

Health Scrutiny Panel – Meeting held on Monday, 13th January, 2014.

Present:- Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Mittal, Plimmer (from 6.33pm) and Strutton

Non-Voting Co-optee - Slough LINK representative, Mr Arvind Sharma

Also present:- Councillor Walsh

Apologies for Absence:- Councillor Small

PART I

40. Declarations of Interest

None.

41. Minutes of the Last Meeting held on 21st November 2013

Resolved – That the minutes of the last meeting held on 21st November 2013 be approved as a correct record.

42. Member Questions

There were no questions received from Members.

(Councillor Plimmer joined the meeting)

43. CQC Inspection Report - Wexham Park Hospital

The Chair confirmed that she had agreed the Panel should consider an urgent item on the Care Quality Commission (CQC) Inspection Report on Wexham Park Hospital which had been published on 8th January 2014 (after the agenda had been issued) following an unannounced inspection.

The Panel considered the Inspection Report and received a presentation from Philippa Slinger, Chief Executive of Heatherwood & Wexham Park Hospitals NHS Trust about the progress being made by the Trust in implementing the Action Plan to address the CQC warning notices. The latest Inspection Report related to a further unannounced CQC inspection in October 2013 which was a follow up to the first inspection in May 2013. A further new style CQC inspection was scheduled for February 2014.

The Panel noted the latest CQC findings which had stated that whilst the Trust had made 'significant improvements in some areas' the hospital was failing to meet the required standards in a number of significant respects and that a revised Action Plan had been produced to address the concerns raised. The key points made in the presentation are summarised as follows:

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- The inspection report recognised that improvements had been made, notably that capacity issues had been addressed; A&E had 40% more capacity and services had been improved; a Surge Escalation Policy was in place; and there were 56 additional beds since May with a net gain in the number of doctors and nurses.
- Implementation of the Action Plans put in place in response to the first inspection in May 2013 were ongoing and the Trust had been clear in stating that some actions would take longer to implement.
- Whilst improvements had been recognised in a number of wards, issues remained in wards 4, 7 and 8 in particular and a further Action Plan had been sent to Monitor in response to concerns about the involvement and welfare of service users; cleanliness and infection control; safety and suitability of both premises and equipment; staffing; quality monitoring; records; and governance.
- It was not envisaged that the potential merger with Frimley Park Hospital had been effected by the latest inspection report.

Members made a number of comments and asked a wide range of questions during the ensuing discussion including whether the Trust had sufficient financial resources to bring about the required improvement in services. Philippa Slinger responded that sufficient resources were available; that the Trust had fully spent its £17.5m capital programme during the past year which had brought about major improvements, particularly in A&E with further investment due in upgraded wards; and that the Trust's deficit had reduced from £13.8m to £6.9m. The Trust was approximately two years into a five year building programme of major improvements to premises and equipment. A number of new temporary support staff had joined the Trust, particularly to add project management capacity and to ensure existing clinical staff could focus on service delivery during winter.

The Panel also raised a number of issues in relation to impact of staff morale and the ways in which the problems of culture and practice identified during both inspections were being addressed. Members were informed that whilst a wide range of measures were in place to address these issues including training, communication and changes to working practices, it was recognised that cultural change was difficult to implement and took time. In terms of staff morale, Philippa Slinger recognised that the period of inspection and change had left some staff feeling 'under siege' with insufficient time to evaluate whether the changes implemented had brought about improved services for patients.

The Chair thanked Philippa Slinger for her progress report to the Panel and highlighted that a further update was scheduled for the meeting on 24th March.

Resolved – That the CQC Inspection Report be noted, and that the Panel consider further progress against the Action Plan at the meeting on 24th March 2014.

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44. Care Bill 2013-14 and Better Care Fund

The Panel considered a report from the Assistant Director Adult Social Care, Commissioning and Partnerships, Alan Sinclair, regarding the progress of the Care Bill 2013-14 and the Better Care Fund.

Members were informed that the Care Bill brought together a number of existing laws into a single legal framework to reform care and support for adults, support for carers and adult safeguarding. It was anticipated that the Bill would become law in 2014 and would come into effect from April 2015. The Assistant Director advised the Panel of the key aspects of the Bill which included national eligibility criteria, clarity over service charges, a deferred payment scheme to ensure people did not have to sell their home and a cap on care costs of £72,000. Members raised a number of issues about the impact of the Bill, both for local residents and the Council, and asked about funding and eligibility criteria. In response, the Assistant Director clarified a number of points in relation to the implications of the Bill and reported that further guidance on issues such as assessment and eligibility was awaited.

The funding position was currently uncertain, particularly the revenue implications, although some capital had been made available to upgrade IT systems for the capped cost system. The Assistant Director reported that the funding of the Care Bill would also form part of the responsibilities of the Better Care Fund, the purpose of which was to create a pooled fund for health and adult social care. The Government had announced that £3.8bn would be available nationally of which Slough would have a minimum allocation of £8.7m from 2015/16. The Council was working closely with the Slough Clinical Commissioning Group (CCG) to develop the Better Care Fund delivery plan and it was anticipated that this would be signed off by the Slough Wellbeing Board in January and by the Cabinet at a later stage. Members discussed a number of issues including what could be learned from international experience on the transition from acute services to the community; the measures to reduce emergency admissions to A&E; and the timescale for developing the delivery plan.

The Chair thanked officers for their attendance.

Resolved –

- (a) That the report and the appendices setting out the implications for the Council of the Care Bill, the actions taken so far, and the lead officers that will be responsible for implementing the legislation be noted.
- (b) That the background to the Better Care Fund and current and future planned activity be noted.
- (c) That the sign off timetable for the Better Care Fund Plan be noted.

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45. Carers Caring for Others - Slough's Joint Commissioning Strategy Refresh 2014-17

The Panel considered the draft refreshed Joint Carers Commissioning Strategy 2014-17 for the Council and Slough Clinical Commissioning Group (CCG).

Alan Sinclair, Assistant Director Adult Social Care, Commissioning and Partnership and Sally Kitson, Commissioner, Wellbeing, informed Members that the Strategy had been updated following extensive consultation with carers and stakeholders to develop the six local priorities to support carers as follows:

- Improved health and wellbeing.
- Primary health care services.
- Hospital and carers.
- Improved support for young carers.
- Training and information for professionals.
- Involving carers.

The Strategy aimed to improve the support for carers and demonstrated the value of carers to the local community. Members were informed that census figures indicated that 11,300 people in Slough provided a caring function and that the Council and CCG were currently spending £3.6m to support carers. Members generally felt that awareness of the support available to carers could be raised. Officers recognised that this was a challenge and highlighted that the Strategy included measures to improve communication, for example through the appointment of a 'GP champion' to raise awareness with family doctors. Members also discussed issues such as the problems faced by young carers; the flexibility and choice of respite care; and the monitoring of the strategy to ensure effective delivery and value for money. The Assistant Director responded to these points and reported that improved support for young carers was clearly recognised as a key priority in the strategy; that steps were taken to try to provide flexibility for carers to choose the respite service provider which best met their needs; and that a range of measures were undertaken to assess services such as satisfaction surveys of clients.

The Panel agreed that it was important to recognise the vital contribution that carers made and requested that the Assistant Director consider further practical measures to recognise their role. Following due consideration, the Panel then endorsed the Strategy.

Resolved – That the draft Joint Carers' Commissioning Strategy 2014-2017, including resource allocation, be endorsed.

46. Tuberculosis (TB) in Slough

The Panel considered a report on Tuberculosis (TB) in Slough which set out the incidence and services of the condition as a public health issue.

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Dr Angela Snowling, Consultant in Public Health, explained the background and patterns of TB as detailed in the report and Members noted that whilst the incidence of TB in Slough was high, 56.7 per 100,000 compared to 15.1 in England, the rate was significantly below some London Boroughs. They also noted that services available in Slough were contributing to the prevention, identification and treatment of the infection. The Panel discussed a number of issues relating to the provision of TB services in Slough, particularly TB screening services for new entrants. The Panel were informed that screening had recently changed from taking place at ports of entry to the country of origin; however the Panel felt that it was important that this was closely monitored to ensure it was effectively implemented.

The Chair thanked Dr Snowling for her report.

Resolved – That the report be noted.

47. **Berkshire Health Clinical Services Reconfiguration - Progress with Mental Health In-patient Services Transfer**

The Panel received an information report on the progress in transferring the mental health in-patient services from three sites, including Wexham Park Hospital, to Prospect Park Hospital. Members noted the report and agreed to follow up the matter at a later date should any significant concerns about the reconfiguration be raised.

Resolved –

- (a) That the report be noted; and
- (b) That the item be removed from the current work programme, but that it would be revisited should significant concerns regarding the provision be raised at a future date.

48. **Accident & Emergency Review Report**

The Panel considered the final report of the A&E Task and Finish Group review into accident and emergency provision at Wexham Park Hospital and agreed to endorse the recommendations.

Members were informed that only one practice in Slough currently used 0845 telephone numbers and they would move to local call rates within the next three months. It was also noted only 3% of A&E patients were not registered and that A&E admissions were stable.

Resolved – That the report and recommendations of the A&E Task & Finish Group review into accident and emergency provision at Wexham Park Hospital be endorsed.

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49. Forward Work Programme

The Panel considered the work programme for 2013/14 and confirmed the items set out in Appendix A to the report. In relation to the additional workshop planned on the recommendations of the Francis Inquiry, it was proposed and agreed to hold a briefing session between 6.30pm-7.00pm followed by the Health Scrutiny Panel at 7.00pm on 6th March 2014.

Resolved –

- (a) That the work programme be agreed.
- (b) That a briefing session on the implications of the Francis Inquiry be held at 6.30pm on 6th March followed immediately by the Health Scrutiny Panel meeting at 7.00pm.

50. Attendance Record

Resolved – That the attendance record be noted.

51. Date of Next Meeting

Resolved – That the date of the next meeting be confirmed as 6th March 2014.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.15 pm)