

## **Health Scrutiny Panel – Meeting held on Thursday, 1st October, 2015.**

**Present:-** Councillors Ajaib (Chair), Strutton (Vice-Chair), Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Shah

**Also present:-** Councillor Hussain

**Apologies for Absence:-** Councillor Chahal

### **PART I**

#### **19. Declarations of Interest**

No interests were declared.

#### **20. Minutes of the Last Meeting held on 28th July 2015**

**Resolved –** That the minutes of the last meeting held on 28<sup>th</sup> July 2015 be approved as a correct record.

#### **21. Member Questions**

There were no questions from Members.

#### **22. Frimley Park Hospital NHS FT Acquisition of Heatherwood & Wexham Park Hospitals NHS FT: Update**

The Panel received an update from Dr Timothy Ho, Medical Director at Frimley Health NHS Foundation Trust, one year on since Frimley Park's acquisition of Heatherwood & Wexham Park Hospitals and integration into the new Trust.

Heatherwood & Wexham Park Hospitals Trust had faced significant financial, operational and clinical challenges at the time of the acquisition and the Panel were informed of the progress made in improving the quality of care and performance on the Wexham Park and Heatherwood sites. The long term aim was to achieve the same high standards of quality, performance and financial efficiency across the combined Trust.

*(Councillor Pantelic joined the meeting)*

The update can be summarised as follows:

- The acquisition had brought a number of benefits including greater financial stability; the ability to attract and retain high quality staff; and improved clinical outcomes through a larger clinical team and improved access to services for patients.

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- The executive team had focused on promoting culture change and management had successfully introduced a single vision and set of principles and values for staff on all three sites.
- Performance was improving and Frimley Health had met all key standards set by Monitor during the first quarter of 2015/16, including the four hour waiting time target for accident and emergency services. Wexham Park Hospital had achieved this target for the first time in several years, underlining the progress that was being made.
- The Trust was seeking to bring a number of new and improved services to Wexham Park including an increased range of chemotherapy and on site radiology services; a new emergency department; renal services; and potentially ophthalmology. Management were committed to delivering a 'seven day NHS'.
- The Care Quality Commission (CQC) would be conducting an inspection of Wexham Park Hospital from 13<sup>th</sup> October which would provide an opportunity to monitor and review some of the progress that had been made. It was noted that the Panel would be contributing to the inspection.

The Panel welcomed the progress that had been made in stabilising and improving services at Wexham Park since the acquisition. Members asked a number of questions including about the proposed improvements to car parking and the refurbishment of the site. The Trust was progressing plans to significantly increase the number of car parking spaces but it wasn't confirmed when they would be available. A backlog of repairs and maintenance at the site was being addressed including re-roofing and waterproofing in addition to the wider plans to provide a new emergency department and refurbish the maternity unit. A Member asked about the plans to bring standards of maternity care at Wexham Park up to those of the rest of the group, and it was responded that improvements to the fabric of the building and organisational culture, in addition to the recruitment and retention of midwives were important steps in improving services. The template and best practice for high quality maternity services was being introduced at Wexham Park and the services had started to improve.

A Member commented that he had already noticed improvements in the emergency department and asked whether there were metrics to support the anecdotal evidence. The key metric was that the four hour A&E waiting time, which Wexham Park Hospital had consistently failed to meet over the previous three years, was now improving. New ways of working had been introduced which included mirroring the Frimley model by having specialist consultants available for A&E. The target was not only being met but Wexham Park was performing very well against its comparators.

The Panel were impressed about the steps undertaken to improve the culture of the combined Trust, embed the core values and engage staff. It was stated that staff had responded positively and flexibly to the changes and many staff

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suggestions had been taken forward in making improvements to processes. Dr Ho was asked what training and support was in place to improve the retention rate of nurses and in response it was confirmed that management had given a high priority to retention with a majority of trainee nurses now staying with the Trust. In respect of the care values, these were central to the recruitment and management culture. It was recognised that staff retention was also crucial in minimising the use of agency staff, which remained a significant financial pressure and was a problem for the NHS nationally.

Members discussed a range of issues relating to existing and new services including specialist stroke and cancer services and bed capacity more generally. In relation to strokes, it was noted that commissioners had decided that outcomes for patients would best be met at a dedicated facility currently provided at High Wycombe which brought together specialism and expertise. There were plans to improve cancer provision at Wexham Park and introduce new chemotherapy and radiotherapy. Bed capacity would always be an issue for the NHS more widely and the Trust was seeking to improve the 'patient pathway' to ensure people did not stay in hospital any longer than was necessary. Members welcomed the new services proposed. Dr Ho was asked whether he expected any services to be moved away from Wexham Park and he responded that he was not aware of any such plans.

The forthcoming CQC inspection was discussed and the Trust expected issues such as safe staffing, accommodation and diagnostics to be identified during the inspection. The Council would be providing input to the inspection and it was agreed that the inspection report would be considered by the Panel as soon as it became available. The Panel welcomed the progress that had been made over the past year and at the conclusion of the discussion, the Chair thanked Dr Ho for his report.

### **Resolved –**

- (a) That the update be noted.
- (b) That the Panel consider the findings of the forthcoming CQC inspection into Wexham Park Hospital at the earliest opportunity.

## **23. Slough Caring for Our Carers: Joint Commissioning Strategy 2015-20**

The Panel considered a draft version of the Joint Carers Commissioning Strategy for the Council and Clinical Commissioning Group for the period 2015-20.

The Co-Chair of Slough Carers Partnership Board, Jadine Glitzenhirn, and the Assistant Director Adult Social Care updated Members on the key elements of the strategy and invited the Panel to comment on and contribute to the development of the Strategy before it was presented to the Cabinet and Slough Wellbeing Board for approval later in the year. It was estimated that 14% of Slough's population were carers, higher than the national average of 12% and this was likely to be an underestimate given the difficulties

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identifying carers. The new strategy updated the interim Joint Carers Strategy 2014-15, which had covered the period including the introduction of the Care Act 2014, and it supported a number of national and local priorities. The four proposed local priorities were identifying and recognising carers; realising and releasing the potential of carers; a life outcome of caring; and supporting carers to help them stay healthy.

Ms Glitzenhirn gave the Panel an insight into her experiences as a carer and explained the role of the Partnership in providing the right support at the right time to Slough's carers. The voice of carers had come through more strongly than before in the new strategy, but it was recognised that more engagement was required in the future. A number of specific priorities and issues were highlighted including raising awareness of the contribution of carers; the challenges in identifying carers; and the particular support required by young carers.

The Panel discussed the potential ways to improve the identification of carers, which could include using the media to tell the stories of carers and improving the GPs register of carers. The Assistant Director explained the work being undertaken by professionals working across social care to identify carers and highlighted the opportunities of working more closely with voluntary and community sector organisations through the new VCS Strategy. It was recognised that many carers would benefit from time and support with other carers and support groups and it was felt that provision in the area could be expanded. Members discussed a range of other issues including carers assessments and support for young carers including the potential implications arising from the transfer of services to Slough Children's Services Trust.

At the conclusion of the discussion the Panel welcomed the work undertaken to prepare the document and agreed to endorse the new strategy. It was also agreed to refer a number of issues to the Cabinet when it considered the strategy for approval. These issues included the further action that could be undertaken by the Council to identify carers and raise public awareness of the vital role they played in the local community; a request to the Commissioner for Health & Wellbeing to raise the effectiveness of the GP register of carers with the CCG and bring a progress report to a future meeting of the Panel; and that the Cabinet direct Council departments to consider and reflect the new strategy in their service areas to ensure they could better meet the needs of carers.

The Chair thanked the Assistant Director and particularly Ms Glitzenhirn for the report.

### **Resolved –**

- (a) That the Joint Carers' Commissioning Strategy 2015-2020: 'Slough Caring For Our Carers' be endorsed.
- (b) That the following matters be referred to the Cabinet:

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1. That the Cabinet considers the further steps the Council can take to identify, support and raise public awareness of the role of carers by widely publicising the Strategy to partners, community organisations, schools and the media.
2. That the Commissioner for Health & Wellbeing discuss with Slough Clinical Commissioning Group how the GP carers register could be improved to better identify carers and improve access to the available support, with the Panel to receive a progress report at a future meeting.
3. That the Cabinet direct Council departments to take the Strategy into account when services are reviewed to ensure all relevant Council services are compliant with the requirements of the Care Act and better support Slough's carers.

### 24. Adult Social Care Local Account

The Panel received a report on the draft Adult Social Care Local Account for 2014-15 which set out the achievements made during the year and priorities for 2015-16.

Local accounts were used by councils across the country to assess how well adult social care services were performing as part of the commitment to improve the quality of services and transparency. The draft Local Account, as attached as Appendix A to the report, included the progress made against the 22 indicators of the Adult Social Care Outcomes Framework. The Panel noted progress against the indicators including:

#### Indicators showing significant improvement:

- Adults in contact with secondary mental health services who live independently had improved from 85 to 86.9, well above average.
- Adults with learning disabilities in paid employment had improved from 5.7 to 6.4.
- People who used services who reported that they had as much social contact as they would like had risen from 37.5 to 39.5, although it was below the family group average of 42.8.
- Overall satisfaction of carers with care and support had improved from 34.9 to 43.9 which was now above national and comparator averages.

#### Indicators showing good performance being maintained:

- Older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services was 100, compared to the England average of 80.7, and reflected the local priority and joint working arrangements.
- Increased people going into reablement

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- Permanent admission of older people (aged over 65) to residential and nursing care homes was 570.6 per 100,000 population compared to an average 706.5 across comparator areas.

### Indicators requiring further improvement:

- Proportion of adults receiving direct payments was 16.8 compared to a family group average of 24.7. Performance was improving and further steps were being taken to increase the number of direct payments.
- Carer related quality of life had fallen from 8.3 to be 7.9 and this had been identified as a priority area for 2015/16.
- Carers who reported that they had been included or consulted in discussion had fallen from 72.1 to 67.6 which was below average.

The Local Account also outlined the key priorities for the year ahead which were prevention; information & advice; personalised outcomes; building community capacity; workforce development and quality. These priorities also linked to the adult social care transformation programme.

The Panel considered a number of issues including the parity between mental and physical health and the provision of respite care. A Member asked why the number of direct payments remained low and whether the cessation of the previous support service had been a contributory factor. The Assistant Director responded that a support service for direct payments was being put back in place and it was expected that direct payments would increase. It was also asked whether it was considered that complaints were taken seriously enough. It was confirmed that complaints were taken very seriously. The number of complaints had risen from a historically low base, which was welcomed as any issues needed to be reported and dealt with appropriately. Any concerns from Members about the handling of individual cases should be raised separately through the proper process.

At the conclusion of the discussion, the Panel noted that draft Adult Social Care Local Account 2014-15.

**Resolved** – That the draft Adult Social Care Local Account 2014-15 be noted.

## **25. Adult Social Care Budget and Reform Programme 2015-19**

The Panel received a presentation on the adult social care reform programme and summary of the financial challenges facing the service in the future.

The key points noted by the Panel included the following:

- The adult social care budget for 2015/16 was £34.38m. An overspend of £1.8m was currently reported, however, a recovery plan was in place and the end of year forecast was an overspend of £600k.
- The reason for the overspend was primarily that a careful approach was being taken to implementing agreed savings plans with a staged

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approach being taken. There was also emerging evidence that some new clients had more complex needs and work was underway to understand the cost implications of this.

- 1,391 people were supported by Adult Social Care in Slough as at March 2015. 304 people were in care homes which accounted for a substantial proportion of department spending.
- Local government funding had reduced more sharply than other areas of government spending between 2010-2015 with only health spending increasing during this period. The cuts had a significant impact on adult social care service provision across the country.
- The Council was undertaking an outcomes based budgeting process based on 35% funding reductions for SBC. The outcome of the Government's Spending Review would clarify the level of savings required.
- The adult social care efficiency savings between 2015/19 were £7.814m and a strategy had been devised to 2019 to support this reform programme with an emphasis on prevention, personalisation and partnership working.

The Panel were informed that there were significant risks to delivery in implementing the planned reform programme and an even higher level of cuts of up to 35% may be required which would equate to £12m over four years. This would require a different model to be developed and would involve raising the thresholds that would have significant negative impact on services. The Panel was advised that the higher level of cuts may mean services were not compliant with the Care Act and there would also be consequential impacts for other parts of the social care system.

Members expressed concern about the funding position, particularly under the worst case scenario of future funding reductions, and discussed the process being undertaken to develop the budget for 2016/17 and beyond. Decisions would be taken through the usual Council budgeting process and would be informed by the Spending Review to be delivered by the Chancellor on 25<sup>th</sup> November 2015. The Assistant Director was asked about the level of cooperation between the Council and the Health Priority Delivery Group and other health partners, particularly the Clinical Commissioning Group (CCG). It was responded that the Health PDG was co-chaired by the Assistant Director and the Chair of the CCG and partnership working had improved, however, partners may not fully appreciate of the impacts of the financial challenges to be faced by local authorities.

The Panel recognised that the 1,400 people in receipt of support from adult social were the most vulnerable people in the borough and agreed to support the efficiencies and new ways of working in the reform programme to protect services as far as possible. Members were invited to provide their comments and views on how the reform programme could be delivered and it was also agreed to bring further reports to the Panel on the progress of implementation and financial position of the service following the Spending Review.

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### **Resolved –**

- (a) That the update on the financial position facing Adult Social Care be noted.
- (b) That the Panel support the plans outlined for the Adult Social Care Reform Programme over the next four years to ensure the Council could continue to provide key services to vulnerable adults and meet statutory requirements.
- (c) That the Panel receive regular reports on the progress of the future funding position for Adult Social Care and the Reform Programme.

## **26. Public Health Grant - Funding Cut Implications**

The Panel received a report on the level and impact of the impending in year reduction to the Public Health Grant following a Government consultation.

It had been announced that there would be a national in year reduction of 6.2% of the total Public Health Grant which would create a shortfall in Slough of £427k in 2015-16. This was in addition to the £950k savings already made in public health. The Government were consulting on how the reduction should be implemented. The Panel noted Slough's consultation response and were invited to comment on the areas for reducing costs. Members asked whether efficiencies could be made by greater joint working with health partners. It was responded that joint working was already taking place and communication had been made with service providers and partners. A Member asked whether fines generated from illegal tobacco and alcohol could be used to support public health activity. Joint work with the Council's licensing and enforcement activity was recognised as being important, but there were legislative and practical barriers to using fines for public health programmes.

At the conclusion of the discussion, the Panel agreed to note the update and provide any further comments or suggestions directly to the Consultant in Public Health.

### **Resolved –**

- (a) That the level and impact of the reductions to the Public Health Grant 2015/16 be noted.
- (b) That any further comments and ideas from Panel Members on the funding reductions be provided directly to the Consultant in Public Health.

## **27. Forward Work Programme**

The Panel considered the work programme for 2015/16 and agreed the following additions/amendments:



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18th November 2015

- The item on Drug and Alcohol Services would include consideration of the Slough Alcohol Strategy.
- Adult Safeguarding Annual Report to be added to the work programme.

14th January 2016

- Five Year Plan Outcome 6 to be scheduled (from un-programmed).

21st March 2016

- Berkshire Healthcare NHS Foundation Trust Quality Account to be added.
- Transfer of health visitor services to be scheduled (from un-programmed).

It was also agreed that a report on the CQC inspection report into Wexham Park Hospital to be added to the programme at the first available meeting following publication. An additional meeting could be convened if considered appropriate depending on the findings and a copy of the inspection report would be circulated to Panel Members as soon as it's available.

As previously agreed, the Panel to receive future progress updates on the Adult Social Care Budget Update and Reform Programme following the Spending Review.

**Resolved** – That the Forward Work Programme for 2015/16 be endorsed, subject to the amendments detailed above.

### **28. Attendance Record**

**Resolved** – That the record of Members' attendance in 2015/16 be noted.

### **29. Date of Next Meeting - 18th November 2015**

The date of the next meeting was confirmed as 18<sup>th</sup> November 2015.

Chair

(Note: The Meeting opened at 6.31 pm and closed at 8.46 pm)