

**Health Scrutiny Panel – Meeting held on Tuesday, 9th February, 2010.**

**Present:-** Councillors A S Dhaliwal (Chair), Bains, Davis, Dhillon, Dodds (until 8.05 pm) and O'Connor.

**Also present:-** Julian Emms (Berkshire Healthcare NHS Trust), Carole Jackson-Doerge, Jacky Flyn and Colin Pill (Slough LINKs), Andrew Avenell, (Berkshire East PCT), Paula Head and Viki Wadd (NHS, Berkshire East).

**Also Present under Rule 30:-** Councillors Long and Small.

**PART I****32. Declarations of Interest**

Councillor O'Connor declared a personal interest in relation to agenda item 5, in that she was appointed to the Slough Safeguarding Vulnerable Adults Partnership Board.

**33. Minutes of the Last Meeting held on 9th December, 2009**

The Minutes of the last meeting of the Panel held on 9th December, 2009 were approved as a correct record.

**34. The Next Generation: Option Appraisals for Mental Health Services and proposal to re-site Slough inpatient services to Prospect Park Hospital, Reading ( PCT)**

Julian Emms, Deputy Executive Director, Berkshire Health Care NHS Foundation Trust, gave a presentation to the Panel, detailing the progress on the Next Generation Care Programme.

The Panel was advised that although the NHS had experienced a period of unprecedented growth in the past few years, the recent economic recession and the future impact on public finances would have a significant impact on future funding within the NHS. In September 2009, the Next Generation Care Programme was established by the Berkshire Health Care NHS Trust to help transform the cost and quality of services. A number of focus groups with service users and carer groups had met across Berkshire to discuss their views on the challenges ahead and there had been a 2-day workshop attended by senior Clinicians, Managers and other representatives to discuss the way forward for the Trust over the next five years. It was noted that in the previous three years the Trust had received an excellent rating from the Care Quality Commission but there was some evidence that services users were not always as happy with the services as the Trust would wish.

The Panel was advised that in the year 2010/11 the Trust would have to find a cost efficiency of approximately £3m and that this could be between £9m and

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£12m in the year 2012/13. The Trust had a turnover of approximately £100m and in this sense it was a small Trust which presented challenges regarding economy of scale. Routes for patients into services was sometimes complex and the NGC programme sought to achieve a number of improvements such as the ability of service users to access services via a central point of entry where screening, assessment and signposting to appropriate care settings would take place. There was also a need to improve technology so that the Trust could operate more efficiently and improve access options for service users and ensure that efficiency was driven throughout the service delivery function to ensure a right first time approach.

Mr Emms highlighted that discussions had been held with service user and carer groups, staff, PCT Commissioners, and elected Members and Officers in all six unitary authorities to explore whether the detail could achieve the criteria for success. It was highlighted that at this stage ideas were being tested to obtain views and it was emphasised that no decisions had been made yet.

The Panel noted that by the end of February 2010 proposals to cover the 2010/11 financial gap would be completed and presented to the Trust Board for approval. The options and broad direction for later years would also be reviewed at this time. By the end of June 2010 a document and strategy for public consultation on the options would be produced and approved by the Trust Board, and public consultation on the chosen options would take place between 1<sup>st</sup> July and 30<sup>th</sup> September, 2010.

In the ensuing discussion Members raised a number of comments/questions including the following:

- It was understood that the Trust had been scoping savings proposals regarding the provision of mental health services and asked for details of the proposals under consideration. Mr Emms advised that at present there were no proposals and that the Trust was only at the early discussion stage. Once the process had reached the phase 3 stage the Trust would be in a position to bring ideas to the Panel for comment.
- A Member was particularly concerned about the possibility of mental health services being moved to Prospect Park Hospital, in Reading and reminded Mr Emms that 18 months ago the Trust had given an assurance that these services would remain in Slough. He asked whether the Trust would honour this previous commitment. Mr Emms responded that the proposal to build facilities at Upton Park still stood but it was clear that this discussion had taken place before the current economic situation had developed. The Panel was advised that if there was any deviation from that commitment then the Trust would be required to carry out further consultation and the public would decide on the right course of action to be taken. He emphasised that there was a set amount of budget and that if a decision was made to build at Upton Park then this would be done having regard to the impact on the economy and service provision elsewhere.

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- A Member asked whether the Trust used a particular company to undertake visits for mental health patients in Slough and asked how people would cope if the service was moved to Reading. The Panel was advised that approximately 5000 patients were looked after in the Slough area and they were visited in their own homes or for example in community buildings. The only discussion at present related to the future provision for the 27 inpatient beds in Slough and whether these would remain or possibly be moved to Prospect Park Hospital in Reading. All other mental health service provisions would remain unchanged.
- Mr Emms was asked to provide more detail regarding the view that users were not as happy. The Panel was advised in response that it was now possible to receive more timely feedback and complaints received in the last three years had been analysed. There was evidence that in many cases the complaint referred for example to the lack of politeness of some staff and not the treatment received. It was hoped that areas such as this could be improved in future. It was also clear that access to services was not as straightforward as it could be and that teams did not always talk to each other which meant that patients had difficulty in navigating themselves through the various services.
- A Member asked whether the Trust would consult with all Partners including GPs, patients, ambulance services etc. Mr Emms advised that consultation would be carried out in as wide away as possible and there was an extensive time slot available to undergo the various stages of the consultation. There had already been some consultation with various parties.
- Mr Emms was asked whether the people of Slough would be more adversely affected than the people of Reading were these proposals to go ahead. The Panel advised that it could be the impact on Slough would be felt more widely but stated that in the current economic situation all options would need to be considered. It was also important to assess whether it was viably economic to run a hospital in Reading at less than capacity.
- A Member questioned the cost of the phases of the current exercise and whether it was being carried out nationally. He also asked whether the proposals would continue if there was a change of Administration in May. Mr Emms advised that the cost of the implementation had not been assessed but would be reflected in the overall savings achieved. A need to achieve savings would be required regardless of whether or not there was a change in Administration. It was also emphasised that every Trust around the country was going through the same process and the Trust's Regulator required this to happen.
- A Member asked what the Trusts expectations were in respect of quality and accessibility of commissioned services and was advised that the quality of services was pivotal to provision and the Trust's contract was driven by quality.
- Mr Emms was asked whether the PCT had set a percentage savings target or enquired was this still up to negotiations / discussion with the PCT. He advised that the Trust had worked with the PCT and the

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percentage target could be in the area of 11-13%, equating to £13m but this was not set in stone.

- A Member asked whether any of the proposals impacted negatively on the unit cost for the Berkshire East PCT and whether for example there would an impact on the unit cost of an outpatient bed. The Panel was advised that the proposals would be worked up but it was not possible to say at present what the unit cost savings would be. This would be considered when assessing the financial implications.
- A Member asked whether it was the case that service users in the Berkshire West area received a better deal and better accessibility to services than Berkshire East residents, including those in Slough. The Panel was advised that mental health services were strictly regulated and the services available in Slough were the same as in the rest of Berkshire. It was also clear that the feedback received indicated that there was no difference between the service received in either side of the County.
- The Commissioner for Health and Wellbeing in attendance under Rule 30, questioned whether there would be transport provided if mental health bed provision was moved to Tilehurst from Slough. She also asked in what way the Council could share the Trust's new technology. Julian Emms advised that it would be necessary to cost in a transport solution were the bed provision to be moved to Reading. He advised that in the last 8 weeks every visitor to mental health services had been asked for information relating to the way in which they had arrived at the hospital etc. This information would be used to assess transport needs if required. The outpatient service would remain in Slough. He advised that the records available were NHS records and would provide huge benefits to the service and would be accessible at any time of the day.

The Panel thanked Mr Emms for his presentation and asked that the Panel's serious concerns regarding the possible relocation of mental health service bed provision being moved to Tilehurst be noted.

### **Resolved -**

- a) That the Panel places on record its view that the provision for Mental Health Service beds be retained in Slough and not moved to Prospect Park Hospital, Reading.
- b) That a Member of the Berkshire Healthcare NHS Trust be invited to the next Panel meeting on 22<sup>nd</sup> March, 2010 to provide an update on the outcome of the Option Appraisals for Mental Health Services in Slough.

### **35. Provision of angioplasty surgery and Managing Heart Attacks in East Berkshire**

Paula Head, Director of Commissioning and Service Redesign, Berkshire East PCT, gave a presentation to the Panel explaining how heart attacks were

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managed in the East Berkshire area. Ms Head discussed the various types of heart attacks and the treatment options available. Sometimes patients were given a treatment known as PCI (also known as angioplasty) when it was known that there was a risk of a blockage which could stop the blood flowing into the heart and cause a heart attack. This was used to prevent a heart attack and involved the insertion of a stent into the blocked artery to ensure that the artery remained open. Primary PCI (PPCI) treatment was used after a heart attack to reopen the artery which had closed and caused the heart attack. The standard in the south central area was for this treatment to be achieved within 120 minutes. An alternative emergency treatment for heart attack was known as 'thrombolysis' which involved the injection of a drug as soon as possible after a heart attack to dissolve the blockage to the heart. This would clear the artery partially or temporarily allowing doctors more time to look at the patient's heart and the national standard for this was to be achieved within 60 minutes.

A final report considered by the Department of Health in October 2008 had concluded that the national rollout of PPCIs was feasible over the next three years but could be logistically challenging in some parts of the country. The treatment time of 120 minutes would need to be achieved regardless of the time of the day or the day of the week and it was important that centres carrying out this treatment had a high overall volume of cases to maintain and develop skills. The importance of active cross boundary working between Acute and Ambulance Service Trusts was highlighted. It was noted that South Central Ambulance Service should be given the discretion to transfer the patient directly to the catheter laboratory at the nearest available primary PCI centre and a back up laboratory capacity should be readily available. The British Coronary Intervention Society had set minimum limits of activity of 400 PCI operations a year to open or continue as a safe and good quality heart attack centre. The Panel noted that Wexham Park Hospital was currently borderline in meeting the 400 case target but the population of East Berkshire had a high prevalence of heart attacks. At present Wexham Park Hospital did not have sufficient cases to carry out the procedure on a 24 hour basis and also did not currently have a back up catheter laboratory.

The Panel was advised that Berkshire East NHS Trust was currently in the early stages of discussions regarding the possibility of working with the Brompton and Harefield Hospitals to provide the required services. Together the hospitals would be able to meet the target and were well within the necessary travelling time for patients. Ms Head advised that a meeting would take place on 24<sup>th</sup> February to progress this plan.

In the ensuing debate Members raised a number of comments/questions including the following:-

- A Member was concerned about the relatively short window of time within which the procedure needed to be performed and asked how the decision would be made in terms of the best venue for the patient. He was advised that the Ambulance would take the patient to the hospital

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that was nearest and that it was proposed to have 24 hour provision available both in Slough and Harefield.

- A Member asked for confirmation of who would make the decision as to which hospital would carry out the procedure. He was advised that the ambulance crew carried ECG equipment and would assess the patient in the ambulance. They would then be able to decide using up-to-date information on traffic jams and distances, which hospital was the better option.

The Panel thanked Ms Head for her informative presentation and advised that the Panel was very reassured that this initiative was being considered and would be of great benefit to the people of Slough.

**Resolved** – That the current position be noted.

### 36. Slough Health Activist and Health Trainer Programme

Viki Wadd, Assistant Director, Berkshire NHS Trust, and Andrew Avenell, Programme Manager, outlined a report to update the Panel on the Health Activist/Health Trainer Programme.

The Panel was advised that Health Activists (HAs) were developed by Slough PCT in 2004 in response to the need to address the public health needs of a diverse population. HAs recruited individuals from local communities and trained them to educate and support individuals and their communities with the objective of changing lifestyles. The Panel was advised that HAs worked mainly in group sessions but also supported other events and it was reported that a lot of knowledge was transferred outside of these formal groups providing information and support on a range of topics. The majority of HAs were recruited from and worked in Slough but now supported projects across the Berkshire East area. An open college network course was developed with Thames Valley University (TVU) offering a basic level 1 course and also a level 2 course to provide development in other areas. The Panel was advised that several HAs had moved into permanent paid work or further education and some had moved on for other reasons, therefore only 15 HAs remained of the original 61 trained and TVU was no longer providing the course.

In the past year the PCT had worked closely with SBC in a Department of Works and Pensions funded initiative to develop a new role to the NHS, the work health trainer. The Panel noted the additional competencies required of this role and the delivery process. The initiative was part of a national programme comprising 40 test beds in 10 localities across the country. It was anticipated that work health trainers would receive referrals through a number of routes including self referral, GPs and job centre plus. It was hoped that funds would continue to enable this initiative to progress.

The Panel noted that the Health Activist Programme was being reviewed within the context of the new PCT Strategic Plan, the PCT role as a Commissioner of Services, and the Public Sector Financial Environment.

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In the ensuing debate Members raised a number of questions/comments including the following:-

- In response to a question regarding the reduction in the number of HAs to 15, Viki Wadd advised that it was hoped that a new cohort of staff would be recruited. She also confirmed that HAs tended to work with groups of individuals whereas Health Trainers operated more on a one to one basis.
- A Member asked how future training would be carried out bearing in mind that TVU would close. He was advised that new trainers were currently being identified for the new cohort.
- In terms of referral, a Member asked what the timescale was for clients and was advised that within the time it had been possible to see clients relatively quickly.
- A Member questioned the future availability of money from the Department of Works and Pensions and was advised that it was unlikely that this funding would continue. Andrew Avenell was currently looking at alternative Commissioners for the provision of this service but it should be borne in mind that the difficult current economic climate could impact on this.

**Resolved-** That the report be noted.

### **37. Interim Report of the Slough Safeguarding Vulnerable Adults Partnership Board, 2009**

Derek Oliver, Assistant Director, Community and Adult Social Care, outlined the first report of the Slough 'Safeguarding Vulnerable Adults Partnership Board', (SVAPB) that detailed the work of the Board between April 2009 and October 2009, and priorities for action in 2010. The Officer emphasised that this was an interim report and a more detailed report would follow in six months time.

The Panel noted that adult services operated within a clear eligibility framework for access the social care support for individuals who often presented the highest risk and challenge. The key document in Safeguarding was the 'No Secrets' document which outlined the need to achieve effective inter agency working and the establishment of a multi-agency management Committee which would have a clearly defined remit, lines of accountability, agreed objectives, and priorities for its work. It was also recommended that lead officers from each agency should submit annual progress reports to their agency's executive body to ensure that adult protection policy requirements were part of the overall approach to service provision and development. The Officer discussed the role of local authority Members and Chief Officers and advised that the 'No Secrets' document highlighted the need for Members to be aware of issues relating to the protection of vulnerable adults and an awareness of cases of institutional and individual abuse. There was also a requirement that an item about the protection of vulnerable adults be included in the annual report of an authority or agency.

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The Panel was advised that Slough's SVAPB came into being in April 2009 and key working groups of the Board had been set up during 2009. A workforce strategy for all staff was in place and the Safeguarding team had been developed in July 2009. The agencies had been aligned to work together for safeguarding vulnerable adults in Slough. The Panel noted the findings of the initial statistics which indicated that financial and physical abuse had the highest prevalence and that most alerts came from health and social care professionals. It was also clear that some practices in residential care services had been a cause for concern and that there was evidence that abuse from different ethnic groups may be under reported. There was anecdotal evidence that most abuse occurred in a person's own home and by a person that was known to them.

The Officer discussed the future actions of the Slough SVAPB and advised that the success of the annual report and safeguarding work depended on it being a report of the Council and its partners.

In the ensuing debate Members raised a number of comments/questions including the following:

- In response to a question relating to the direction of the Board and its list of priorities, Jane Wood, Director of Community and Wellbeing, advised that the work of the Board was complex in nature and Derek Oliver had been leading the improvement programme. One of the difficulties was that individuals at risk were not always known to statutory services. It was clear that the process was in its early stages and required the involvement of every service provider in Slough, including care homes and statutory organisations.
- A Member commented that she had recently received an email advising that the Slough SVAPB had now been placed on the same footing as the Safeguarding Children's Board Trust and this was a welcome and significant development.
- A Member asked when it would be clear that the Board was having a positive benefit. The Officer advised that future reports would contain graphs and other statistical information showing how improvements were being made. The SVAPB would also need to demonstrate how partner agencies and other statutory organisations were meeting their targets and show what training was taking place in the Trust, the Voluntary Sector and the Police Authority etc.
- A Member commented that the development of transformation, whereby more people would be cared for in their homes could have an impact on the Safeguarding agenda and asked the Officer for his view on this. The Officer agreed that this did present a dilemma because the Department was asking that adults be safeguarded whilst at the same time requiring provision for individuals to have more independence. It was accepted that this would be a challenge for all local authorities.
- In response to a question regarding the number of people involved, a Member asked how many adults required assistance. The Officer advised that 20 people were transferred from children's to adult



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services each year and it was hoped that joined up working would be developed in this area. The numbers of clients had increased and it was thought that this was due to the better reporting of cases. The Panel was advised that Social Services had identified that only 20% of the reported cases actually related directly to safeguarding issues and the majority of queries were from people requiring other information.

### Resolved -

- (a) That the Panel note the content of the Interim Report of the Slough Safeguarding Vulnerable Adults Partnership Board.
- (b) That a representative of the Board, together with representatives of partner organisations be invited to the Panel's meeting on 23<sup>rd</sup> September, 2010 to present an update report on the work of the Board.

### 38. Adult Social Care Transformation-Putting People First

Mike Bibby, Assistant Director, Personalisation, Commissioning and Partnership, outlined a report and presentation to inform Members of the national policy relating to the future of Adult Social Care services, and the Councils responsibilities in relation to this policy. The Panel was also asked to note how national and local policy would affect the delivery of care and support services to the people of Slough. The Officer also wished to raise Members awareness of the implications of this work for the Council, service users, carers and statutory and independent sector partners.

The programme of work and associated issues would enable Slough Borough Council to deliver Adult Social Care services in line with 'Putting People First' (PPF) which was published in December 2007.

The Panel was advised that the Council would help and support vulnerable people and their carers to live life to the full. Access to high quality information, advice and support would be provided so that individuals could make informed choices about how they could live their lives as members of the community.

The Panel was advised that a Grant had been allocated to Councils to assist them with the delivery of systems and it was anticipated that the funding would ensure significant progress to achieve these aims by 2012.

The Officer discussed the four elements of PPF. Firstly, the universal services element would ensure the provision of general support and services being available to everyone locally, including transport, education and housing. The second element, early intervention, would make support available to assist people and their carers/supporters to ensure that the individual could stay independent for as long as possible. This could involve assistance to recover from the effects of illness or provide training for the person to get a job.

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The third element, 'Social Capital', had regard to the way in which society worked to ensure that everyone has the opportunity to be part of a community, e.g.: by experiencing friendships and care that could come from families, friends and neighbours.

The final element 'Choice and Control', envisaged self directed support, e.g. services available to meet people's needs and those of their carers and families, the ability of individuals to choose who provided that support and when and where the service would be provided.

The Officer discussed the establishment of the Programme Board during 2009 and a detailed programme of work had been developed to take this forward. This included engagement with Elected Members. Key projects included the implementation of personal budgets, workforce and organisational development and the establishment of a user and carer led organisation.

The Panel was advised that the implementation of Putting People 1<sup>st</sup> was a significant undertaking which involved the transformation of adult social care services. It impacted on and required the involvement of all other elements of the council, service users and carers.

In conclusion, the Officer welcomed the Panel's views and ideas. He also hoped that Members would become involved in the work of PPF.

In the ensuing discussion, Members raised a number of comments /questions as follows:

- A Member was concerned that once money was transferred to a client under the direct payment system, there would be no control over how the money was spent. The Officer reassured the Panel that at present 500 individuals received payments direct and there were mechanisms in place to audit what happened to the money. Furthermore the annual amount was not handed over in one sum and people would be supported in a plan to identify how the money would be spent.
- A Member asked what the social care grant was and was advised that this was a national programme and the Council was in year 2 of the grant. The size of the grant was determined by the size of the authority and the money was ring fenced to cover the three year programme. Some of the grant would be rolled forward to the following year. The Officer understood that the three main parties were signed up to the Transformation scheme.
- A Member asked how Slough BC compared to other authorities in this area of work and was advised that this was difficult to assess as it very much depended on the needs of the local population. The Officer advised that SBC performed well in terms of unit cost and services were bought in at a competitive rate and in response to a question regarding the possibility of working with other authorities, advised that for example the Council would consider whether training could be shared with other authorities to save costs.

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- In respect of the appropriate care that should be given to an individual, a Member asked what would happen if there was a dispute in terms of what the person wanted and what Social Services felt should be delivered. The Officer advised that the person had the right to make an informed decision and if they had a clear view then this should hold the primary weight. It was noted that there would be a process of negotiation and there would be a detailed review procedure in place.
- A Member asked whether Scrutiny Panel Members would be allowed to sit on Working Groups and the Officer welcomed this suggestion. Members were asked to contact him if they were interested.

### Resolved-

- (a) That the report be noted.
- (b) That the Panel receive further update and progress reports at key stages throughout the programme of work.

## 39. Medium Term Financial Plan 2010/2011 to 2012/2013

Jane Wood, Corporate Director of Community and Wellbeing, outlined details of the Council's Medium Term Financial Plan which was submitted to Cabinet on 7<sup>th</sup> December, 2009. It was noted that the recommendations of the report had been approved at Cabinet at its meeting on 8<sup>th</sup> February, 2010. Due to the timing of the Panel meeting it would therefore not be possible to refer Members comments to the Cabinet but the matter had been considered at the Overview and Scrutiny Committee and Members would also have had the opportunity to attend the Cabinet meeting. The Director highlighted that the Council's formula grant from central government would be 1.5% for 2010/11 but the figure for the following year was not yet known. The Council was seeing a monthly move towards a balanced budget. The Treasury had announced before Christmas that the cap could be 2.5% or less and the Council had recommended an increase in council tax of 2%.

The Panel was advised that it was assumed there would be no pay award for senior staff this year. The Panel noted that the Council would need to find over £2m in the next year, £6m in the following year, and £9m in the third year, irrespective of any change in government or the administration. Within the Adult Social Care Directorate gross proposals would provide £1.2m in the next two years within social care. This was a 4% increase on the current year and this meant that it would now be possible to address staffing issues and increase Mental Health and Reviewing Officer posts. It was noted that there had been a large decline in the amount of money spent on agency staff. The coming years would not be easy and efficiencies would need to be identified in year three.

The Panel placed on record its thanks to Jane Wood, Corporate Director of Community and Wellbeing.

**Resolved** – That the current position with regard to the Medium Term Financial Plan be noted.

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### 40. Forward Work Programme

The programme for the meeting on 22<sup>nd</sup> March, 2010 was confirmed as follows:

- Illicit Drugs- effect on local population (James Priestman and DAAT Co-ordinator)
- The Next Generation: Outcomes of Option Appraisals for Mental Health Services to include re-siting Slough inpatient services to Prospect Park Hospital, Reading
- Interim Report of Health and Wellbeing T and FG (S Sharma)
- Heatherwood and Wexham Park Hospital Trust- Financial Position
- LAA- Performance Indicators

The suggested programme for the meeting on 22<sup>nd</sup> June, 2010 was confirmed as follows (subject to the acceptance of the new Panel)

- Male Cancers/Cervical Cancer Screening (PCT).
- Hospice/Palliative Care Policy (PCT)
- Levels of Tuberculosis in Slough- to be presented at first meeting in new Municipal Year (Ms Asma Nisa, Consultant in Public Health, Berkshire East PCT)
- LAA- Performance Indicators

It was agreed that a report on the Slough Safeguarding Vulnerable Adults Partnership Board be considered by the Panel at its meeting on 23<sup>rd</sup> September, 2010.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.35 pm)