HEALTH OVERVIEW AND SCRUTINY PANEL
2 OCTOBER 2014
7.30 - 9.45 PM

Bracknell Forest Council

Present:
Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Baily, Brossard, Mrs Phillips, Mrs Temperton and Ms Wilson

Co-opted Member:
Dr David Norman, Co-opted Representative

Executive Members:
Councillor Birch

Observer:
Mark Sanders, Healthwatch Bracknell Forest

Also Present:
Councillor Ian Leake
Richard Beaumont, Head of Overview & Scrutiny
Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
Alex Gild, Director of Finance, Performance & Information, Berkshire Healthcare NHS Foundation Trust
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning
Lisa McNally, Consultant in Public Health
David Townsend, Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust

Apologies for absence were received from:
Councillors Kensall and Thompson

14. **Apologies for Absence/Substitute Members**

Apologies for absence were received from Councillors Kensall and Thompson. Councillor Brossard was present at the meeting as substitute member for Councillor Thompson.

15. **Minutes and Matters Arising**

RESOLVED that the Minutes of the Overview and Scrutiny Commission meeting held on 3 July 2014 be approved as a correct record and signed by the Chairman. The Chairman welcomed the news that Frimley Park Hospital Trust had acquired Heatherwood and Wexham Park Hospitals Trust

16. **Declarations of Interest and Party Whip**

There were no declarations of interest.

17. **Urgent Items of Business**

There were no urgent items of business.

18. **Public Participation**

In accordance with the Council's Public Participation Scheme for Overview and Scrutiny the following question was submitted by Mr Pickersgill, a resident of Bracknell Forest:

Bracknell has a serious problem with substance abuse and mental illness which I find myself increasingly impacted by as I go about my daily business.* In addition disability assessments are in chaos with waiting times from 26-52 weeks. It is estimated one third of drug addicts can be helped get off drugs and that there comes a time when intervention has an optimum effect. Unfortunately, in the cases I am familiar with, people with such problems have been pushed further into crisis by the way the welfare departments work. In particular, the expectation that totally dysfunctional people achieve deadlines, a refusal to make back payments (often to help budgets) and the almost default position of making claimants go to appeal which is often dropped before reaching tribunal stage. This has increased the workload on already over-stretched departments and of course the CAB, which is about to lose one of its most experienced advisors. Will the Director of Social Services whom I understand now has responsibility for welfare, undertake to look into this so that a much more joined up system can be achieved without the problems being passed from department to department or spilling out into society.

* I am sending a short paper later today with specific cases (not identifiable) which I have tried to assist. You can publish any or none of this paper as you see fit.

A written response was provided by Glyn Jones, Director of Adult Social Care, Housing and Health:

Disability assessments:

It is unclear what is meant by ""disability assessments are in chaos with waiting time from 26-52 weeks", although it appears it may be in relation to assessment carried out by Department of Works and Pensions (DWP). We are therefore unable to comment on this.

It also appears from the question that Mr Pickersgill's concerns relate to the full range of welfare benefits. The Council is responsible only for the administration of Housing Benefit and Council Tax Benefit, within legislation as determined by Government, The Director of Adult Social Care, Health and Housing has communicated this separately to Mr Pickersgill. Other benefits are administered by the Department of Works and Pensions.

As such, the Council has no control over the timescales, waiting times or assessment processes of the DWP.

Mr Pickersgill alludes to specific concerns relating to people with mental ill health and those who misuse substances. The following is background information relating to the support available for people in Bracknell who have needs arising from mental ill health or substance misuse.

The Drug and Alcohol Action Team (DAAT) supports people with substance misuse issues to stop, or reduce, using substances. For this to be effective, people must be

willing to both recognise that they have a problem, and to engage with evidenced-based programmes designed to assist them.

The range of services for people with mental ill-health includes services from GP surgeries, and from the Council in partnership with Berkshire Healthcare NHS Foundation Trust (BHFT). As above, these services can only be effective if people are able and willing to engage fully with the support and treatment offered.

As for all people with eligible needs, people supported through all of these services will be offered support to claim benefits, and in their dealings with DWP. However, as above, it is not within the power of the Council to change the benefits system as determined by National government.

It is inappropriate to make comment on the individual circumstances Mr Pickersgill has shared, but as further background information to reassure him and the public regarding the effectiveness of local mental health and substance misuse services, the following information is offered:-

Mental Health

A crucial element in addressing the impact of mental illness is effective diagnosis. Many mental health conditions, and in particular depression, can remain undiagnosed and therefore untreated and unsupported. To assess how well mental health problems are being picked up in an area we can compare the number of people diagnosed with depression with the number who report depression in anonymous surveys (the survey data traditionally shows a higher and more realistic prevalence than the numbers actually diagnosed). In Bracknell Forest, the data suggests excellent diagnostic rates. The number diagnosed with depression is significantly higher than the national average[1] despite the survey based prevalence being lower than the national average [2].

Another important element is of course the outcome of treatment. In Bracknell Forest, the rate of recovery among those accessing talking therapies (IAPT) is significantly higher than the national average[3]. In addition, the rates of emergency admissions for depression, schizophrenia and self-harm (which indicate poorly managed conditions) are all lower than the national average[4].

Beyond clinical condition, there are also good results in Bracknell Forest concerning social outcomes for people with mental health conditions. For example, the proportion of people on the Care Programme Approach (CPA)[5] in employment is

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[1] Quality and Outcomes Framework, NHS Health and Social Care Information Centre reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

[2] GP patient survey, NHS England, reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

[3] Improving Access to Psychological Therapies Dataset, reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

[4] Hospital Episode Statistics, reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

[5] The Care Programme Approach (CPA) is the system which coordinates the care of many specialist mental health service patients. CPA requires health and social services to combine their assessments to make sure everybody needing CPA receives properly assessed, planned and coordinated care.

higher than the national average, as is the proportion of people on CPA who are in settled accommodation[6].

Substance Misuse

Substance misuse treatment is a challenging area and it is crucial that high quality services are provided to avoid poor outcomes and high drop-out rates. A particularly important indicator is therefore whether those that access services go on to successfully complete their treatment. In Bracknell Forest, the successful completion rate is the highest in Berkshire and significantly better than the national average[7].

In relation to alcohol, emergency admissions to hospital for alcohol related problems are a good indicator of the number of people drinking at high levels without proper treatment or support. Bracknell Forest has a rate of emergency admissions related to alcohol that is significantly lower than the national average[8], with data published this week showing that admissions for alcoholic liver disease in Bracknell Forest have fallen dramatically in the last year and are now both the lowest in Berkshire and significantly lower than the national average[9].

In response to a Member's question the Chief Officer: Adults & Joint Commissioning said that a Common Assessment Form was not used for adult social care, but training was provided for front line staff on mental health awareness, and officers would notify mental health staff or the Police of incidents of mentally distressed people.

19. **Berkshire Healthcare Trust**

The Chairman welcomed Julian Emms, Chief Executive, Alex Gild, Director of Finance, Performance and Information, and David Townsend, Chief Operating Officer, of Berkshire Healthcare NHS Foundation Trust to the meeting to speak on the Trust's mental health and community health services to residents of Bracknell Forest.

Background information had been circulated to the Panel in advance of the meeting, as follows:

- Extract from the Monitor website, setting out details of the Trust's current ratings;
- Extract from the Trust's website, setting out the Trust's role and vision, values and goals;
- Annual Plan Summary 2014;
- The Patient Experience Annual Report;
- The Care Quality Commission's Inspection report for Prospect Park Hospital;
- Results of the National NHS Staff Survey 2013.

Julian Emms spoke to the Panel and the points made included the following. A summary document was also circulated at the meeting.

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[6] Mental Health Minimum Data Set (MHMDS) reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

[7] Q1 2014-15 Diagnostic Outcomes Monitoring Executive Summary (DOMES)

[8] Hospital Episode Statistics, reported in PHE Local Alcohol Profiles profiles (accessed 29 Sept 2014).

[9] Alcohol-related liver disease 2013/14. Health & Social Care Information Centre

- The Trust was the main provider of community and mental health services to the population of Berkshire. The Trust had an annual income of around £220million, employed in the region of 4,000 staff and provided services from just over 100 sites. The Trust's core values underpinned their operations.

- The Trust services were delivered via a locality structure organised around the six areas of Berkshire, matching local authority boundaries. There were eight main sites in Bracknell Forest, the largest of which was Churchill House. Each locality was overseen by a Locality Director and Clinical Director. The Trust provided just under 100 different services, mainly jointly with local authority partners. These were split approximately half and half between mental and community health services.

- Some of the successes of the Trust included 28 major service improvements during 2013/2014, full details of which had been included in the Annual Report. This included moving a fully-established ward to Prospect Park Hospital. The Trust ranked in the top 10% nationally for staff engagement, which translated into better patient care. In addition, the Trust was registered without condition with the Care Quality Commission and held the two lowest risk ratings from Monitor.

- The Trust was on track with its financial plan but improving quality was difficult where the gap between income and cost was widening. This was anticipated to be approximately £50million by 2018/19. Internal efficiencies to save £20million had been identified but a gap still remained.

- In response to pressures the Trust had revised its Five Year Strategy to close the financial gap, develop new ways of working as a Trust and to reassure stakeholders that sufficient plans were in place to ensure longer-term sustainability. Five workstreams had been established to achieve these goals.

- Some of the key challenges facing the Trust included significant increases in demand for particular services; difficulties in recruiting some professional staff and a national shortage of nurses; a risk that the new workstreams would not deliver the identified savings or productivity increases; financial pressures faced by partner organisations; the pace of the reform system; and the complexity of the health and social care system.

The Chairman queried the impact on mental health provision of the shortage of nursing staff on the Trust, particularly as the needs of each patient would vary considerably and a wide range of skills was potentially needed.
It was reported that all areas were safely staffed, and the Trust's good reputation as an employer meant that it was able to attract staff, but there was still a need to use agency or Bank staff. However, moving the provision to one site at Prospect Park Hospital had helped mitigate this. Mental health facilities were challenging places to work, but the Trust recognised this and saw engagement with staff and making them feel valued, at the same time as acknowledging the stressful environment they were working in, as key to maintaining the workforce. Despite the inherent difficulties of a mental health ward the Trust was confident that it was a safe, ordered and efficient place in which to work. A greater challenge was the recruitment of District Nurses, as it could be hard to find people with the necessary skills, but flexibility within teams and being able to move staff from one area to another as necessary helped mitigate this.

It was questioned what the Trust's long-term plans for dementia care were, and what percentage of the budget was spent on this area of care.
It was explained that the Trust was working hard in this area, and concentrating on allowing people to remain in their own homes. The prevalence of dementia across the area had formed part of the Trust's planning, and a new ward specifically for treating dementia patients had been established as part of the move to Prospect Park. Bracknell Forest also had a Memory Clinic, which was one of the first to be accredited nationally to the required standard. The future of dementia services was hard to predict as it depended on the prevalence of the condition and the shape of services but the increasingly aging population added extra demands. The Trust was working with GPs to promote recognition of the symptoms and rates of diagnosis were improving. Specialist skills were needed to care for patients with dementia and the Trust ensured that staff were trained appropriately. The challenge in the future would be to meet a potential increase in demand in a difficult budget situation and quality would not be sacrificed.

Councillor Birch, Executive Member for Adult Social Care, Health and Housing added that work had been undertaken with local retailers to help them recognise the symptoms of dementia. As more people were being treated in their own homes this required a specialised set of skills. Bracknell Forest had a policy of 'seamless care', which meant that people would only need to access the health system at one point regardless of their needs.

It was noted the Community Nursing had been integrated into the Trust four years ago, and queried whether this system was working well, and helping keep people out of hospital. It was also questioned what the impact on this service would be if it was not possible to fill vacancies.
It was reported that the move into the Trust had worked well, and the staff had become part of a larger organisation with access to increased training opportunities. Bracknell Forest had seen a much lower usage of hospital beds, in a climate of reducing the provision of beds in hospitals, and the Trust was confident that the 'hospital at home' model could be successful. In the short term caring for patients in their own home did not offer financial savings but in the long-term these patients were less likely to require further treatment so future demands on the service were reduced.

Concern was expressed at the results of the NHS National Staff Survey regarding hand-washing, where only 51% of staff had reported that this facility was available.
It was explained that the survey also covered back-office staff, who did not need access to the same level of hand-washing facilities. For front-line staff monthly infection control audits were conducted, and the results of these were published.

The level of harassment/bullying incidents and the number of staff witnessing incidents were highlighted by the Panel as a concern. It was queried whether staff received feedback to ensure that they felt safe at work and that concerns they raised were being considered.
It was explained that the Trust was well-regarded as an employer but that there were still issues. The Trust was tackling this with clear, fair policies on bullying and whistleblowing and providing a clear reporting line to encourage people to report any bullying. With regard to staff witnessing incidents, it was reported that staff were encouraged to report any incidents they witnessed, but in general these were low impact so the numbers were not significant, and it was felt that an open culture where staff did feel able to report what they had seen or if mistakes had occurred was a healthy one. Incident reports were analysed to identify trends and avoid these happening again. Any learning points identified from this were disseminated to members of staff.

It was questioned whether the Trust's IT systems were keeping pace with need.
It was reported that the Trust was making some development in IT provision. All workers in the community now had a laptop and access to the 4G network so that they could access all the records they needed even away from the office. The core clinical system was being upgraded and the Trust was working with health partners to establish a shared system. The biggest challenge was helping the workforce adapt to new ways of working.

Mark Sanders of Healthwatch UK queried the Trust's Care Quality Commission (CQC) report, which had found that some patients did not understand, or had not been involved in, their care plan.
It was explained that this finding related to one particular ward, responsible for treating some of the most serious mental health cases and it could be very challenging to involve them in planning for their own care. This had been reviewed and the ward had been reinspected to the CQC's satisfaction.

It was noted that uptake of the travel fund, which allowed family members visiting patients, to claim back the cost of their travel, stood at 33%, and queried how the remainder of the £100,000 was being used.
It was explained that the fund had been established following the consultation on the moving of facilities to Prospect Park Hospital. Anyone who wished to claim the cost of their travel was eligible but a number of people had been offered the funding and declined. The Trust had started to use the funding to cover the cost of patients visiting home. The Trust would continue to honour their commitment to the fund but would be able to divert the funds elsewhere if it had not all been used.

The Chairman raised a recent request from Thames Valley Police to make psychiatric nurses available to support the police in their work.
It was explained that the concern was the amount of police resources being used to respond to Section 136 alerts, where there was a responsibility to take people behaving in a way that caused concern to a designated place of safety. It was the responsibility of the mental health team to provide these, and in the last six years the percentage of cases taken from the police had increased from fifty percent to ninety-five percent. There was concern surrounding the impact on ambulance response times of responding to these incidents. Councillor Birch reported that he had been part of an LGA team looking at a 'street triage' pilot in Solihull, during which members of the mental health team had been available to respond immediately and transport patients, taking the pressure off the police and ambulance service. Discussions with Thames Valley Police were taking place.

The Panel expressed their thanks for a recent visit they had undertaken to see the mental health service facilities available at Prospect Park Hospital. The visit had been extremely useful and the care and dedication shown by staff towards patients had been clearly evident.

20. **Public Health**

The Panel welcomed Dr Lisa McNally, Public Health Consultant, to the meeting to address the Panel on Public Health activities and answer questions.

Dr McNally gave a presentation in respect of the activity and performance of public health during 2031/14. She explained that Public Health had become the responsibility of local authorities 18 months ago. In Bracknell Forest public health had been successfully integrated across the whole authority and introduced new ways of working.

The presentation gave details of the main areas of work undertaken by the public health team. One of the key areas was providing support to help people stop smoking, as this was the leading cause of mortality, disability and morbidity in the area. The authority offered a 12 week support programme, and the quit success rate in Bracknell Forest was one of the highest in England at 70%. A total of 763 people had quit smoking in 2013/13, a third of who were in priority groups including pregnant women and people who were unemployed. New services in 2013/14 included support for people with mental health problems and patients waiting for elective surgery.

With regard to diet and activity, Public Health had expanded the range of referral routes into weight management for those who were obese from January 2014. As a result the number of people accessing the programme had increased four-fold. Children and family initiatives had also been introduced, including 'Beat the Street', which had encouraged children to compete against other schools in walking competitions. One local school had been placed third worldwide.

Substance Misuse services had maintained high treatment success rates across the year, and the proportion of opiate patients who completed treatment was above the national average. A pre-Christmas campaign had been run in collaboration with Drinkaware to improve awareness of alcohol units, with significant results, and the programme had been highlighted as an example of best practice at the UK Faculty of Public Health Conference.

Bracknell Forest was now hitting national targets for conducting Health Checks, helped partly by the introduction of a new workplace Health Check programme run in collaboration with Human Resources colleagues.

The Joint Strategic Needs Assessment (JSNA) was a tool being used to examine the local level of need in relation to health and well-being to highlight areas for future work development. The Bracknell Forest JSNA had been selected for presentation as an example of best practice at the 2014 Public Health England national conference. A key innovation within the JSNA had been the public health survey of 1,800 residents, which had been the first council-led large scale survey in the UK and would be an invaluable aid to future planning.

Other work during the year had included mental health 'first aid' training, a full review of sexual health services, a food hygiene improvement programme, an older people's 'holistic health' programme, the implementation of drug and alcohol learning sets and the commissioning of a number of school nursing services aimed at protecting and improving the health and well-being of children and young people.

In 2014/15 the priorities for public health would be tailoring services to high priority groups; preventative services for children and young people; and preventative services for older people.

The Panel asked how the success of Health Checks was being measured, and how much funding had been used for them.
It was reported that some reviews had looked at the effects of the checks and concluded that they had not had the desired outcome. However, the checks were not designed to offer a screening programme and instead were proving to be a springboard for people into a healthier lifestyle, reducing the risks to their health. GPs were supporting the checks because they had seen the value of them. There was a risk that the people attending the checks were not in the groups that the authority most needed to reach, but this was largely determined by how GP practices

marketed them. There was a need to reach more men and older women. The checks were helping people to be more responsible for their own health, including their weight, and providing support to help them make changes.

The Panel asked for an explanation of why alcohol-related admissions were lower.
It was explained that fewer people were drinking at a level that was harmful to their health. Changes in behaviour had been seen recently, although as liver disease was insidious a large number of admissions were unplanned.

The Panel requested details of how many people were accessing the JSNA website.
It was reported that data was available from Google Analytics which would give details of how many people were using the website and where they were. It was also possible to see how many people had signed up for the newsletter.

The Panel asked if sexual health services were still made available via schools.
It was confirmed that this was the case.

The Panel referred to recent publicity surrounding high levels of dental decay in pre-school children, and asked if this was the case in Bracknell.
It was report that data on this was available at local authority level, and that Bracknell had a rate of decay of 0.34 per child, which was slightly below the national average of 0.36. Children's Centres were working hard to support parents in preventing decay, for example by restricting foods allowed at the centre, offering a toothbrush exchange facility and offering information on dental support. Public dental health service had not been transferred to the local authority so remained with the NHS, but the local authority could work with Children's Centres on this.

The Panel thanked Lisa McNally for her presentation and commended the achievements of the Public Health team.

21. **Healthwatch Bracknell Forest**

The Panel received the Healthwatch Bracknell Forest Annual Report for 2013/14.

Mark Sanders of Healthwatch was present at the meeting to answer questions. He drew the Panel's attention to page 13 of the report, where a statistic that 94% of the public thought that NHS and social care services could be improved. He clarified that this was a national figure, covering all services, and did not relate just to Bracknell Forest.

The Panel asked why the Healthwatch budget was being reduced.
It was explained that there had been initial start-up costs included in the first year's budget. There were also anticipated changes to ring-fencing of some funds, and possible budget cuts of up to 20%. It was anticipated that Healthwatch would be given greater powers and responsibilities in the future.

The Panel thanked Healthwatch Bracknell Forest for their work, including tackling the use of premium rate phone numbers by GP Practices.

22. **Departmental Performance**

The Panel was asked to consider the parts of the Quarter 1 2014/15 (April to June) quarterly service report of the Adult Social Care, Health and Housing department relating to health.

Zoe Johnstone outlined some of the challenges facing the department. These included finding sufficient suitable housing for people with learning difficulties and Asperger's, where a number of people had been served notices to leave their properties. The department was working closely with colleagues to address this. The Better Care Fund was focussed on reducing non-elective admissions by 3.5%, calculated on the baseline for 2014. Councillor Birch, as Executive Member for Adult Social Care, Health and Housing, reported that a great deal of work had been done on creating a plan to address this, but expressed his frustration that a week before submission the format had been altered which had created more work. The aim was to move funding from acute care into community care, but the level of funding received would be dependent on whether the reduction in non-elective admissions was achieved. In addition, there were still difficulties in recruiting domiciliary care staff but the authority had set up a group working with domiciliary care agencies to address this. The falls prevention work was much valued by the public.

Mark Saunders of Healthwatch expressed thanks of behalf of members of the public at the huge amount of work that had been completed in a short space of time.

23. **Executive Key and Non-Key Decisions**

The Panel noted Executive Key and Non-key decisions relating to health

CHAIRMAN