations, areas where difficulties had occurred, and details of current workstreams and projects to be undertaken.

### Resolved –

- (a) That the Healthwatch representatives be thanked for their presentation.
- (b) That Healthwatch be requested to report to the Panel with their business plan early in 2014/15.

## 35. Dementia Care Strategy: A Progress Update

Consideration was given to a report on the implementation of the Dementia Strategy for Slough. This was being taken forward in the context of the National Dementia Strategy 2009-2014, the Prime Ministers Dementia Challenge 2012 and the drive to improve dementia care services.

During 2012, an exercise was undertaken to compare Slough's performance against each of the 17 National Dementia Strategy objectives. This highlighted a number of achievements but also identified areas for further action, resulting in the following developments:

- The diagnosis and treatment pathway had now been refreshed, and contained steps for primary care screening, referrals as appropriate through to carer assessment and support.
- Current data projections suggested that the diagnosis rate for dementia in Slough was around 36%, leaving a total of approximately 570 undiagnosed Slough residents. Work was being done to make GP

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dementia registers more accurate, Slough CCG had invested to increase capacity in memory services, and a new updated system of recording coming into effect from January 2014 was expected to show a considerably improved diagnosis rate.

- Numbers of people with dementia from BAME groups were expected to rise faster than the rest of the population although this was not borne out by figures for Slough. The mental health service was due to employ a BAME Support Worker as a pilot project to investigate this.
- Because people with a learning disability who had a particular risk of developing dementia were not being identified, a streamlined pathway had been created to access diagnosis and treatment and a local database established for those at risk.
- Information, advice and support for service users and carers was being improved through the appointment of a Dementia advisor (who helped to ease the stress of diagnosis and signpost appropriate support) and the development of a Dementia Directory, a comprehensive web based directory of useful information.
- Using Dementia Challenge funding, dementia awareness training was to be delivered to 100 local businesses and services (including some of the Council's public facing services) to raise awareness, challenge stigma and encourage local organisations to do all they can to make services 'dementia friendly'.
- To meet deficiencies, the Council was developing an Extra Care Housing strategy and promoting access to assistive technology (telecare) to enable older people (including those with dementia) to stay in their own homes longer.

Arising from questions and discussion, the Panel recognised that making it easy for people to find information about and access to the services available was a challenge. It was important to use a range of media and provide a spread of information suitable for people at different stages of their condition. The real benefit of more Extra Care housing was noted: the aim was to provide two more schemes to add to the two existing successful developments, but this was dependent on identifying suitable sites and development funding. It was necessary to continue to work on getting a more accurate picture of the numbers of dementia sufferers in the town and their needs in order that services could be designed and provided in the most effective way.

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

### **36. Healthy Lives, Healthy People, Healthy Slough - Public Health Strategy**

The Panel considered a report outlining the strategic themes and objectives contained in the Public Health Strategy 2013 – 16, including a draft of the document which had been titled "Healthy Lives, Healthy People, Healthy Slough".

The strategy had been based on the priorities in the 2011-12 JSNA, reviewed and signed off by the Health Priority Development group, and concentrated on

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issues not covered by other strategies of the Council. All the key objectives of the strategy supported the main aim which was to improve health and wellbeing outcomes and reduce inequalities. There were four themes to the strategy: prevention, early intervention, targeted provision and the reduction of unnecessary demand on local health and wellbeing services. It was proposed to measure outcomes of the Public Health Strategy by reference to national and local indicators related to the actions proposed under each theme.

A number of points arose from answer to questions and discussion at the meeting. Tuberculosis rates in Slough were higher than the national average reflecting the highly diverse population from countries in which TB was endemic. Approximately one third of the population is estimated to have latent TB and were liable to suffer a re-activation of the disease (which takes a long time to treat requiring a mixture of antibiotics). Immunisation of infants was a priority. Reducing the numbers of people smoking and consuming harmful tobacco products was a key objective. In some communities chewing tobacco was traditional and the importance of education about its harmful effects was stressed. The Panel was impressed by the range of advice available and programmes on offer for the promotion of healthy eating. Further details were given of the courses available, certificates provided and the programmes also arranged in Children's Centres.

In answer to a question about the issue of female genital mutilation (FGM), members were referred to information provided to a recent meeting of the Education and Children's Services Scrutiny Panel regarding the level of understanding amongst the council and its partners of the practice, the risk associated with FGM in Slough, and the safeguarding measures in place in Slough to tackle the issue. A question was also raised about the adequacy of care in the community provision for mental health sufferers. In particular, some concerns had been voiced about cross-border issues resulting in a patchy service. Further information/details on both these issues would be circulated to Panel members following the meeting.

### **Resolved -**

- (a) That the report be noted.
- (b) That subject to careful proof-reading and minor corrections, a final version of the Public Health Strategy be approved and used to accompany the JSNA consultation in 2014.

## **37. Forward Work Programme**

The Panel considered the work programme for the remainder of the 2013/14 year.

With reference to the agenda for the 13<sup>th</sup> January 2014 meeting, it was noted that the report on the Autism Strategy would be deferred to a later date and the report on the Mental Health In-patient Services Transfer would be for information only. If there were queries raised on the latter, Berkshire Healthcare would be invited to respond at a future meeting. An additional

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meeting of the Panel was proposed for 6<sup>th</sup> March 2014 to consider the Public Health Commissioning Strategy and CCG Commissioning Plans.

An item to consider the Healthwatch Slough business plan would be inserted early in the 2014/15 work programme.

**Resolved** - That the work programme, as amended, be agreed.

### **38. Attendance Record**

**Resolved** - That the attendance record be noted.

### **39. Future Meetings**

**Resolved** - That the date of the next meeting be confirmed as 13<sup>th</sup> January 2014 and the date of the additional meeting be confirmed as 6<sup>th</sup> March 2014.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.50 pm)