

Health Scrutiny Panel – Meeting held on Thursday, 6th October, 2016.

Present:- Councillors Pantelic (Chair), Strutton (Vice-Chair), Cheema, Chohan, Qaseem and Smith

Non-Voting Co-optee – Colin Pill, Slough Healthwatch representative (until 8.41pm)

Apologies for Absence:- Councillors Chaudhry, M Holledge and Mann

PART I

19. Declarations of Interest

Councillor Cheema declared that a family member worked for Frimley Health NHS Foundation Trust.

Councillor Pantelic declared that she had been appointed as the Council's outside body representative to the Council of Governors of Frimley Health NHS Foundation Trust as a non-voting stakeholder governor.

20. Minutes of the Last Meeting held on 1st September 2016

Resolved – That the minutes of the meeting held on 1st September 2016 be approved as a correct record, noting that under Minute 10 – Declarations of Interest, Councillor Pantelic's role on the Frimley Health NHS Foundation Trust Council of Governors was in a non-voting capacity.

21. Member Questions

There were no questions from Members.

22. Preparedness for Winter

The Panel received a presentation from the Associate Director of Emergency & Urgent Care and the Head of Unplanned Care for the East Berkshire Clinical Commissioning Groups (CCGs) on Planning of Winter services.

A wide range of partners from across the health system were working collaboratively in the planning process to ensure that services were as resilient as possible. The demand patterns had changed and pressures across the system were now more constant during the year, with attendances at Wexham Park Hospital rising consistently throughout the summer months, putting extra pressure on the health and social care system. Despite the rising demands, NHS England had reported Wexham Park as the best performing Trust in South of England Area to August 2016. Operational resilience processes were still in place to help meet rising demand in winter, however, funding to support additional winter services had been significantly

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reduced. It was therefore crucial that partners communicated effectively and built strong relationships to enable effective planning and make maximum use of the available resources.

Hospital discharge performance was crucial and the Panel was informed that partnership working on the discharge protocol and policy had improved significantly in recent years. The projects that supported the NHSE five key interventions were explained – ambulances, 111, flow, discharge and streaming at the front door. The 111 service was being re-procured with a new service in place from April 2017. Members sought assurance that there would be no disruption to service in the transition to a new provider. It was recognised that it was important that 111 performed well over the winter months as a key part of meeting increased demand and avoiding unnecessary pressures at Wexham Park Hospital and GP surgeries.

The Panel discussed a range of other issues which are summarised as follows:

- There had been some peaks in hospital attendance over the summer, such as for respiratory conditions that could be attributed to increased air pollution. Members asked for further information on this issue.
- A Member asked for examples of improved working relationships amongst partners and in response, the work of the hospital based social work team and discharge team was highlighted. Working proactively with nurses on each ward had helped identify people's needs earlier and improved the discharge process.
- Areas identified as priorities for further improvement and risk included 'discharge to assess' - greater assessment taking place outside the hospital setting; working collaboratively with the third sector; and implementing the new 111 service.

At the conclusion of the discussion, the Panel noted the report.

Resolved –

- (a) That the presentation and update be noted.
- (b) That the Panel receive further information on peaks in attendance relating to issues such as high levels of air pollution.

23. Options for the Modernisation of Community Nursing Services

The Panel received a presentation, and were asked to comment on, the options being considered on commissioning the local 0-19 Healthy Child Programme (HCP) services. The commissioning of such services, not service provision, had transferred to the Council as part of amendments to the Health & Social Care Act 2012 and it had been agreed by the central public health team to create six contracts across Berkshire. The HCP service model

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included health visiting and school nursing services, and they interfaced with a wide range of other services.

The options were summarised as follows:

- Option 1: Do nothing – current service model for the Healthy Child Programme.
- Option 2: Develop an online portal to maximise information and advice for parents on their child development and allow self assessment for relevant sections of each of the five mandated visits.
- Option 3: Develop an online moderated SKYPE type and text messaging contact allowing access to specialist professional advice to include other young people's services.
- Option 4: Extend access to wider HCP services working with the Microsoft portal development and Graphnet Connected Care programme (after March 2018).
- Option 5: Recommission 0-19/25 child health services following a market testing process.
- Option 6: Consider TUPE of health visiting and school nursing services to relevant hosts under an integrated care model.

The Panel was provided with clarification of the financial implications, within the context of significant reductions in the Public Health Grant, and discussed the benefits and risks of each of the options. A mixture of multiple options could also be taken forward as the potential delivery timescales varied, particularly in relation to Option 4. Significant consultation was taking place prior to a final decision being made by Cabinet. Following a request by a Member it was agreed that a summary of the consultation feedback would be provided to the Panel.

Members recognised the benefits of increasing the use of online delivery and it was proposed and agreed that a phased approach be taken that mixed Options 2 and 3 in the short term at the same time as working proactively with the relevant partners towards Option 4 after March 2018.

Resolved – The Panel agreed to support a phased approach with a mixture of Options 2 and 3 to promote online service delivering in the short term, whilst working with other authorities and partners to deliver Option 4 in in the medium term.

24. Frimley Health NHS Foundation Trust Update

Sir Andrew Morris, Chief Executive of Frimley Health NHS Foundation Trust, gave a presentation to the Panel on the latest developments and future plans for Wexham Park Hospital and the Trust more widely. The key points raised during the presentation are summarised as follows:

- Members were reminded of the significant and rapid improvement at Wexham Park Hospital since the 'inadequate' CQC inspection rating in

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2014 and the 'good' rating in 2015, with several services considered outstanding.

- Improved leadership and staff engagement were identified as key drivers behind the improvement, with a major emphasis on embedding common values and behaviours across the Trust.
- Plans for the new £49m emergency department were progressing well. The new building had been designed to improve the patient experience and clinical outcomes. Dialogue was underway with the planning authority and it was currently anticipated that work would start on site in the first quarter of 2018.
- The Trust Board was due to imminently approve an investment of £10m in maternity services.
- Performance on the key four hour accident & emergency waiting time target remained challenging; however, quarterly performance was above the 95% target, despite the fact that there had been a 13% increase in admissions and 7% increase in attendances at the hospital.
- The Trust was achieving the target of 92% for referral to treatment in 18 weeks and all key cancer targets were being met.
- Good progress had been made on the Sustainability & Transformation Plan (STP) for the Frimley footprint. The plan included a range of initiatives and reforms to promote self care and prevention; deliver more services in community settings; and maximise the use of resources available across the local health system. Final proposals would be submitted to the Department of Health in October.

The Panel congratulated Sir Andrew and all the staff at the hospital on the turnaround at Wexham Park since the acquisition by Frimley Health. A range of specific issues were raised relating to the development work including the new MRI scanner and the proximity of the proposed new entrance to the emergency department to nurses' residences. Sir Andrew addressed these points stating that these practical issues had been considered and addressed as part of the design process. In response to a question, the option of providing a helipad had been considered, but was rejected due to the high cost, and the current arrangements whereby the air ambulance landed in a nearby field would continue.

Members asked about recruitment, retention and staffing issues more generally. Sir Andrew stated that there were circa 210/220 nursing vacancies, which was down from 270 previously, although recruitment remained a challenge across the country. He explained the range of steps the Trust had taken to improve the position including taking on more student nurses, supporting staff with training and professional development and overseas recruitment. The intake of junior doctors had increased in the past year from 90 to 118 and all general surgical consultant positions were filled. The Panel welcomed the proactive and focused approach that had been taken in terms of workforce strategy.

Members raised the issue of parking at the Wexham Park site, both in terms of the existing plans to provide more spaces and the potential impact of developments such as the new emergency department. Sir Andrew provided

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an update on the plans to increase visitor parking on site and informed the Panel that there would be no net loss of parking related to the new emergency department. Asked whether charges would remain the same as at present, Sir Andrew stated that the Trust was not in a position to provide any guarantees on the future level of car parking charges, particularly in view of the financial pressures facing the Trust.

(Colin Pill left the meeting at this point.)

The Panel discussed the proposal in the STP for the longer term ambition of a new hub based approach for general practice as part of a wider transformation of the service. Funding for the proposal would be sought as part of the STP process and, if successful, delivery was circa 18-24 months away. Other issues discussed included the processes being used to engage patients and the wider performance across the Trust beyond Wexham Park. A Member asked about current issues relating to bus services to Wexham Park and Sir Andrew explained a contract had recently ended and the Trust had decided not to provide the required subsidy in the future as it needed to use its limited resources carefully. However, he highlighted that the decision needed to be viewed in the context of the wider approach to transport issues designed to improve access to the site.

At the conclusion of the discussion, the Panel thanked Sir Andrew for his presentation and congratulated the Trust for the continued improvement of services at Wexham Park Hospital.

Resolved – That the presentation and update be noted.

25. Adult Social Care Local Account 2015/16

The Panel received the draft Adult Social Care Local Account for 2015/16 that detailed the activities and performance of the service in the year to the end of March 2016 and the priorities for 2016/17. It reported against the priorities of the Slough Joint Wellbeing Strategy and Five Year Plan. A number of key achievements were highlighted that had resulted in delivering value for money and improved services for vulnerable people in Slough. The report also included provisional data from the Adult Social Care Outcomes Framework that set out the comparative performance of Slough on key indicators.

Members discussed a range of specific issues including the activity being undertaken to address loneliness and promote social interaction. A Member highlighted the particular need to consider this as part of the reconfiguration of day services for people with learning disabilities, including the planned closure of the Elliman Resource Centre. It was noted that the services would be reshaped with the involvement of families, carers and services users themselves to identify the right support for each person. The Panel would receive a further report on the progress being made at its next meeting. Other issues discussed briefly included the progress of the Adult Social Care reform programme; the procurement, commissioning and contract management arrangements; and collaboration with the voluntary and community sector.

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At the conclusion of the discussion, the Panel noted the draft Local Account for 2015/16.

Resolved – That the Adult Social Care Local Account 2015/16 be noted.

26. Slough Safeguarding Adults' Partnership Annual Report 2015/16

The Panel received the Slough Safeguarding Adults Board (SSAB) Annual Report 2015/16 that detailed the activity undertaken by the partnership over the past year. The report had been streamlined and focused on the key areas of work identified by the Board's business plan that arose out of two Safeguarding Adult Reviews and other key priorities. It was noted that the chair of the Board, Nick Georgiou, had also recently been appointed as chair of the Slough's Local Safeguarding Children's Board.

It was the second report since the introduction of the Care Act 2014 that had widened the definition of safeguarding, and it also updated on the impact of issues such as the changed definition of the Deprivation of Liberty Safeguards that had resulted in a very significant increase in the number of people requiring protection under the safeguards. It was reported that good progress had been made in terms of making safeguarding personal, and a key measure of success was whether the outcome identified by the person at risk had been achieved. However, it was recognised safeguarding risks could be reduced but not eliminated due to complicated circumstances of many people at risk.

The Panel noted the progress that had been made during the reporting period and particularly welcomed the section that set out the work of the wide range of partners contributing to the partnership. Members discussed the overall effectiveness of the partnership arrangements and asked about the key learning points of the past year. The Interim Director of Adult Social Services responded that the partnership arrangements were strong with a good level of engagement from partners and an effective Executive Board. The key learning points included the findings of two Safeguarding Adult Reviews that had highlighted issues for some people known to social services but not directly engaged and issues around family neglect. As part of a commitment to continue to improve services, the Local Government Association and Association of Directors of Adult Social Services would shortly be undertaking a peer review of Slough.

At the conclusion of the discussion, the Panel noted the report.

Resolved – That the Annual Report be noted.

27. Forward Work Programme

The Panel agreed the following items for the November agenda:

- Slough Central Update

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- Mapping of services against local population
- Reconfiguration of learning disabilities service
- STP update – for information (link to One Public Estate).

Members were encouraged to attend the Overview & Scrutiny Committee meeting on 17th November 2016 which would include an item on the Local Plan Review.

An action log would be added to the agenda for the next meeting. There was an outstanding action from the previous meeting in relation to further information from the CCG on GP funding.

Resolved – That the Forward Work Programme be agreed, subject to the amendments noted above.

28. Attendance Record

Resolved – That the Members' Attendance Record 2016/17 be noted.

29. Date of Next Meeting

The next meeting of the Panel would be held on 23rd November, 2016.

Chair

(Note: The Meeting opened at 6.32 pm and closed at 9.40 pm)