

Slough Wellbeing Board – Meeting held on Wednesday, 11th November, 2015.

Present:- Councillors Anderson (Chair) and Hussain (from 5.14pm).
Ruth Bagley, Ramesh Kukar, Lise Llewellyn (from 5.40pm),
Les O'Gorman, Dave Phillips (until 6.31pm), Colin Pill, Sangeeta Saran
(from 5.13pm), Alan Sinclair and CI Wong

Apologies for Absence:- Naveed Ahmed, Superintendent Bowden (CI Wong deputised), Jim O'Donnell (Sangeeta Saran deputised) and Jane Wood (Alan Sinclair deputised).

PART 1

35. Declarations of Interest

No declarations were made.

36. Minutes of the last meeting held on 23rd September 2015

Resolved – That the minutes of the meeting held on 23rd September 2015 be approved as a correct record.

The Chair varied the order of the agenda to consider Item 4 – ‘Healthwatch Slough’s Research of Access to Extended Hours Primary Care Appointments’ first.

37. Healthwatch Slough's Research on Access to Extended Hours Primary Care Appointments

Nicola Strudley, Healthwatch Manager, introduced a report that informed the Board about Healthwatch Slough’s investigations into the impact that Prime Minister’s Challenge Funding (PMCF) had had on residents being able to access extended hours primary care appointments.

Extended hours GP appointments in evenings and weekends had been made available in all 16 surgeries in Slough in 2014/15, funded by £2.95m from the PMCF. The research had been commissioned following residents feedback about accessing appointments, and Healthwatch therefore reviewed every GP practice website; phoned every surgery after 6.30pm; visited 11 surgeries to view the advertising displayed; and spoke to 65 patients about their knowledge of extended hours.

(Councillor Hussain and Sangeeta Saran joined the meeting)

A number of surgery’s had demonstrated good practice, however, the research had identified some areas that Healthwatch believed needed further attention. These included the quality and consistency of information on the website of each practice; a standard for telephone messages; and a common approach to online appointment booking facilities. One of the key findings

was the variability of information, standards and flexibility between surgeries in terms of access and it was felt that more could be done through the clusters to reduce inequalities for residents.

The Board welcomed the research and the work that Healthwatch had subsequently undertaken with the CCG and GPs to implement some of the recommendations. Members recognised that the individual processes operated by each surgery would vary, but agreed that residents should expect a consistency of access across Slough. Resources from the PMCF had also been used to provide some longer appointments for patients with complex conditions and to support group consultations which had proved effective and were welcomed by the Board.

The success in improving GP access would be measured in part by the next set of patient satisfaction statistics from the NHS GP Patient Survey conducted annually by Ipsos MORI. It was agreed that the Board be updated on these figures when they were published. The CCG stated that the survey had been useful and the feedback would be taken into account in developing future strategy. The Board requested that a report to be added to the work programme on the Slough Primary Care Strategy.

The Board discussed a number of other issues including the sustainability of extended hours beyond PMCF and the challenges in GP recruitment and retention in Slough more generally. Pressures were likely to grow as the population increased, and it was felt that patient's needs would have to be met differently in future to manage the demands on primary care, for example the greater use of physicians assistants and pharmacists. The use of technology was discussed in delivering primary care and it was agreed that a report be brought to a future meeting on Personalised Care 2020.

At the conclusion of the discussion, the Board noted the research and thanked Healthwatch for the presentation.

Resolved –

- (a) That the findings of the Healthwatch research on access to extended hours primary care appointments be noted.
- (b) That the following reports be considered for inclusion in the SWB Work Programme:
 - i. GP access including the latest patient satisfaction data regarding accessibility of GP appointments in Slough.
 - ii. CCG paper on Personalised Care 2020 setting out work on digital transformation.
 - iii. Draft Primary Care Strategy.

38. Heatherwood & Wexham Park Operational Resilience and Capacity Planning for Winter 2015/16

A report was considered on the Heatherwood and Wexham Park Operational Resilience and Capacity Planning for winter 2015/16. Winter planning was the responsibility of the Wexham System Resilience Group (SRG) through an assurance process with NHS England.

The SRG had considered the most significant risk to be the flow of patients through the service to avoid them spending more time than necessary in hospital. Proposals for winter funding were therefore scored against their ability to improve the flow of patients. Funding for winter pressures totalled £2.3m across the three CCGs in East Berkshire, which was considerably less than for 2014/15. The Board discussed the process and outcomes of the bids for winter pressures in 2015/16 as detailed fully in the report, noting that Frimley Health had not bid for any additional resources believing that improvements in system flow required resources to be provided for community and social care schemes rather than increased bed capacity.

Members discussed the communications plan for winter, noting that Slough CCG had been provided with funding to support a localised flu campaign in addition to the NHS England activity. The Board asked to see the local communications plan and also agreed to encourage NHS England to use local knowledge and expertise in its communications plan to ensure maximum engagement with local residents. It was suggested that a report on best practice and lessons learned on communications be added to the Board's work programme. It was also felt that one of key lessons from previous campaigns was that planning and engagement between partners on flu and other public health promotions needed to be in place at an early stage.

The Board welcomed the fact that the funding for winter pressures had been decided earlier for 2015/16 than in previous years. Members discussed the flow of patients and noted that the Alamac system had now been fully implemented and supported the daily review of capacity and demand to help maintain flow through the health and social care system. Performance on delayed discharges from hospital was being monitored closely by the Health PDG. There had been a spike of delayed transfers in the period between April to June 2015 but had since fallen back into line with target. The Alamac system would help the monitor the effectiveness of schemes to ensure the resources could be maximised.

(Lise Llewellyn joined the meeting)

The Board also discussed the plans in place if it was a particularly harsh winter and it was responded that the plan included an escalation framework and systems in place to deal with various weather scenarios. At the conclusion of the discussion, the report was noted.

Resolved –

- (a) That the update on Heatherwood and Wexham Park Operational Resilience and Capacity Planning for Winter 2015/16 be noted.
- (b) That the CCG and NHS England be encouraged to utilise best practice and local knowledge in the communications plan for winter to ensure effective and targeted engagement with Slough's communities.
- (c) That discussion with partners on winter communications and planning for future years begin as soon as possible to properly plan and co-ordinate public health messages.
- (d) That the communications plan be shared with SWB partners and a report on the lessons learned be considered by the Board at a future meeting.

39. Slough Local Safeguarding Children's Board (SLSCB) Draft Annual Report 2014/15

Phil Picton, Independent Chair of the Slough Local Safeguarding Children's Board (SLSCB), gave an update on the Draft SLSCB Annual Report for 2014-15 and current priorities and activity. Members were reminded of the statutory role of the Board to co-ordinate the safeguarding and welfare of children and ensure the work of partners was effective.

The view of the SLSCB was that the vast majority of children in the borough were safe, however, he highlighted four specific priority areas to be addressed:

- A stronger commitment from partners to quality assurance.
- The level of resources available to the Board was not considered sufficient given the challenges in protecting children.
- Clarity of the roles and responsibilities of the new Children's Trust, and ensuring the new structure did not distract from safeguarding children.
- The promotion of a 'can do' culture and openness to challenge across the partnership.

Mr Picton gave an update on the four key themes for 2015/16 which included evaluating the impact of early help; tackling Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM); developing the capacity of partners and the Board; and learning the lessons from case reviews. It was recognised that there was a high level of public concern about CSE and FGM and Mr Picton assured Members that these were key priorities for the SLSCB with a detailed summary of the activity being undertaken included in the report. The strategy to respond to CSE was to prevent, disrupt, detect and support the victims. There was relatively high prevalence of FGM locally due to the demographic profile of the borough, however, Mr Picton stated that children in Slough were not at particular risk and the priority was to work with communities to address these issues. The importance of resolving problems

such as domestic abuse and substance misuse as well as the mental health of parents was also recognised as key issue. Mr Picton asked the Board to ensure the consequences on children were kept in mind when developing strategies and services for adults; and also to ensure that the development of long term strategies should not distract from the vital short term measures to improve the outcomes for children.

Mr Picton was asked for clarification about the context, prevalence and evidence of FGM in Slough. He confirmed that women generally had suffered from FGM before arriving in the country and stated that there was no particular evidence that FGM was happening in Slough, or that victims were being taken out of Slough for it to happen. Two cases had been identified where children had been subjected to FGM but both had happened outside of the country. The SLSCB would continue to be very aware of the issue, but did not consider it to be a significant current safeguarding risk to children in Slough. The Board also felt that greater awareness of the issue nationally would help to support the cultural changes required to address the issue fully.

The work being done to prevent violent extremism was also discussed, and particularly what more could be done to work with schools to address the challenges in detecting specific concerns about children at risk. Mr Picton highlighted that two schools and Cambridge Education were on the SLSCB and training was provided to designated safeguarding teachers at each school. In terms of radicalisation the priority was to ensure schools, colleges and Children's Centres were aware of Prevent and that the workforce had the necessary awareness and training to flag up specific concerns when they arose. It was agreed that the SBC Chief Executive and Independent Chair meet separately to discuss how this issue could be further progressed.

The Board raised some concerns about the statistics in page 17 of the report on the take up of learning and training opportunities, particularly e-learning as only 21% of the candidates completed the e-learning programme. Mr Picton responded that work was underway across Berkshire to ensure there was an appropriate strategy for identifying training needs and there would a bigger role for managers in determining the appropriate training for staff, rather than self selection. The delivery and format would be reviewed to ensure it was fit for purpose and members of the Board agreed to encourage their staff to take up and complete appropriate training, noting that there was protected training time for mandatory safeguarding training amongst partners.

The Annual Report had identified some weakness in terms partnership engagement and Mr Picton was asked what more partners needed to do to address this concern. He outlined the challenges with key partners including the transition of children's service to the Trust that he considered had had some impact on the engagement of the Council. It was expected that now the transition was complete this issue would be resolved, providing there was sufficient clarity about its role to avoid duplication. There were challenges in engaging other partners, including Thames Valley Police and the CCG, given the resource pressures in supporting multiple safeguarding boards.

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The Board also discussed the potential implications for Slough arising from new model for section 11 self assessments. The importance of taking the necessary steps to ensure the system properly identified local issues for Slough from pan-Berkshire statutory partners was recognised.

At the conclusion of the discussion, the Chair thanked Mr Picton for his presentation and the Board agreed to note the report.

Resolved –

(a) That the Slough Local Safeguarding Children's Board Draft Annual Report 2014/15 be noted.

(b) That partners encourage their staff to participate in courses and events as part of the SLSCB Training Programme.

(Dave Phillips left the meeting)

40. Slough Safeguarding Adults Board Annual Report 2014/15

Nick Georgiou, Independent Chair of Slough Safeguarding Adults Board (SSAB), introduced the SSAB Annual Report 2014/15 and updated on more recent activity. This was the first Annual Report presented since the implementation of the Care Act in April 2015 which made the requirement of an Annual Report a statutory responsibility as part of the wider measures to put adult safeguarding on a statutory footing.

The Care Act also introduced three new categories of abuse - self neglect, modern slavery and domestic violence. Self neglect had been a consideration in Serious Case Reviews and was often a factor in mental capacity assessments. The Deprivation of Liberty Safeguards (DOLS) definition had been extended following judgements by the Supreme Court in 2014 which had led to a significant increase in DOLS applications from 28 in 2013/14 to 391 in 2014/15. This was a major issue both nationally and in Slough, and it was a significant budget pressure. The Board were updated on the significant amount of work done under the Making Safeguarding Personal objective that sought to work with individuals to achieve the outcome they would like to see from safeguarding involvement.

The Care Act defined the local authority, Police and CCG as the core members of the statutory Adult Safeguarding Board and it was confirmed that each agency made a contribution to the costs incurred in delivering the Board's responsibilities.

The Board discussed a range of issues including the actions being taken to address the limited pool of Best Interest Assessors for DOLS; the types and locations of safeguarding reports and potential impact of increased personalisation. The Board noted that the MASH would not be established on the timescales described in '4) Local developments 2014/15' on page 7 of the

Annual Report, and it was suggested that this section be revised in light of current plans.

The Board noted the Annual Report and thanked Mr Georgiou for his contribution to the meeting.

Resolved – That the Slough Safeguarding Adults Board Annual Report 2014/15 be noted.

41. Healthwatch Slough: Annual Review of Activities

Nicola Strudley, Healthwatch Manager, gave a presentation on its key activities and achievements during its first 2 ½ years and the future priorities of the organisation. The Healthwatch Annual Report 2014/15 was also considered and noted.

Healthwatch had built up its community presence and had engaged the views of hundreds of local residents and groups in acting as the 'consumer champion' on health and social care services. It had conducted detailed work on issues such as GP appointments, hospital discharge, access to primary care for people hard of hearing and dental health care for Roma children. A number of direct, positive outcomes had been achieved by this activity to improve services for local people.

The Board discussed a number of aspects of the work of Healthwatch and the following specific actions and comments were noted:

- SWB partners were asked to consider identifying a Healthwatch champion/link within their organisations to promote engagement, communication and sharing of intelligence.
- Healthwatch and the CCG agreed to discuss the potential for joint work on social media activity to maximise impact and communicate key messages.
- The Healthwatch report on Dental Healthcare in Roma Children would be circulated to the Board when completed.
- Healthwatch were planning to produce a digital map of services. Public health partners had some current, time limited resource to support such activity and it was agreed a separate meeting of Healthwatch and public health colleagues would be arranged to discuss further.

A Member queried the profile of Healthwatch amongst local residents and it was responded that the number of people engaged by Healthwatch in Slough was higher than elsewhere. It was also stated that face-to-face contact and proactive opportunities for people to share their experiences of health and social care services were the most effective ways to understand peoples experiences of health provision. There was a wider discussion about the most effective ways of engaging communities and it was agreed that the Board had an important role in identifying and sharing best practice.

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The Board noted the Annual Report and update on activities over the first 2 ½ years of Healthwatch activity in Slough.

Resolved –

- (a) That the Healthwatch Slough Annual Report 2014/15 be noted.
- (b) That the update provided by Healthwatch Slough on its key activities and achievements during its first 2 ½ years and future priorities be noted.
- (c) That the Board give further consideration to how best practice on community consultation and engagement can be defined and shared.

42. Better Care Fund 2015/16 - Quarter Two Report

The Board received an update on the delivery of the Better Care Fund plan 2015/16 to the end of the second quarter of the year which included the financial position and performance against BCF metrics. It was agreed that the length of future reports would be reduced to avoid repetition of background information in quarterly reports and focus on risks and performance.

As at the end of the second quarter, two schemes had been closed and money released to invest in other areas. These were £177k of Proactive Care funding and £179k from the closure of the post-acute reablement (PACE) service by Berkshire Healthcare Foundation Trust in May 2015. There had also been some slippage in planned expenditure of project activity and it been agreed to support several pilot or one-off activities including a Complex Case Management pilot, a Care Homes pilot and Responder Service pilot. The Board received a progress update on the priority areas of Proactive Care, Single Point of Access and Strengthening Community Capacity.

The performance against key outcome measures was noted as follows:

- Non-elective admissions – performance was close to plan for the first two quarters but the forecast was 17% above plan and the reasons were explained. The payment for performance element was therefore being held as contingency.
- Delayed transfers of care – there had been significant variability with 30% below plan between January to March 2015 and 53% above plan between April to June. This spike was reported to be lower than other areas. The Quarter 2 figure was close to target as was the end of year forecast.
- Care Home admissions – remained lower than plan.
- Reablement – a very high proportion of people had been successfully reabled and remained at home 91 days after discharge.

The Board noted that there were two areas where Slough was outside national conditions and the mitigating action was noted. The Quarter 2 return

for BCF would need to be signed off by the SWB Chair for submission on 23rd November to the NHS South Central team and 27th November to the BCF support team.

The Board considered progress generally in moving towards the BCF objectives to improve the integration of health and social care and whether the anticipated level of innovation was being met. The use of technology provided particular opportunities, for example on telehealth, and it was agreed to look at the emerging ideas and good practice from other areas.

Resolved – That the Quarter Two Progress Report of the Better Care Fund Programme be noted.

43. Update on Outcomes and Visioning Workshop

A report was considered on the plans for the Slough Wellbeing Board's forthcoming outcomes and visioning workshop to refresh the Slough Joint Wellbeing Strategy and update the vision and priorities for the Board.

The workshop planned for 4th December would be rescheduled, provisionally for the afternoon of 21st January 2016 to be held alongside the Board meeting on that date. Details would be circulated to members of the Board as soon as they were confirmed. Members were reminded of the deadline of 19th November to complete and return the pre-workshop questionnaire which was designed to evaluate the Board's current working arrangements, priorities and relationships with the Priority Delivery Groups.

Resolved –

- (a) That plans for the workshop be noted.
- (b) That Members of the Board complete the pre-workshop questionnaire by 19th November 2015.

44. Action Progress Report and Future Work Programme

The Board noted the Action Progress Report and considered the work programme for future meetings. It was agreed that the programme may be adjusted to accommodate the workshop and board meeting to be held on 16th January 2016.

Resolved – That the Action Progress Report and Future Work Programme be noted.

45. Attendance Report

Resolved – That the attendance record for 2015/16 be noted.

46. Date of Next Meeting

Resolved – That the next meeting be confirmed as 21st January 2016.

Chair

(Note: The Meeting opened at 5.07 pm and closed at 7.41 pm)