

**HEALTH OVERVIEW AND SCRUTINY PANEL
5 OCTOBER 2017
7.30 - 10.15 PM**



Present:

Councillors Mrs McCracken (Chairman), Dr Hill, Mrs Mattick, Peacey (Substitute), Mrs Temperton, Thompson and Tullett

Non-Voting Co-opted Member:

Dr David Norman, Co-opted Representative

Observer:

Mark Sanders, Healthwatch

Also Present:

Councillor Leake

Lisa McNally, Consultant in Public Health

Rohan Wardena, Transformation Programme Lead

Andrea Carr, Overview and Scrutiny Officer

Apologies for absence were received from:

Councillors Finnie and Virgo

16. Apologies for Absence/Substitute Members

Councillor Peacey attended as a substitute for Councillor Virgo.

17. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 29 June 2017 be approved as a correct record, and signed by the Chairman.

18. Declarations of Interest and Party Whip

There were no declarations of interest relating to any items on the agenda, nor any indication that Members would be participating whilst under the party whip.

19. Urgent Items of Business

There were no items of urgent business.

20. Public Participation

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

21. Sustainability and Transformation Partnership - Update

Sir Andrew Morris, Chief Executive of the Frimley Health and Care NHS Trust and its Sustainability and Transformation Partnership (STP), gave an update presentation in

respect of the STP. The footprint of the STP covered a population of 750,000 people in East Berkshire, Hampshire and Surrey involving 30 statutory bodies including local authorities, clinical commissioning groups and provider foundation trusts across five localities.

Sir Morris advised that the main goal of the STP was to reduce the number of people being admitted to hospital. The STP worked closely with the Chief Executive of Bracknell Forest Council and the local Health and Wellbeing Board.

The Panel's attention was drawn to the NHS's Five Year Forward View which was a vision for better health, better patient care and improved efficiency. The four priorities in the Forward View were urgent and emergency care, general practice, cancer and mental health. There were five STP priorities flowing from these which were wellbeing, prevention and self care; supporting long term conditions; managing frailty; redesigning urgent and emergency care; and reducing clinical variation and health inequalities. The STP related initiatives were wellbeing, prevention and self care; integrated decision-making; general practice transformation; support workforce; social care market; reducing clinical variation and health inequalities; and shared care records. NHS England's expectations were improvements to mental health services, investing in and strengthening general practice, improving the elective pathway, accelerating the implementation of the urgent and emergency care plan, improving cancer care and continuing to increase hospital productivity.

Frimley Health and Care had received additional funding of £3m as a vanguard organisation. It delivered to the national 62 day cancer care standard. Bracknell Forest was served by Brants Bridge and efforts were being made to increase the diagnostics available at Wexham Park Hospital. An increased investment in the mental health liaison service had allowed services to be available for 24 hours 7 days per week to provide a rapid response to drug overdoses and other emergencies. There were life expectancy variations within the STP footprint with men in Camberley living to 83 years and those in Slough to 78 years on average. More needed to be achieved in terms of promoting good health in the areas of weight, blood pressure, diabetes, chronic obstructive pulmonary disease and frailty. Most costs were incurred in the last five years of a person's life and the majority were treated within a two week stay in hospital. As longer hospital stays could lead to muscle wasting and institutionalisation, it was preferable to discharge patients and return them home as soon as possible although this was a challenge for the STP, which used an integrated care team of nurses and GPs, assisted by consultants for high risk cases, to reduce the need for hospital admission. Emergency care, delayed discharges, and GP and secondary care consultant access were areas in need of improvement. There were referral differences between specialities in surgeons which needed addressing.

Although the NHS traditionally employed people educated to degree level, the new approach of giving apprenticeships and supporting professional development was welcomed as this gave a fast track access to a career in health for new entrants and enabled existing employees to progress e.g. a nurse becoming a GP. This facilitated the pursuit of specialist interests whilst maintaining motivation and interest.

In terms of social care, Sir Morris felt that there were too many people in residential and nursing settings as they were wrongly assessed on leaving hospital and became accustomed to the care home environment. His goal was 70 care places and he sought partnership working with local authorities to meet this by supporting people to return home. The STP was working through the Sinclair model to increase care packages and reduce care home admission. Although local authorities were experiencing difficulties in securing care providers, the Trust had successfully recruited carers who undertook assessments out of hospital settings. However, the

Trust did not excel at advising families in crisis. There was more that could be achieved to improve domiciliary care with a view to preventing the need for hospital admission.

In terms of reducing variation and health inequalities, GP access to all diagnostics was welcomed and shared records and test results were needed to prevent unnecessary admissions owing to ignorance and repeat tests.

The following points arose from related questions and discussion:

- Although 10 to 15% of hospital admissions were unnecessary, it required demanding clinical work to solve this issue. Patients preferred being treated on an out-patient basis and this was more economical for the Trust. A new emergency and assessment unit at Wexham Park Hospital treated people on the day without needing to admit them.
- There was a need to invest in general practice to increase the number of GPs and efforts were being made to overcome recruitment difficulties by facilitating specialist interests to promote job satisfaction and utilising nurses to ease the pressure on doctors. As GP surgeries were small, diseconomies of scale was an issue and some were merging to overcome this.
- The correct pathway for GP referral routes needed to be developed in order to maximise the use of available funding whilst meeting patients' needs and expectations.
- The Trust aimed to be outcome focused and pursue a preventative agenda reducing conditions such as diabetes and high blood pressure. Metrics regarding mortality and morbidity rates were being developed for sharing with colleagues with a view to improving the management of illnesses.
- Shrinking budgets presented a challenge and there were opportunities to work differently and pool resources to achieve economies whilst focusing on tangible outcomes and measures.
- There was a wish to improve patient pathways and experiences whilst changing their habits e.g. to avoid Accident and Emergency departments unless there was genuine need.
- Transforming GPs' working practices to meet the priorities of the NHS and initiatives of the STP would require persuasion and increased investment in primary care shaped by all involved agencies. There was scope for GP surgeries to perform more diagnostic tests.
- The traditional system of repeat prescriptions should be challenged and more use made of self-help options such as personal blood pressure testing machines to maximise the benefits of health technology.
- Patient engagement was important and could be improved by increased contact outside health settings such as home visits by members of the integrated care team.

22. **Adult Social Care, Health and Housing Transformation Programme**

The Panel received an update presentation from the Transformation Programme Manager regarding the Adult Social Care, Health and Housing Transformation Programme. The presentation highlighted pressures and challenges, gave a reminder of the options considered, described the thinking behind the transformation plan and future direction, referred to a conversations model for early intervention and prevention, explained the two year transformation plan, depicted the transformation portfolio delivery structure, identified the source of savings, described what had been achieved over the last six months, stated outstanding actions to deliver the plan and listed the dependencies and risks to manage.

The Panel was advised that the Transformation Programme was part of a wider initiative and aimed to deliver savings of £3.3m over the next two years. Delivery of Year 1 of the transformation plan was on track. An increase in the critical mass of people requiring support had been seen. A fragile care market, dementia, limited personal budgets and inconsistencies were factors and there was uncertainty around the impact of Brexit. The traditional concept of care 'being done to people' brought a high degree of dependency. 60% of people in receipt of social care had been referred by the health services and there was a statutory obligation to assess care needs. The Programme was not looking to reduce resources or staff. All elements of the Programme needed to be considered and outcomes delivered to support and promote personalisation to enable people to self-help and organise their own care packages giving them greater control. The cost of residential placements had doubled and costs were unsustainable. There was a proposal to launch a community based integrated care service to offer greater levels of care and there were limited resources to provide flexibility for early help. The majority of spending related to home alterations and domiciliary care and resources needed to be calibrated to follow the market. Improved step up and step down facilities in the correct setting were sought. 1,300 staff training days would be provided.

By way of conclusion, the Panel noted that transformation constituted a significant change in management culture and staff working conditions which may require some time to become established.

The following points arose from questions and discussion:

- There were clear terms of reference relating to expenditure.
- The Council needed to be proactive in meeting the care worker recruitment challenge and growing the related market. Bracknell and Wokingham College operated a course in respect of domiciliary care from where students could pursue a nursing qualification and remain in a care career.
- Reductions in resource allocations could have a negative impact on people's access to care and services. Care volunteers were in short supply.
- Having reached the end of its life, the care management system had been upgraded and was now a mobile system.

23. **Healthwatch Bracknell Forest Annual Report 2016/17**

The Panel was invited to consider and raise questions on the 2016/17 Annual Report of Healthwatch Bracknell Forest.

The following points arose from consideration of the Annual Report:

- Local mental health services were weak, particularly where young people transferred from children's to adults' services and a whole system approach was needed to address this. There was a two year waiting list to receive treatment for Attention Deficit Hyperactivity Disorder. Healthwatch was aware of these situations and was continuing to raise the issues to secure solutions.
- The charity Rethink Mental Illness had ceased to provide the day to day drop-in service locally and people felt that mental health services had reduced as a result.
- Broadmoor patients were able to provide feedback on their care and the results of a primary care survey were due to be published in the coming weeks. The redevelopment of the Broadmoor site was nine months behind

schedule, which might have an adverse effect on patients, and there were budget constraints.

- With regard to access to primary care, people needed to be educated to visit the correct services. Although a lack of forward planning for long term conditions was leading to waits for GP appointments, GPs were utilising an effective patient triaging system in order to reduce waiting time.

24. Departmental Performance

The Panel considered the parts of the Quarter 1 2017/18 (April to June 2017) Quarterly Service Report of the Adult Social Care, Health and Housing department relating to health.

The Consultant in Public Health highlighted recent achievements and outcomes. Health improvement programmes aimed at improving outcomes such as those relating to smoking, obesity and physical activity were all on target. Inactive adults was a key identifier as physical activity was known to have health benefits by improving core strength and fitness. Bracknell Forest had the second lowest rate of teenage conceptions in the country and also lower levels of social isolation which was a key driver of many health and social care issues. Community development work had focused on a self-caring community in partnership with agencies. Over 200 local groups also worked with the Council. The Public Health Portal had been successfully implemented and usage was monitored as a performance indicator. The toddlers in care homes initiative was thought to bring benefits for older people's physical and mental health.

In recognition of World Mental Health Day, a mental health event had been organised and was taking place at the Madejski Stadium, Reading, the following Tuesday. The event was subject to a Guinness World Record challenge and it was hoped that it would set the record for the largest mental health event staged. The event was intended to raise awareness of mental health issues recognising that one in ten children over the age of eleven years had been diagnosed as suffering from a mental health condition. The Child and Adolescent Mental Health Service was overwhelmed. Kooth, an online counselling and emotional well-being platform for children and young people, was an alternative which offered support within 24 hours. Examination stress was an issue in Bracknell Forest.

25. Executive Key and Non-Key Decisions

The scheduled key and non-key Executive decisions relating to health were noted.

26. Member Feedback

Members reported that:

- A resources and management meeting at the Royal Borough of Windsor and Maidenhead had discussed for future of the Heatherwood Hospital site. An environmental impact study had been accepted and the redevelopment would proceed.
- A meeting at Easthampstead Baptist Church on 13 September had focused on anxiety in later life.
- A report from the Royal College of Surgeons in respect of air pollution stated that nitrogen dioxide pollution was causing 40,000 premature deaths each year with an associated annual cost of £20b. It was felt that the Council should give this matter greater consideration and take more air quality measurements in the Borough.

- The Annual General Meeting of the Sandhurst and Owlsmoor Patient Participation Group had been held.
- Healthwatch could share its views on current health developments with the Panel at a future meeting.
- There was collaboration between the Berkshire Healthcare NHS Foundation Trust and the Royal Berkshire NHS Foundation Trust in the form of an information day to share information and work together forging good relations.
- Self-Care Week had offered good advice regarding matters including the benefits of exercising and tackling isolation.
- Annual General Meetings of the Bracknell and Ascot Clinical Commissioning Group and the Hospital Trust had been held.

CHAIRMAN