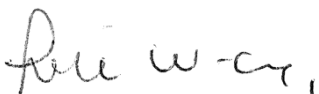


Date of issue: Wednesday, 6 January 2021

MEETING:	HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Matloob, Mohammad, Qaseem, Rasib and Sarfraz) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative – Mr Colin Pill Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 14TH JANUARY, 2021 AT 6.30 PM
VENUE:	VIRTUAL MEETING
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	SHABANA KAUSER 07821 811 259

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



JOSIE WRAGG
Chief Executive

AGENDA

PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
2.	Minutes of the Last Meeting held on 26th November 2020	1 - 8	-

SCRUTINY ISSUES

3.	Member Questions <i>(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).</i>	-	-
4.	Situation Report - Verbal Update on Covid-19 Situation in Slough	9 - 10	All
5.	Disability Task and Finish Group Update	11 - 24	All
6.	Frimley Health NHS Foundation Trust Five Year Strategy Update	25 - 56	All
7.	Berkshire Healthcare Foundation Trust Strategy Update	57 - 68	All

ITEMS FOR INFORMATION

8.	Forward Work Programme 2020/21	69 - 72	All
9.	Members Attendance Record 2020/21	73 - 74	All
10.	Date of Next Meeting - 31st March 2021	-	-

Press and Public

This meeting will be held remotely in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. Part I of this meeting will be live streamed as required by the regulations. The press and public can access the meeting from the following link (by selecting the meeting you wish to view):

<http://democracy.slough.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

Please note that the meeting may be recorded. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

The press and public will not be able to view any matters considered during Part II of the agenda.

Health Scrutiny Panel – Meeting held on Thursday, 26th November, 2020.

Present:- Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Matloob, Mohammad, Qaseem, Rasib and Sarfraz

Also present:- Councillors Gahir and Strutton

PART I

32. Declarations of Interest

Councillor Mohammad declared that she was a Practice Manager at a GP Surgery in Slough. She remained present for the duration of the meeting.

33. Minutes of the Last Meeting held on 13th October 2020

Resolved – That the minutes of the meeting held on 13th October 2020 be approved as a correct record, subject to noting that Councillor Qaseem stating that she had been present.

34. Member Questions

No questions had been received.

35. Situation Report - Verbal Update on Covid-19 Situation in Slough

The Service Lead Public Health gave a presentation to the Panel to provided an overview of the current situation of the Covid-19 pandemic in Slough.

The Panel noted the following:

- Cases in Slough had started to fall again, but at a slower rate than national and regional comparators.
- There was still a high number of cases in the 17-21 year old age group, although it was currently reducing.
- The mortality rate was currently in line with the seasonal average with 7 Covid-19 deaths reported in week ending 13th November.
- The number of outbreaks was stable with some reported in schools.
- The proportion of tests coming back as positive had decreased from 12.1% to 11.8%.
- The Government had announced that Slough would enter Tier 3 at the end of the current national 'lockdown'. This was the highest tier.

Members of the Panel, and Councillors Strutton and Gahir speaking under Rule 30, asked a number of questions during the course of a wide ranging discussion. The key points are summarised as follows:

- The reasons case rates in Slough weren't falling as quickly as many of areas was raised. The Service Lead commented that there were likely to be several contributory factors including a high number of multi-

Health Scrutiny Panel - 26.11.20

generational households, population density, a large number of people with existing conditions and people in front facing occupations. It was noted that household mixing was a major driver of community transmission and it was crucial these rules were followed. The impact of events which may increase mixing such as Diwali and Christmas was raised.

- It was recognised that communications was crucial and Members asked what more could be done. The Panel was informed that a review of communications messages was taking place, including input from a behavioural scientist, to try to further improve and reinforce messaging. A social listening survey had also been carried out to try to better understand the reasons for non-compliance with Covid-19 rules and the results would be available soon.
- A Member asked what more could be done to enforce the restrictions and to promote compliance. The Council worked closely with Thames Valley Police who had the main enforcement powers. Intelligence about businesses breaching regulations were responded to by the Council or relevant partners and action would be taken where appropriate. Six new Covid Information Officers had also recently been appointed to operate between 2pm to 11pm to reinforce messages. The Panel said it would welcome further information in future reports on the number of reported breaches attended by Covid Information Officers.
- Some parents were concerned about sending their children to school and the approach and sanctions for non-attendance was discussed. Schools had carried out detailed risk assessments and put in place a wide range of mitigation measures. The Service Lead informed Members of the work being undertaken with schools, including responding quickly to any positive cases, tracing and isolating bubbles.
- Several questions were asked about the new Tier 3 restrictions, specifically travelling to neighbouring areas which were in lower tiers for health or education reasons. It was confirmed that there were travel exemptions which meant it was permitted to travel for medical appointments or to get to school or college. The thresholds for local authorities being moved up or down a tier was not clear, but the Government had stated the criteria included case rates, cases in the over 60s, pressures on health services and the proportion of positive tests.
- Vaccine availability was discussed including whether BAME communities may receive priority access. The prioritisation criteria was set nationally and included age, care home residents and health workers.

At the conclusion of the discussion the status report was noted.

Health Scrutiny Panel - 26.11.20

Resolved – The update was noted.

36. Slough Primary Care Provision

The Panel received a presentation from Dr Jim O'Donnell that updated on Primary Care Provision in Slough.

An overview was provided of the current provision which was delivered by 16 practices across 18 sites in Slough. There were four Primary Care Networks in Slough and they worked together to join up services with hospitals and community services. Ward councillors were encouraged to engage with their Primary Care Networks to have regular dialogue about services available to residents. Primary care services were highly accessible in Slough and the vast majority of residents were a short distance either by car, public transport or walking.

Slough compared favourably to national averages in terms of waiting times for GP appointments with 37% of respondents to the 2020 GP Patient Survey saying they had received appointments on the same day (compared to 32% nationally), 10% on the next day and 25% a few days later. Members asked why 20% of patients waited more than a week for an appointment and various reasons were cited included periods when demand was high or sometimes patients preferred to wait for non-urgent appointments. There were variations in waiting time performance between practices and this was one of the areas which Dr O'Donnell suggested ward councillors raise with their local practices to ensure residents priorities were understood and any barriers overcome. The specific issues in Colnbrook with Poyle were raised and it was noted that the Council had recently purchased a site which would become a new GP led facility.

All GP practices had remained open during the Covid-19 pandemic and the way in which services had been provided had changed significantly. Whilst face to face appointments had still been available where clinically appropriate, there had been a significant increase in virtual consultations which had given patients better access to general practice than ever before as transport barriers had been removed. A Councillor asked about the impact the pandemic had had on maternity services and Dr O'Donnell explained the way in which health visiting and midwifery services were delivered. He highlighted the crucial importance of 'starting well' and the commitment primary care had to continue to improve services for young families.

In relation to the GP practice workforce it was noted that there had been an increase of 4% in the past year of total FTEs with a rise in the number of GPs from 84 in April 2019 to 90 in April 2020. There had been a reduction in the number of nurses in Slough's GP practice workforce. It was recognised that nursing was a demanding profession and more could be done nationally on issues such as pay and workload to support nursing.

Health Scrutiny Panel - 26.11.20

At the conclusion of the discussion the Panel thanked Dr O'Donnell for his positive presentation and more broadly for the excellent work that he and his colleagues in primary care were doing for residents in Slough.

Resolved – That the presentation on Slough Primary Care Provision be noted.

37. **Frimley Health and Care System Winter Plan**

The Panel received a presentation from representatives of Frimley Health NHS Foundation Trust, Danny Bailey and Jo Hunter, on the Winter Plan for the health and care system.

It was recognised that a very challenging winter lay ahead and the Panel was assured that a robust plan was in place to address annual winter pressures and the impacts of Covid-19. The key aspects of the plan were outlined which showed how various workstreams and actions were in place which applied to organisations across the health system. This included plans for urgent and emergency care, hospital based care, community care and flu planning. Acute hospitals would be working closely with partners, including local authorities, to deliver the plan.

Members of the Panel, and Councillor Strutton speaking under Rule 30, discussed a range of issues including the ability of the NHS to cope with Covid-19 and the flu season simultaneously. Plans were in place to test hospital patients for flu and Covid-19 and avoid mixing patients. More people had been vaccinated against flu this year and the Covid-19 measures such as masks and social distancing were likely to have an impact on spread of other respiratory viruses this winter. It was extremely difficult to model the specific impacts that the current situation would have on flu, but the plans in place were designed to respond quickly.

The impact of Covid-19 on other hospital services such as Accident & Emergency and cancer was raised. Some cancer services had been reduced initially in response to Covid-19, however, they had been rebuilt throughout the year. The Trust had continued to meet its cancer targets. A series of measures were in place to seek to avoid unnecessary emergency admissions, for example through the 111 service.

The Panel thanked Mr Bailey and Ms Hunter for their presentation and for the exceptional work that was being done by staff in the Trust in response to the Covid-19 pandemic.

Resolved – That the update be noted.

38. **Mental Health Update**

The Panel received a presentation on adult mental health from Nadia Barakat of the Frimley Collaborative Partnership of Clinical Commissioning Groups

Health Scrutiny Panel - 26.11.20

(CCGs), Seb Byrne of SBC/Berkshire Healthcare Foundation Trust (BHFT) and Susanna Yeoman of BHFT.

The presentation covered community mental health transformation, Mental Health Integrated Community Service (MHICs), the links to the NHS Long Term Plan, Slough local offer and the impacts of Covid-19. NHS England had awarded £5.2m to Frimley Health & Care ICS to drive the transformation of community mental health services through the MHICs and the services would be available in eight Primary Care Networks by the end of 2020/21. Slough LOCC PCN (Langley, Orchard, Chapel and Cippenham) was one of the initial sites that had had a 'soft launch' in November 2020. The service would be available to adults of all ages with significant mental health needs in primary care with the aim of more flexible support and an 'easy in, easy out' approach which removed unhelpful thresholds and barriers. Teams would be co-located including a clinical psychologist practitioner, consultant, registered mental health nurse and community connector.

In relation to the NHS Long Term Plan the Panel noted the strong commitment it had to give parity to mental health and increase baseline funding. Progress was being made on local delivery including work to reduce Out of Area Placements and improve dementia care. Members were updated on a number of local developments including The Gateway which aimed to ensure there was 'no wrong door' in accessing services; Enabling Town Slough; and the EMBRACE therapeutic programme which had been formally accredited in May 2020.

The Covid-19 impact on services had been significant with an increase of 28% in contacts. There had been a shift from face to face to virtual services. It was reported that there had been an increase in the proportion of complex cases and people with increased acuity and more safeguarding referrals due to domestic abuse. Members discussed the potential medium term impacts on demand for mental health services following the relaxation of some 'lockdown' restrictions throughout the year. There had been a change in the nature of presentations this year which was likely to be due to the pandemic and the rising problem of loneliness was a major concern.

Speaking under Rule 30, Councillor Strutton commended the partners for the work they were doing and asked a number of questions on out of area provision, issues caused by moving to virtual provision of services and suicide prevention. Officers responded to the various points raised and it was noted that the number of Slough clients placed out of area was very low but was sometimes required when highly specialist provision was needed.

At the conclusion of the discussion the Panel thanked Officers for the presentation and for the work that was being done to improve mental health provision for local residents.

Resolved – That the report be noted.

Health Scrutiny Panel - 26.11.20

39. Update on the Slough Local Action Plan for Immunisations and Screening

The Panel received a report from Tim Howells, Senior Programme Officer for Public Health at the Council, on the immunisation and screening work undertaken since the previous report in June 2019.

A Local Immunisation Partnership had been established to draw together the expertise across the system to drive up the level of immunisation in Slough. The NHS had doubled the target for flu vaccinations this year to 30 million and the early indications were that uptake locally had increased slightly compared to previous years. The Council had made a commitment to fund vaccinations for all staff. Slough had asked to join a pilot to use the adult flu vaccine in children, as the child vaccine contained gelatine which had reduced the uptake in Slough's population.

An update was provided on the preparations for Covid-19 vaccinations and plans were in place to start the programme in December initially to the most vulnerable groups. There would be challenges to vaccine roll out and work was underway with community champions to encourage take up and dispel myths. In response to a question about community perceptions of vaccines more generally it was noted that a major survey had been undertaken by the Council to better understand some of reasons why some people were reluctant to take up vaccines and this would inform local plans.

At the conclusion of the discussion the report was noted.

Resolved – That the report be noted and that a further update be provided in 2021.

40. Health Scrutiny Panel -Work Programme 2020/21

The Policy Insight Analyst summarised the proposed Work Programme for the Panel for the remainder of the municipal year.

Members agreed the items for the next meeting on 14th January as stated. For the update report on the implementation of the Disability Task & Finish Group recommendations it was agreed to invite relevant Officers, including parking, back to the Committee to review progress. Members were encouraged to submit questions in advance to enable an informed response to be provided at the meeting.

Resolved – That the Forward Work Programme, as set out in Appendix A to the report, be agreed.

41. Members' Attendance Record

Councillor Qaseem had stated earlier in the meeting that she had been present at the meeting held on 13th October 2020 and it was therefore agreed to amend the Members' Attendance Record.

Health Scrutiny Panel - 26.11.20

Resolved – That the details of the Members' Attendance Record be noted, subject to an amendment to the meeting held on 13th October 2020 to record Councillor Qaseem as being present.

42. Date of Next Meeting - 14th January 2021

The date of the next meeting was confirmed as 14th January 2021.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.08 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 14th January 2021

CONTACT OFFICER: Alan Sinclair, Executive Director of People (Adults)

(For all Enquiries) (01753) 875752

WARDS: All

PART I
FOR INFORMATION**SITUATION REPORT – VERBAL UPDATE ON COVID-19 IN SLOUGH****1. Purpose of Report**

This is a covering report for a verbal update.

This verbal update will provide the Health Scrutiny Panel with an overview of the current situation in Slough during the COVID-19 outbreak.

2. Recommendations/Proposed Action

The Panel is requested to note the report.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the council's decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful.
- Our people will be healthier and manage their own care needs.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 This report is a covering report for a verbal update which will be provided by the Executive Director of People (Adults) to the Health Scrutiny Panel at the January 2021 meeting.

5.2 This verbal update will provide information on:

- Local outbreaks and incident management
- Testing and tracing
- Vaccination
- Contacts made by the One Slough call centre.

5.3 This verbal update will be accompanied by a PowerPoint presentation. In order for the presentation to contain the most up to date information, the slides will not be published in advance of the meeting.

6. **Conclusion**

This verbal update is intended to provide the Health Scrutiny Panel with information on the current situation in Slough during the COVID-19 outbreak.

7. **Appendices Attached**

None.

8. **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 14th January 2021

CONTACT OFFICER: Ellie Gaddes, Policy Insight Analyst

(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

UPDATE ON PROGRESS OF DISABILITY TASK AND FINISH GROUP**1. Purpose of Report**

To provide members of the Health Scrutiny Panel an update on the progress of implementation of the recommendations of the Disability Task and Finish Group.

2. Recommendations/Proposed Action

That the Panel provide comments on the progress of the implementation of the recommendations of the disability task and finish group.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the council's decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful.
- Outcome 2: Our people will be healthier and manage their own care needs.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

- 5.1 The Health Scrutiny Disability Task and Finish group provided a set of recommendations (see Appendix A) for council officers to implement.
- 5.2 Updates on the progress of the implementation of these recommendations were provided in written format to the Health Scrutiny Panel at the meeting on the 20th November 2019. At this meeting, members of the panel expressed concerns that council officers were not doing enough to implement the recommendations in the desired time frame. During discussions of the work programme, the panel requested a verbal update on progress from key council officers. In particular, the panel requested to speak to relevant officers from the planning, licensing, parking and transport teams.
- 5.3 Officers from the relevant teams provided information regarding the implementation of the recommendations ahead of the meeting of the Health Scrutiny Panel on the 8th September 2020. Officers from the planning, licensing and transport teams also attended the meeting in order to answer questions from members. No member of staff from the parking team attended the meeting.
- 5.4 At the meeting on the 8th September, members of the Health Scrutiny Panel requested a further update on this work at a later meeting. This update was scheduled for the meeting on the 14th January.
- 5.5 Officers from the planning, licensing, parking and transport teams have been requested to provide updated information relating to their progress on implementing these recommendations. This information can be found in Appendix Two.
- 5.4 The relevant officers have been requested to attend the meeting in person, in order to present their update on progress, and take questions from members of the panel.

6. **Conclusion**

This report, and the appendixes attached, is intended to provide the Health Scrutiny Panel with an update on the progress of implementation of the recommendations of the disability Task and Finish Group.

7. **Appendices Attached**

A – Disability Task and Finish Group – Recommendation Grid

B – Disability Task and Finish Group – Update Slides

8. **Background Papers**

None.

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Disability Task and Finish Group – Implementation Grid

Appendix A

Recommendation	Identified lead	S, M or L term implementation	Notes / comments	Progress	Next steps
Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.	A.Hibbert	S	Officers would welcome members' feedback on what methods of publication would be most effective.	Since April 2019 the Active Slough team have promoted our disability programme through direct contact and consultation with Destiny Support, delivering an 8 week multi-sports programme. Had information stalls autism awareness, Health Watch, Special Voices and Hope College events. The team have contacted via email all supported living homes and care agencies. Publicised to agencies disability sports sessions in football, dance and polybat. Attended Arbour Vale School assemblies to promote disability programmes. Launched a teen disability team who were invited to play at Reading Football Stadium.	Continue to liaise with relevant groups and agencies.
Reviewing the accessibility of pathways to Slough's new green gyms.	A.Hibbert	S		We have carried out a review of green gyms and have found them to be accessible at all sites. However not all equipment is accessible, but this is dependent on the nature and type of disability.	Continue to research more disability friendly equipment at sites.

<p>Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.</p>	<p>C. Dhillon</p>	<p>Ongoing</p>	<p>The Task & Finish Group report has also been shared with the Team working on the localities strategy, so will be noted in the design process for the new hubs.</p>	<p>Disabled toilet installed at new HQ, however as we do not anticipate this building to be heavily used by the public and because the Trust are not moving we have not installed a nappy changing facility or changing places toilets (as there is one nearby at The Curve). However we have installed transgender toilets.</p>	
<p>Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.</p>	<p>K.Hothi</p>	<p>M</p>	<p>Officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas.</p>	<p>We have reviewed the whole of the High Street / High Street West, and implemented additional disabled parking, including larger accessible bays outside Landmark Place. The following shopping locations have been identified for additional disabled bays: Farnham Road, Upton Lea Parade,</p>	<p>Implement any additional disabled bays where parking restrictions are not in place.</p>
<p>Reviewing recently installed crossing points to consider where double-yellow lines might be effective.</p>	<p>K.Hothi</p>	<p>M</p>	<p>Officers will identify locations borough-wide and implement changes.</p>	<p>All new junction improvements / modifications delivered in the last 18 months have been considered in relation to obstructions, prior to implementation.</p>	<p>Process is in place to ensure any new locations are consulted with the parking team.</p>

Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.	K.Hothi / Comms	S	Officers will work with Comms team to increase awareness via various channels.		Policy Insight Team will prepare a press release with the comms teams to raise awareness. Kam to provide photos.
Ensuring that all SBC regulated taxis have ramps with raised edges.	M.Sims	S			Vehicle checks commencing in November
Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.	M.Sims	S			Vehicle checks commencing in November
Displaying notices in taxis as to the rights of disabled service users not to be charged differently.	M.Sims	S		Advisory posters and cards developed and printed and these will be circulated in due course as well as being put on the SBC website.	
Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.	S. deCruz	S	This will be done through a formal procedure in the Quality Bus Partnership meetings		
Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.	S. deCruz	M	This will be done through a formal procedure in the Quality Bus Partnership meetings		

As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.	S. deCruz	Ongoing	All schemes and projects have a process for reviewing the accessibility issues and therefore will be addressed through this checklist and audit .		
Using mystery shopping of both taxi and bus services to check compliance with standards.	S. deCruz / M.Sims	S	This work will be co-ordinated with the Consumer protection team. Officers may also contact Healthwatch Slough for their expertise / experience		
Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.	S. Dhuna	Ongoing	The council will ensure EQUI plans are included in consultations on plans for the town centre		
The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.	T.Overend	L			

Disability Task & Finish Group Recommendations

Update – September 2020

Michael Sims

Licensing Manager

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Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Ensuring that all SBC regulated taxis have ramps with raised edges.	S		Vehicle checks were originally scheduled for April 2020. These were delayed due to COVID-19, and rescheduled for September 2020.	This work is currently paused due to COVID-19 restrictions, and ongoing resourcing issues.
Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.	S		Vehicle checks were originally scheduled for April 2020. These were delayed due to COVID-19, and rescheduled for September 2020.	This work is currently paused due to COVID-19 restrictions, and ongoing resourcing issues.
Displaying notices in taxis as to the rights of disabled service users not to be charged differently.	S		Advisory posters and cards developed and printed and these will circulate in due course as well as being put on the SBC website.	All taxis have been provided with advice cards on carrying disabled persons with wheelchairs as well as persons with assistance dogs. Information/ advice cards and posters have been circulated to all SBC premises, hospitals, doctors surgeries and posted on SBC website.

Kam Hothi

Team Leader – Parking, Highways & Network Management

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Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.	M	Officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas.	We have reviewed the whole of the High Street / High Street West, and implemented additional disabled parking, including larger accessible bays outside Landmark Place. The following shopping locations have been identified for additional disabled bays: Farnham Road, Upton Lea Parade.	Implement any additional disabled bays where parking restrictions are not in place.
Reviewing recently installed crossing points to consider where double-yellow lines might be effective.	M	Officers will identify locations borough-wide and implement changes.	All new junction improvements / modifications delivered in the last 18 months have been considered in relation to obstructions, prior to implementation.	Process is in place to ensure any new locations are consulted with the parking team.
Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.	S	Officers will work with Comms team to increase awareness via various channels.		Policy Insight Team will prepare a press release with the comms teams to raise awareness. Kam to provide photos.

Laurence Moore

Planning Manager

Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.	Ongoing	When plans are submitted for the new town centre, the Council will be proactive in its discussions with developers to ensure accessibility for those with disabilities.	No planning applications have been submitted to date. As and when planning applications are made, residents will be consulted on the plans. When the planning application is determined, the provisions of the Equality Act 2010 will be taken into consideration.	Awaiting planning applications.

Savio DeCruz

Service Lead – Major Infrastructure Projects

Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.	S	Bus operators are not public authorities and are therefore not subject to the FOI Act; Information will instead be sought on an ad-hoc basis in the short term, and subsequently through a formal procedure within a new multi-operator bus forum, to get a more consistent view on how bus operators deal with complaints from disabled customers	Officers are in the process of contacting bus operators with a request for information, and also in setting up a new multi-operator bus forum (planned for earlier in the year but delayed by COVID-19)	Contact bus operators and await information Set up multi-operator bus forum and build in procedure for assessing complaints
Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.	M	This will be done through a formal procedure within a new multi-operator bus forum	Officers are in the process of setting up a new multi-operator bus forum (planned for earlier in the year but delayed by COVID-19)	Set up multi-operator bus forum and build in procedure for disabled bus user survey
As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.	Ongoing	All schemes and projects have a process for reviewing the accessibility issues and therefore will be addressed through this checklist and audit .	The current transport schemes are already encompassing DDA issues into the detailed design. This has been an on-going piece of work and officers have agreed to asses any that are brought to the council's attention that may lead to accessibility issues.	Ongoing work

Questions?

SLOUGH BOROUGH COUNCIL**REPORT TO:** Health Scrutiny Panel **DATE:** 14th January 2021**CONTACT OFFICER:** Daniel Bailey
(For all Enquiries) d.bailey@nhs.net**WARD(S):** All**PART I**
FOR INFORMATION**FRIMLEY HEALTH STRATEGY UPDATE JANUARY 2021****1. Purpose of Report**

To provide a summary of the Frimley Health NHS Foundation Trust (FHFT) 5-year strategy, Our future FHFT: Our Strategy 2020-2025. The paper provides an overview of our strategy and detail relating to our vision, values strategic ambitions, 5-year and 18-month objectives alongside the plans that we have in place to deliver them.

2. Recommendation(s)/Proposed Action

The Panel is requested to note details of the report.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**3a. Slough Wellbeing Strategy Priorities**

The FHFT strategy clearly supports the Slough Wellbeing priorities during this period with a particular focus on integration to ensure that people have timely access to the right services to meet their health and care needs. Integration across organisations supports the promotion of seamless health and care pathways so that transition across organisations is safe and effective.

Priorities:

1. *Starting Well*
2. *Integration*
3. *Strong, healthy and attractive neighbourhoods*
4. *Workplace health*

3b. Five Year Plan Outcomes

The FHFT strategy supports the delivery of the Five-Year Plan Outcomes through the integration across the health and care sector ensuring the right services are in place at the right time supporting delivery. There are a number of synergies across these outcomes and the aims and objectives included in the FHFT strategy.

- *Outcome 1: Slough children will grow up to be happy, healthy and successful*
- *Outcome 2: Our people will be healthier and manage their own care needs*

- *Outcome 3: Slough will be an attractive place where people choose to live, work and stay*
- *Outcome 4: Our residents will live in good quality homes*
- *Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents*

4. **Other Implications**

(a) Financial

Our future FHFT strategy includes a strategic ambition dedicated to 'Making our Money Work'. There are clear objectives related to the achievement of our Cost Improvement Programme (CIPs) whilst delivering key quality improvements. There is also a focus on the development of partnerships with partners across industry and academia in order to diversify sources of income to invest in health and care services.

(b) Risk Management

There is a strategy governance structure in place and all risks will be highlighted and escalated through the appropriate channels to Board level. FHFT uses a Board Assurance Framework (BAF) and a Corporate Risk Register to monitor and manage these risks.

(c) Human Rights Act and Other Legal Implications

5. **Supporting Information**

Appendix A: Summary of Refreshed Strategy plans
Appendix B: Our future FHFT: Our Strategy 2020-2025

6. **Comments of Other Committees**

This strategy and refreshed plan has been signed off by the Frimley Health Foundation Trust Senior Leadership Committee (SLC) and the Board of Directors

7. **Conclusion**

The FHFT Strategy provides a clear vision and roadmap, including detailed year 1 and 2 objectives, in order to deliver our strategy and objectives over the next 5 years.

8. **Appendices Attached**

'A' - Summary of refreshed Strategy plans
'B' - Our future FHFT: Our Strategy 2020-2025

9. **Background Papers**

None



**Our Future FHFT:
Our Strategy 2020-2025**

Strategy Implementation Update:

January 2020

1. FHFT Strategy Update Summary

Our 5-year organisational strategy, *Our future FHFT*, was published in October 2019 giving the organisation time to build and develop our detailed plans aligned to our vision and our six strategic ambitions.

Work on the detailed plans was due to be completed in the last quarter of 2019-20 and the strategy implemented from April 1st 2020. However, elements of implementation were delayed as a result of the necessary response to the Covid-19 pandemic.

Despite the challenges we were able to implement key parts of our strategy and some were even accelerated ahead of schedule as a result of need. We have since reviewed our strategy and incorporated learnings from our Covid-19 response. Our strategy was always designed to be flexible and this has proved to be effective following our review over the summer. Our refreshed strategy will allow us to deliver our vision and our 5-year plan.



Vision

To be a leader in health and wellbeing, delivering exceptional services for our local communities

Our vision and values continue to guide everything we do as an organisation and they underpin the behaviours of each of the individuals within it. Our vision and values have also served to guide the development of our strategy and our 6 strategic ambitions that form the framework for our 5-year strategy. Our 6 strategic ambitions are:

**Improving quality for patients**

An outstanding trust delivering the best patient outcomes, safety and experience through a culture of continuous quality improvement

**Supporting our people**

A great place to work, supporting our people to be the best

**Collaborating with our partners**

Leading the way in coordinating local health and care services, with more support closer to home, enabling people to have healthier lives by being in charge of their own health and wellbeing

**Transforming our services**

Delivering excellence every day across all our services as 'One Frimley Health'

**Making our money work**

One of the most efficient providers of healthcare in the country

**Advancing our digital capability**

Using technology and innovation to provide the latest treatments and connected care for our patients


Our strategic ambitions provide a clear framework for the organisation to work to in order to deliver the highest quality health and care services.


Each strategic ambition has a clear 5-year objective, all of which have been developed to drive our strategy forward and our most recent strategy refresh outlines how we will embed the implementation process to ensure delivery across the organisation.


Our ambitious 5-year objectives can be seen in the following slide.


5-Year Objectives:

 Improving quality for patients

 Supporting our people

 Collaborating with our partners

 Transforming our services

 Making our money work

 Advancing our digital capability

Chief Executive Officer

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Director of Nursing

Director of People

Medical Director

Chief Operating Officer

Director of Finance

Director of Transformation, Innovation & digital Services

To be in the top 10 Trusts in the country for safety and patient experience

To be in the top 10 best Trusts to work for in the NHS

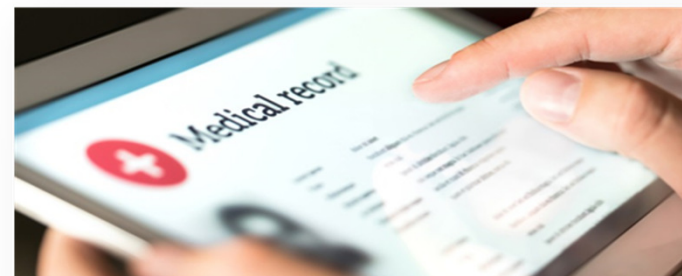
To reduce the need for hospital-based care by working collaboratively with our partners

To provide consistently excellent care as 'One Frimley Health'

To be in the top 10 Trusts in the country for efficiency

To be one of the top 10 digitally advanced Trusts in the country

FHFT in 2025



Our 5-year objectives provide our long-term direction for each of our strategic ambitions, these are underpinned by detailed priorities for year 1 and 2 of this 5-year period. These priorities are well-defined, SMART objectives with clearly defined metrics, targets and milestones.

Some of the key objectives for the coming 18 months include:

- Improving Quality - Implementation of a Continuous Quality Improvement Programme delivering key quality improvements - a 40% reduction in falls, a 25% reduction in Serious Incidents (SIs) relating to deteriorating patients, upper quartile performance for infection control.
- Supporting our People – Implementation of the NHS National People Plan, Delivery of psychological support, wellbeing and resilience training and provision for our teams as well as a focus on inclusion and diversity, effective talent management and succession planning alongside innovative approaches to retention and recruitment.
- Collaborating with our Partners – Urgent and Emergency Care, Planned Care and Community Care Programmes, Elective pathway re-design and recovery plans, implementation of NHS 111-First, development of our Same Day Emergency Care (SDEC) models and of course the further development of our pro-active community services, Hospital at Home and Frailty services
- Transforming our Services – Continued development of our operating model for our Heatherwood Elective Centre development, site configuration to meet future demands, the transformation of outpatient services; including clinical triage and virtual appointments, clinical prioritisation of workload and the development of effective green pathways.
- Making our Money Work – Implementation of our finance and commercial strategy including the diversification of income streams such as Private Patients and Research and Development, delivery of our Cost Improvement Programme (CIPs) and the development of commercial partnerships.
- Advancing our Digital Capability – Implementation of our digital strategy including key programmes of work such as our Electronic Patient Record (EPR) system provided by Epic, modernisation of our IT infrastructure, development of AI technology for diagnostics and robotic surgery

We will continue to review our priorities and adapt as the situation requires.

2. Partnership Working

‘Collaborating with Our Partners’ is a core strategic ambition and FHFT continues to work with partners across our ICS, and beyond, in order to deliver integrated, seamless care delivered closer to home. A clear example of this work is the successful bid by FHFT to provide community services across North East Hampshire, Farnham and Surrey Heath CCG areas in partnership with Virgin Care. The contracts, which will run from 1 April 2020 to March 2025, will strengthen collaboration with existing local health and care partners within the Frimley Health and Care ICS. Social care, mental health services and GPs, part of the newly formed Primary Care Networks and existing local GP Federations, will be working closer together to deliver the right care at the right time and in the right place.

3. Governance

Our governance structure has been established to ensure that there is alignment and clarity within the organisation to manage the complexity in order to focus on delivery. A key element of our governance is that it flows throughout the organisation with vision and direction provided from the top, coupled with meaningful and impactful operational input from the directorates, teams and individuals within the Trust.

4. Strategy and Business Planning

Our strategy provides the framework and context for our detailed business plans. As expected, we will continue to review our strategy and ensure that it aligns and supports our operational priorities as well as our longer-term objectives. Strategy development and business planning is a cycle that is continually built upon and improved to achieve more accurate forecasts and plans year on year.

5. Communication and Engagement

Successful delivery of our strategy and our strategic objectives will be through all levels of our organisation. It is imperative that our 9,000 people understand how they, as individuals, contribute to the strategy. How their day to day actions supports FHFT in achieving our ambitious objectives and, ultimately, delivers our vision to be a leader in health and wellbeing, delivering exceptional services for our local communities. Beyond our organisation, our plan is designed to engage our partners, our patients and communities; not only to make them aware of our strategy but to ensure they play an active part in shaping it and, where relevant, supporting FHFT to deliver key elements of our strategy.

Year 1-2 Objectives



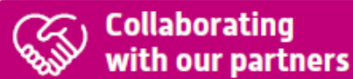
Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Implementation of Frimley Excellence QI methodology aligned with strategy	<ul style="list-style-type: none"> Implementing QI strategy from October '20 Form Excellence team by end of the year Begin training of wider organisation in QI methodology and culture from October '20 	<ul style="list-style-type: none"> Number and type of people trained in QI methodology 		<ul style="list-style-type: none"> 50% level 1 50 people at level 2 10 people at level 3 3 Centre of Excellence leads trained in project delivery , 2 coached, 5 informed 15-20 wards trained in use of OMIS
2. Improve safety performance <ul style="list-style-type: none"> Falls Deteriorating patient Infection control 	<ul style="list-style-type: none"> Establishing underlying factors (Summer '20) and mobilising Continuous Improvement Programme to target reduction (from October '20) Identify areas for improvement from IPC Assurance Framework with associated measure via Hospital Infection Committee 	<ul style="list-style-type: none"> Reduction in falls Reduction in SIs related to deteriorating patient Upper quartile performance for IPC 	<ul style="list-style-type: none"> 10% reduction (from 2,643 to 2,379) 5% reduction e-coli performance to move Trust into 3rd Quartile 	<ul style="list-style-type: none"> 40% reduction (to 1,586) 25% reduction Upper quartile performance for IPC
3. Improve patient experience score from current position of 62 nd to 40 th in the country	<ul style="list-style-type: none"> Implementing post-discharge support process from October '20 Develop responsive action plans at directorate, specialty and ward level using findings from discharge survey – January '21 Creating volunteer database established and in use from October '20 	<ul style="list-style-type: none"> Improved patient experience score 	<ul style="list-style-type: none"> 8.2 or 51st in country 	<ul style="list-style-type: none"> 8.28 or 40th in country

Year 1-2 Objectives

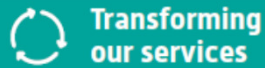


Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. To make the Trust the best place to work locally	<ul style="list-style-type: none"> Embed initiatives in response to COVID <ul style="list-style-type: none"> Launch conversations with employees on health and wellbeing, diversity and inclusion, career and flexible working from November '20 Increased psychological support and wellbeing from December '20 Implement Frimley's NHS People Promise action plan from November '20 Rest and recuperation room improvement by March '21. 	<ul style="list-style-type: none"> Improved NSS scores on health and well-being indicators (baseline 6) Reduced staff turnover rate (baseline of 13.6%) 	<ul style="list-style-type: none"> 6.1 13% 	<ul style="list-style-type: none"> 6.3 12%
2. To improve our leadership culture to make the most of the talents and potential of our diverse workforce	<ul style="list-style-type: none"> Work with directorates in Q3 to ensure key staff members benefit from improved NHSE and local leadership offerings available from January '21. Implement key strategies to support leadership: <ul style="list-style-type: none"> NHS leadership compact – June '21 FHFT management competencies – March '21 talent management – all directorates by April '21 MH First Aid – December '21 Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets – from October '20. Publish progress against Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce 	<ul style="list-style-type: none"> Improved NSS scores on perception of immediate managers (baseline 6.9) Improved staff engagement score (baseline of 7.2) Number of AfC staff from a BAME background in senior leadership roles Band 8a-8c Number of AfC staff from a BAME background in senior leadership roles Band 8d, 9 and VSM 	<ul style="list-style-type: none"> 7.0 7.3 74 6 	<ul style="list-style-type: none"> 7.2 7.4 80 8
3. To grow the workforce which is fit the future	<ul style="list-style-type: none"> Work with our partner organisations to best use digital platforms to attract and recruit a new generation of workers. – Virtual recruitment events by 2021 Implement career pathways which span the ICS and best utilise the apprenticeship levy – 6 month pilot completed by April '21 	<ul style="list-style-type: none"> Reduction in vacancy rate (baseline 8.5%) 	<ul style="list-style-type: none"> 8% 	<ul style="list-style-type: none"> 7.5 %

Year 1-2 Objectives

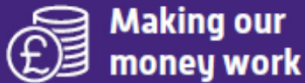


Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Manage demand for urgent care services by transforming access to and provision of urgent and emergency care	<ul style="list-style-type: none"> Implementing '111-first' project Development of SDEC model 	<ul style="list-style-type: none"> Reduction of self-presenters to ED (baseline 75%) Increase of percentage of speciality take managed through SDEC (baseline 33%) 	<ul style="list-style-type: none"> From 75% to 55% From 33% to 40% 	<ul style="list-style-type: none"> Target tbc following review of '111-First' project From 40% to 50%
2. Manage demand for planned care services - ensure that patients have access to the appropriate services referred through the appropriate routes	<ul style="list-style-type: none"> Review of all priority pathways across primary and secondary care and formalisation of clinical triage mechanism to be rolled out by Jan'21 Partnership engagement programme to review EBIs and agree targeted reduction 	<ul style="list-style-type: none"> % of referrals that returned to primary care with a management plan and without an outpatient appointment Reduction in Cat 1 EBI procedures 	<ul style="list-style-type: none"> From 6% to 12% From 136 to 4 	<ul style="list-style-type: none"> From 12% to 15% From 4 to 0 (dependent on review of range of EBIs included in future)
3. Reduce ED admissions re-admissions for severely frail and patients aged 75 and over respectively	<ul style="list-style-type: none"> Delivery of at Home Service model across all five localities Development of community specialist practitioner capability, use of IRIS and launch out of hours community service for 24/7 provision Digital delivery channels and extensive support for management of long-term conditions - respiratory (including CF), diabetes, COPD, etc. 	<ul style="list-style-type: none"> Reduction in ED admission rate for severely frail patients Reduction in number of patients (aged 75+) readmitted within 3 days 		<ul style="list-style-type: none"> From 50.4% to 45.4% From 37 to 33 (each month)

Year 1-2 Objectives

Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Transformation of outpatient model - 40% of appointments to be non-face to face	<ul style="list-style-type: none"> Review of referral pathways and implementation of ERS clinical triage with key option to refer to virtual or non-face-to-face service. 	<ul style="list-style-type: none"> % of virtual or non-face-to-face appointments 	<ul style="list-style-type: none"> 30% 	<ul style="list-style-type: none"> 40%
2. Provision of safe, streamlined pathways and services offering consistent service and outcomes across all FHFT sites	<ul style="list-style-type: none"> Review of clinical services across sites - evaluation of clinical services completed by Apr. '21 and service improvement programme implemented by Mar '22 	<ul style="list-style-type: none"> Review of clinical services completed and implementation started 	<ul style="list-style-type: none"> Completion of evaluation of all services, recommendations made, Exec approval 	<ul style="list-style-type: none"> Implementation of plans to re-align services across all sites
3. Build Heatherwood hospital Elective Centre and implement models of service provision	<ul style="list-style-type: none"> Review current assumptions and agree revised model by end of October 2020. Hospital commissioned and services started - Winter '22C Complete hospital build - Summer 2021 	<ul style="list-style-type: none"> Hospital built and operational 	<ul style="list-style-type: none"> Revised assumptions agreed 	<ul style="list-style-type: none"> Hospital fully operational achieving 90% theatre efficiency, increased proportion of one-stop-shop clinics
4. To provide timely access to planned care services	<ul style="list-style-type: none"> Clinical prioritisation of patients and development of green pathways to accommodate elective surgery patients in COVID-present environment Allocation of resources to match agreed models of provision including pooled clinical resource across the sites 	<ul style="list-style-type: none"> % of patients < 18 week RTT Nos of patients waiting > 52 weeks 	<ul style="list-style-type: none"> 80% 0 	<ul style="list-style-type: none"> 92% 0

Year 1-2 Objectives



Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
Deliver a breakeven position in Mar 21 and a 0.5% surplus by Mar 2022	<ul style="list-style-type: none"> Rigorous cost control informed by benchmarking using Model Hospital and application of GIRFT. Implement agreed CIP plan for second half of 20-21 from October 20 Delivery of key Trust projects i.e. Outpatient transformation 	<ul style="list-style-type: none"> Reduction in % of pay, agency and bank cost from current baselines of 67.14%, 3.81% and 8.55% respectively 	<ul style="list-style-type: none"> Pay cost 67% Agency cost 3% Bank cost 8% 	<ul style="list-style-type: none"> Pay cost 66.5% Agency cost 2.6% Bank cost 7.3%
2. Secure and grow alternative income streams	<ul style="list-style-type: none"> Review of private patient income to understand market post-COVID and set out plans to reinvigorate private patient activity. Pursue opportunities relating to research income Explore further partnership opportunities to create synergies or generate income 	<ul style="list-style-type: none"> Increase proportion of Research and Development + Private Patients Income from baseline of 1.59% 	<ul style="list-style-type: none"> 1.80% 	<ul style="list-style-type: none"> 3.4%
3. Improve our position as one of the most efficient Trusts in the country.	<ul style="list-style-type: none"> Provide meaningful PLICs level to support day to day decisions - PLICs becomes part of day to day decision-making for managers and clinicians. Review of all spending in line with Model Hospital metrics 	<ul style="list-style-type: none"> Improved Model Hospital Position (Reduced WAU cost) 		

Year 1-2 Objectives



Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Deliver integrated patient record to support Trust-wide, 'One Frimley Health' Electronic Patient Record	<ul style="list-style-type: none"> Implementation of phases 1-4 of EPIC project - project team training, workflow adoption, building and testing content and end-user training. Begin phase 5 of project - post-live support and optimisation 	<ul style="list-style-type: none"> EPIC live across all sites and services 	<ul style="list-style-type: none"> Implementation of phases 1-4 	<ul style="list-style-type: none"> EPIC live across all sites and services
2. Improve the quality and quantity of data with single point of digital access for clinicians and patients	<ul style="list-style-type: none"> Delivering key elements of Connected Care Record: <ul style="list-style-type: none"> Provision of Resident Timeline in the Shared Care Record, Delivery of an Integrated Forward Plan to be used by recognised multi organisational MDTs starting with ICDMs – Pilot started Provision of Person Health Record 	<ul style="list-style-type: none"> Resident Timeline in place and being accessed % ICDMs using Integrated forward Plan 	<ul style="list-style-type: none"> Resident Timeline in place and being accessed 50% of ICDMs 	<ul style="list-style-type: none"> 100% of ICDMs
3. FHFT to become a leader in the field of robotic surgery including becoming a leading demonstration site.	<ul style="list-style-type: none"> Implementation of Versius project starting with training of relevant teams with surgery re-starting in summer. Focus on colorectal and urology in 2020-21 - live cases and operations from summer 2020. Further roll-out from 2021-22 Deliver demonstration cases and lists to generate income 	<ul style="list-style-type: none"> Number of robotic cases completed (both Versius and Da Vinci cases) Income generated as leading demonstration site £18k per annum 	<ul style="list-style-type: none"> 170 cases £18k 	<ul style="list-style-type: none"> 425 cases £18k

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Our future FHFT

Our strategy 2020-2025

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Foreword

Our future FHFT is our five-year strategy. It sets out an exciting vision for health and care over the next decade and describes how our plans for the following five years build on our ambitious vision to be:

“A leader in health and wellbeing delivering exceptional services for our communities”

Frimley Health NHS Foundation Trust (FHFT) is a special place with a rich history on which to build our future success. Our legacy is one of commitment to our staff and our patients in striving to provide outstanding care. Our values guide our work: we are **committed to excellence, working together and facing the future**.

Our teams have worked diligently to meet growing demands while continuing to deliver an outstanding quality of care. We've continued to meet our financial challenges and build our Frimley Health reputation, with strong recent performance and improvements in safety and access, benchmarking us among the best in the country. Now is the perfect time to implement a new strategy because:

- We have come to the end of our 2014 post-acquisition strategy
- The NHS Long Term Plan provides a solid basis to support the implementation of a new strategy
- The current challenges facing our health and care system differ from those of the past, demanding an ambitious, innovative strategy to steer us to future success

Our future FHFT gives us cause for optimism, equipping us with the tools and plans to steer through the challenges we face, turning our vision

into reality, empowering our people to deliver outstanding services and outcomes for our patients and communities. It is stretching and ambitious but realistic. The strategy was developed with our people, local and national experts, our partners and communities through various engagement events. However, it begins with our patients, with a relentless focus on quality of services and care laying the foundation for everything we do.

In this document we set out who we are, our future challenges and the six key strategic ambitions for our future. *Our future FHFT* will inspire confidence that Frimley Health NHS Foundation Trust is equipped to meet the challenges of the future and that it has the determination to deliver the best health and care to our patients.



Neil Dardis
Chief Executive



Pradip Patel
Chairman

Introduction

Consistently ranked as one of the best performing trusts in the country, Frimley Health NHS Foundation Trust has a strong reputation to build on.

Heatherwood and Wexham Park Hospital NHS Trust and Frimley Park Hospital NHS Trust were both among the first trusts to achieve the highest star rating and foundation trust status. Frimley Park Hospital was also the first trust in the country to be rated outstanding by the CQC. We work tirelessly to build on our achievements making Frimley Health a trust that its people, patients and communities are proud of. Healthcare is changing, as society develops with advances in technology, medicines and healthcare provision. *Our future FHFT* is mindful of the very real pressures the NHS faces in terms of challenging staff vacancies, increasing demand on its already pressurised services, and an ever more challenging financial environment, but reflects the aspirations from our staff to continue to deliver the highest quality of services to our patients and communities.

Our future FHFT supports and mirrors the principles set out in the NHS Long Term Plan which contribute to the overall health and wellbeing of our patients, communities and people, including:

- A new service model which includes improving out-of-hospital care and a focus on population health and local partnerships through integrated care systems (ICSs)
- Taking greater action on prevention and health inequalities, including smoking, obesity and alcohol
- Further progress on care quality and outcomes, including a strong start in life for children and young people, and better health and care for major conditions including cancer, cardiovascular disease, stroke and diabetes

- Building our workforce, focusing on the workforce implementation plan, international recruitment and apprenticeships
- Digitally enabling care, with a particular focus on outpatients and primary care
- Improving efficiency, reducing waste and returning to financial balance

The NHS Long Term Plan states the NHS is entering “a new era, one in which we will need to transform the way services are delivered to patients and the public” through advancements in digital and medical technologies. As the plan states, the NHS must be here for patients from birth to end of life and throughout the journey. We are also committed to delivering the elements of the plan relating to children and young people, supporting them to make a strong start in life.

Our future FHFT highlights six key ambitions in order to navigate the new challenges and deliver a successful future:

-  **Improving quality for patients**
-  **Supporting our people**
-  **Collaborating with our partners**
-  **Transforming our services**
-  **Making our money work**
-  **Advancing our digital capability**



The new £49m Wexham Park Hospital Emergency Assessment Centre

An artist's impression of the new £98m Heatherwood hospital

Context

Who we are

With close to 9,000 employees, Frimley Health has been providing hospital and community services for decades across the following sites:

- Wexham Park Hospital, which opened as a general hospital in 1965
- Heatherwood Hospital, which began life in 1922 as a tuberculosis and orthopaedic hospital for children (Heatherwood and Wexham Park Hospitals NHS Foundation Trust formed with their merger in June 2007)
- Frimley Park Hospital, built in 1974, was one of the first acute trusts in the south of England to achieve foundation status, which it was awarded in April 2005
- Community services across north-east Hampshire and in patients' homes
- Inpatient, outpatient and diagnostic services in Bracknell, Aldershot, Farnham, Fleet, Windsor, Maidenhead, and Chalfont St Peter in Buckinghamshire

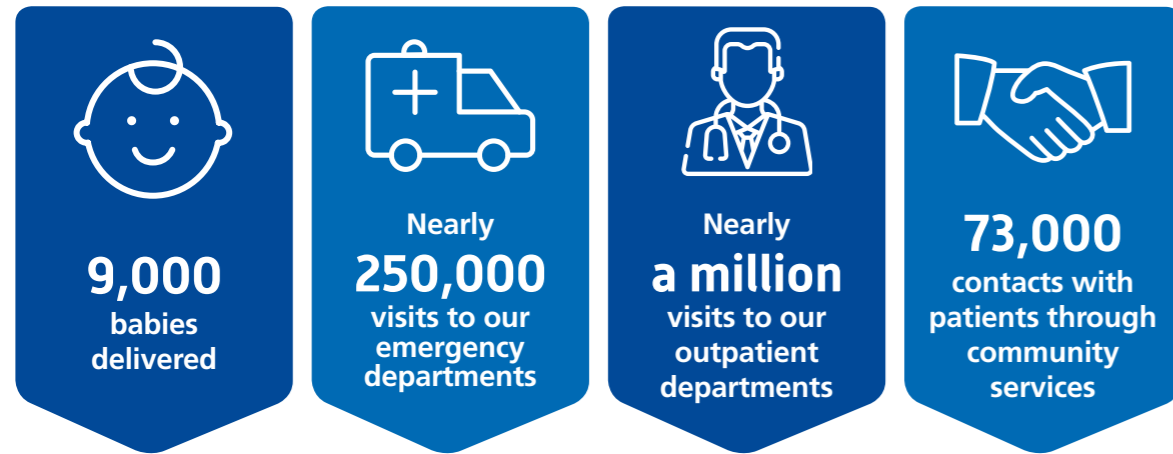
Frimley Health NHS Foundation Trust was formed in 2014 following the merging of Frimley Park Hospital NHS Foundation Trust with Heatherwood and Wexham Park Hospitals NHS Foundation Trust.

This was the first ever successful foundation-trust to foundation-trust acquisition.

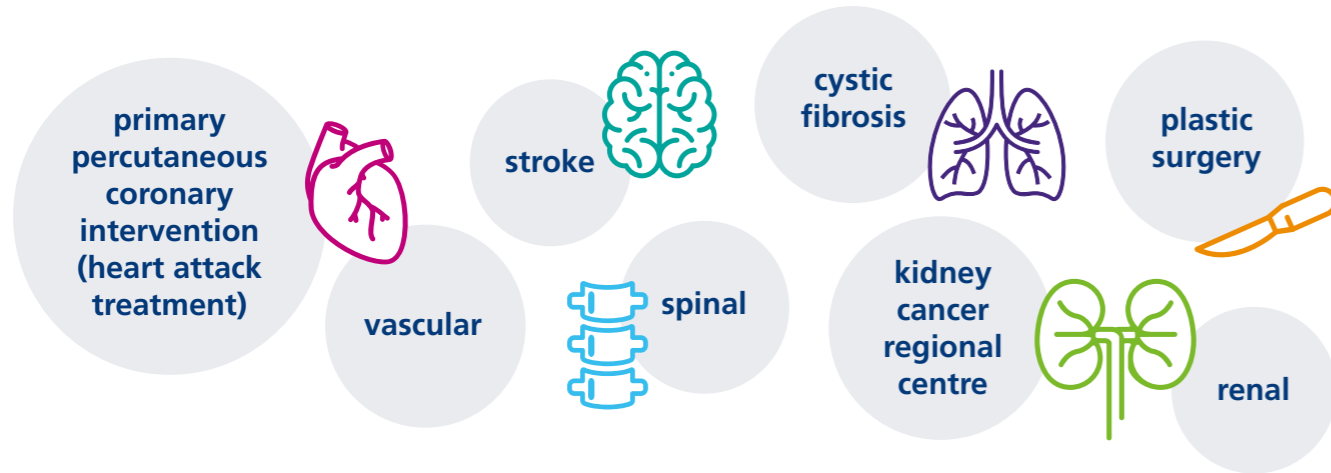
Since then we have achieved:

- Best Organisation at the 2016 Patient Safety Awards by HSJ and the Nursing Times
- Built a new £10m maternity unit at Wexham Park Hospital to provide a home-from-home environment for new mothers and families
- Opened our new £49m Emergency Assessment Centre at Wexham Park, bringing A&E services, 24-hour assessments and short stay medical and surgical care together under one roof for the first time
- 2019 Silver Investors in People award
- Armed Forces Covenant Employer Recognition Scheme Silver Award
- Opening of new Renal Unit at Frimley Park, the first of its kind locally
- 2016 CIPD People Management Award for employee engagement
- Embarked on a state-of-the-art £98m elective centre at Heatherwood

You can see some other of our achievements in numbers:



In addition to providing a wide variety of services to our local community, we deliver specialist acute services across a wider geography, including:



Who we serve

Frimley Health serves a 900,000 population as part of the Frimley Health and Care ICS across Surrey, Hampshire, Berkshire and beyond. Our population generally has a higher life expectancy than the national average, with some pockets of deprivation, highlighting variation across our geography.

Our population shows variation in levels of child mortality, increasing numbers of people living with complex long-term conditions and an ageing population, all increasing pressure on our services.

There is an evident need for a greater focus on giving our population the best start in life, right through to supporting them to age well. Some of the key demographic challenges across our area are:

- A 12-year gap in life expectancy, depending on where you live

- 32% of 10 and 11-year-olds carry excess weight
- 18% of people have two or more chronic conditions
- 10% live with three or more chronic conditions
- 6% have both physical and mental health needs
- There will be 62% more over 85-year-olds by 2031

The variation across our geography poses a significant challenge, requiring us to work with partners to consider different ways to approach our variety of communities. Change will be born from a tailored, informed approach whereby we understand the factors that influence this variation.

Who we work with

Frimley Health and Care ICS was initially formed as a sustainability and transformation partnership (STP) in 2016, and progressed into becoming one of 10 leading national ICSs in April 2018. The ICS involves over 30 statutory bodies, as well as 74 GP surgeries, including but not limited to:

- > Surrey Heath CCG
- > East Berkshire CCG
- > North East Hampshire & Farnham CCG
- > Berkshire Healthcare NHS Foundation Trust
- > Surrey and Borders Partnership NHS Foundation Trust
- > Sussex Partnership NHS Foundation Trust
- > Surrey Heath Community Providers
- > Virgin Care
- > Slough Health
- > North Hampshire Urgent Care
- > GP Federations
- > South Central Ambulance Service
- > South East Coast Ambulance Service
- > Royal Borough of Windsor & Maidenhead
- > Surrey County Council



- > Bracknell Forest Council
- > Slough Borough Council
- > Hampshire County Council
- > Thames Valley & Wessex Leadership Academy
- > EBPCOOH
- > 74 GP surgeries grouped into 14 primary care networks
- > Other county, borough and district councils outside of our immediate ICS

Notable benefits have already been seen due to integrated working, which include:

- Improved access to primary care
- Coordinated care being provided closer to home or at home
- A reduction in the number of people with mental health problems having to travel out of the area for treatment
- Community-based support for alcohol-related harm and physical inactivity
- Development of a shared care record enabling all clinical teams to access current patient information quickly
- Improved pathways of care across a variety of services

There is, of course, more we can do. The ICS provides an opportunity for us to develop robust, transparent and effective partnerships across our system in order to meet the growing demands of our local population. While the ICS poses a unique opportunity for collaboration, we recognise that these new ways of working do not come without

their own challenges. We are conscious that working in partnership under the ICS poses alternative challenges, such as shared financial responsibility, ensuring whole system sustainability and the aspiration to achieve a financial surplus for each organisation.

Our future FHFT is written with this in mind, acknowledging the aspirations of the ICS and alignment with the ICS strategy and the NHS Long Term Plan. There is likely to be greater joint working between providers and local authorities within the ICS and greater collaboration in the formation of primary care networks (PCNs). Partnerships external to the ICS will also be imperative to future operations and we welcome the opportunity to adopt and develop new flexible ways of working within the ICS and across wider partnerships.

One of our greatest partnerships is with our military colleagues. Since 1996 Frimley has worked in proud partnership with the military allowing joint training and learning as well as mutual support. Our intent within *Our future FHFT* is to further develop our relationships with our partners to work together in the most productive way for patient care.

What we know: a national context

We know that the healthcare environment is changing, especially with demand increasing in volume and complexity. Throughout the development of *Our future FHFT*, in consultation with various national bodies, stakeholders and experts, we grappled with understanding the key pressure points in health and care now and in the future.

The following highlights some key facts which emerged:

- **Access standards** are now routinely missed, and waiting lists are growing
- **Brexit** will have a significant negative impact on the workforce
- Nationally, **life expectancy is growing**, but the rate of growth has slowed in recent years
- **Funding is growing at lower than historical levels** despite the 3.4% annual increase (over five years) in the funding settlement outlined in the Long Term Plan
- **Crossover with mental and physical health** - 46% of people with mental illness also have one or more long-term conditions and 30% of people with one or more long-term conditions also have a mental health illness
- **Financial deficits** are widespread
- By 2026, **1 million people are expected to have dementia** with associated care costs estimated to be nearly £35 billion
- **Digital technologies** are growing and people are using them more to manage their health or to access healthcare
- The number of people living with **long-term conditions** is increasing. In 2017, there were 3.9 million people living with diabetes. By 2025 this is expected to grow 13% to 4.4 million people
- We are living for longer, but living more of our years in **poor health**
- **Personalised services** and experiences are preferred and expected by service users

- Significant increase in the use of **smartphones and portable digital technologies**
- Service users show a high preference for accessing services through a **variety of channels** to suit their needs - digital, phone and in person
- The workforce expects **flexibility and freedom** in the age of the 'shoulder-bag worker'
- **Growth in demand, technology, new drugs and treatment methods** outstripping the rate of increase in the financial envelope available to the NHS
- **Increasing costs of developments** in treatments, technologies and the introduction of new drugs - 5% increase in drug spend per year since 2010-11
- **A widespread health and wellbeing gap across the country** with men and women in the most deprived areas expected to live 20 more years in poor health than those in less deprived areas
- **The number of staff seeking to leave** the NHS is increasing, with a current shortage of more than 100,000 staff across the NHS, which is predicted to possibly grow to 250,000 by 2030

What we know: a local context

Our future FHFT bridges the gap between the strong start we have made to date and our aspirations to ensure that we have the right services capable of delivering the best possible outcomes for our patients and communities. We recognise we have overcome substantial obstacles in the last five years, which have provided us with a strong foundation on which to

build and move forward to take on new challenges. The opening of our new Emergency Assessment Centre at Wexham in April 2019 is just one part of our capital and estates programme. We will also see a new elective centre at Heatherwood in 2021 among other transformations to our service provision across the Trust.

The strategy is also designed to address the following local challenges:



These challenges outlined above are different to those of the past due to the current national NHS environment.

How have we done it?

A key strength of our strategy is that we have developed it in partnership with our key stakeholders – primarily our staff, our system and provider partners and patients.

“ It was important to us that our strategy was not drawn up in a Board room using the experience of a few individuals, but was developed with input from across the organisation and our system ”

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Our strategy is premised on the need to serve our communities, staff and partners, and has been developed by, and with, them.

Our CEO, who joined the Trust in March 2018, set us on our engagement journey when he embarked on his 100-day programme, taking part in 425 meetings with local, regional and national partners. Briefings from regional and national experts helped us to understand the challenges and the opportunities for the future. Overall, this approach helped us to shape the key strategic issues through various events, workshops and activities.

Our #FutureFHFT vision exercise was designed to help us understand how our patients, staff and teams viewed the future of Frimley Health. It provided us with an opportunity to welcome our patients and stakeholders to input at an early stage of the development process. The responses provided were considered and analysed, shaping our organisational vision.

This exercise was run alongside a series of clinical directorate sessions during which our CEO invited our directorate teams to celebrate past successes,

but more importantly, describe their future visions, outlining their key aims and objectives to help them to get there. These sessions resulted in a wealth of clinical information which helped us to inform some of the key elements of our strategy.

Our engagement activities continued over the next nine months and we were able to listen to and consult a variety of key stakeholders including:

- Staff – a range of people across a number of professions, disciplines and departments
- ICS partners – commissioners, providers and local authorities
- The Council of Governors
- Provider partners from outside the ICS
- Patients and communities

Engagement does not end with the development of our strategy. Our patients, staff, partners and communities will be continually engaged in the developments and implementation of our strategy. It is through our people, patients and communities that this strategy will be lived and where the real gains will be made.

Our future vision: what will be different?

Our vision of the future is one where we always put the patient at the centre of all we do.

Our quality improvement programme and pathway design will build on great work done to date, making us one of the safest trusts in the country, offering among the best outcomes and patient experience. Our 'One Frimley Health' culture emphasises consistency between services and continuous improvement.

Our people and teams will be empowered, inspired and motivated to deliver the best care for our patients. At Frimley Health they will be part of an acute and community care provider, a key partner in one of the country's leading ICSs, offering career development and opportunity to grow across a variety of roles and organisations. Frimley Health will be an attractive and exciting place to work, with a reputation for engaging its workforce within a positive and trusting culture. Staff will feel valued and supported in an organisation that makes the health and wellbeing of its people a priority.

Our future will be one where patients and communities are empowered to live healthier active lives for longer. They will have access to coordinated care closer to home, meeting their needs in the most appropriate setting. This will mean fewer visits to hospital and more care delivered locally through

our integrated partnerships. Patients will be able to access services through digital channels and manage their own long-term conditions through the use of technology and applications.

Our range of services will suit the needs of our communities and they will receive consistently high levels of care. Whether it is the best and most responsive urgent and emergency care, outstanding specialist services from state-of-the-art facilities, or community services closer to home, Frimley Health will provide the highest possible standard of care, every time, wherever we provide them.

In the future, our investments will generate true value for money for our people, our patients and communities. We will ensure that every pound is put to use in the delivery of efficient, effective services. The solutions to increasing demand reside outside the acute setting, meaning Frimley Health will be working with partners to ensure services are redeveloped appropriately to help manage demand.

Our future will be one where the use of modern technology and digital is part of the day-to-day. Patients will be offered the latest developments in medicine and will have joined up digital patient records wherever they access the healthcare system locally. Artificial intelligence (AI) and robotic technology will support our teams to improve diagnosis, patient experience and outcomes.

Our future FHFT will help us to make these aspirations a reality.



Building our strategic framework: how will we get there?

Wide engagement in the development of our strategy helped us to identify the key strategic issues and the potential options to address them. The six ambitions now provide the pillars to our organisational strategy, supporting our vision and values, aiding its meaningful delivery.

Our ambitions underpin our vision and values to form our strategic framework.



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Strategic ambitions

- Improving quality for patients**
 An outstanding trust delivering the best patient outcomes, safety and experience through a culture of **continuous quality improvement**
- Supporting our people**
 A great place to work, **supporting our people** to be the best
- Collaborating with our partners**
 Leading the way in **coordinating local health and care services**, with more support closer to home, enabling people to have healthier lives by being in charge of their own health and wellbeing
- Transforming our services**
Delivering excellence every day across all our services as 'One Frimley Health'
- Making our money work**
 One of the most **efficient providers** of healthcare in the country
- Advancing our digital capability**
 Using **technology and innovation** to provide the latest treatments and connected care for our patients



Improving quality for patients

Frimley Health will offer our patients the highest quality of services with the best care, experience and patient outcomes

Quality is at the heart of everything we do and we are always striving to improve. Our people and patients are justifiably proud of our focus on quality and the outcomes that commitment generates.

However, we can do it better. Building on existing areas of excellence within Frimley Health, we will embark on a quality improvement journey that will take us to a level where we are recognised as one of the best, as a national centre of excellence.

“It’s exciting FHFT will provide world-class health and care services tailored to the needs of our local population” *patient*

By embedding a culture of quality improvement we will succeed in securing improved patient experience, safety and outcomes, as well as achieving efficiency and productivity benefits. By bringing a systematic, coordinated approach

to quality improvement we will enable all our staff to apply their energy and ideas for change to achieve the goal of developing and nurturing a culture of continuous quality improvement. With the support of quality improvement experts, we will engage patients, families and carers in our quality improvement journey, empowering them to lead their own healthcare journey and providing them with the information and resources they need to lead healthy lives.

“We must provide patient-centred, modern healthcare, responsive to change” *staff*

Our patients, families and carers offer a unique perspective on the care we provide. They are ‘experts by experience’ and, as such, are critical in highlighting the improvements required to make our services better. We will be collaborating with these experts so that they play a key role as we embark on our quality improvement journey.

➤ Frimley Health will be known for:

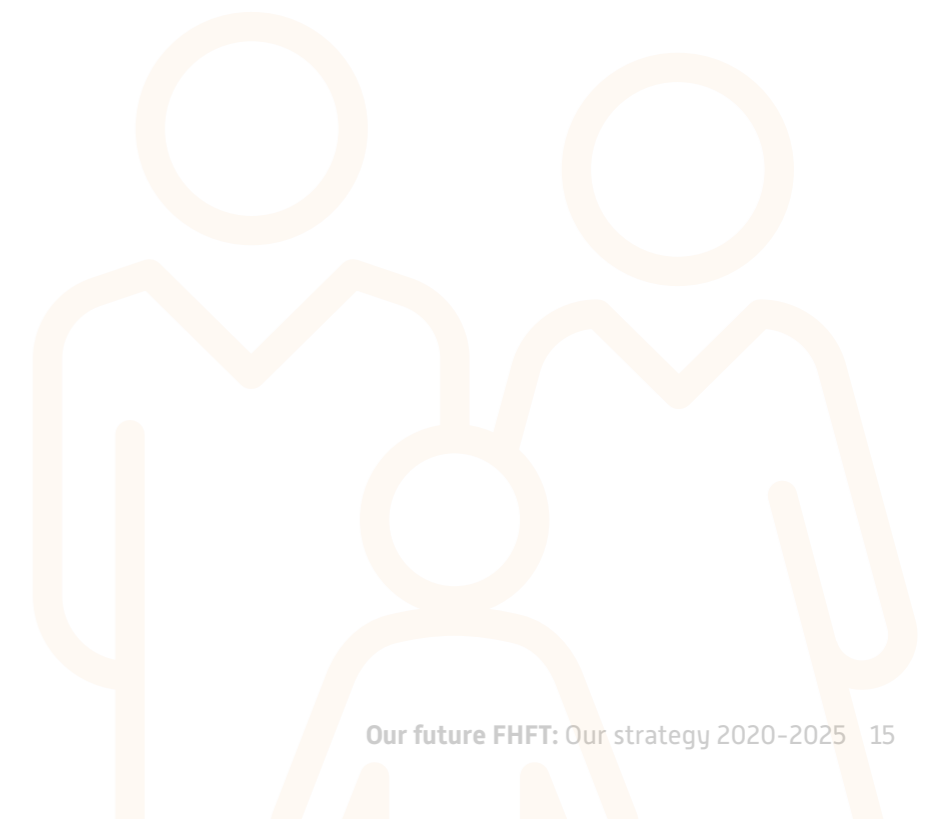
Being an outstanding trust, delivering the best patient outcomes, safety and experience through a culture of continuous quality improvement

What will success look like for our patients, communities and our people?

- Our patients and communities will receive care provided by one of the safest trusts in the country
- Our patients and communities will be served by a trust rated as outstanding, providing the highest levels of quality care
- Our patients and communities will be served by a trust delivering the best care experiences and outcomes
- Our patients will be supported throughout their whole lives by the delivery of outstanding care across all areas, from maternity, to palliative and end of life care
- Our patients and communities are our ‘experts by experience’ and will have the opportunity to co-design services and pathways through our quality improvement programme

Our delivery priorities will include:

- Actively putting the patient voice first. Patients and carers will shape and co-design our services to best suit their needs
- Reducing mortality and improving safety and outcomes to be among the best healthcare systems
- Building our culture of excellence for the future, enabled by the delivery of a quality improvement methodology
- Investment in and building of organisational capability and internal quality experts to support our quality improvement programme
- Ensuring our culture of improvement is mirrored within the ICS, and training our future leaders through our local leadership academy to embed a continuous improvement approach to quality improvement.





Supporting our people

Frimley Health will be an employer of choice and recognised as a great place to work where people are offered unique opportunities to develop and grow

Our people are, and always will be, our greatest asset. It is through our people that we deliver our vision and values. It is our people who deliver outstanding care for our local population.

The evidence is very clear – teams who feel valued and recognised are able to make changes, and people who are supported to develop themselves also deliver the best care and outcomes for patients. Supporting our people to do this is a key ambition. The challenge of attracting, recruiting and retaining the best people across the NHS and securing our future workforce is a key strategic issue for Frimley Health.

“It’s really important to me that the strategy is not just being drawn up in a boardroom by directors, but is being developed with input from across the organisation” staff

Evidence shows that high levels of staff engagement will improve quality of care and will do so efficiently. Staff and teams are more highly engaged in workplaces which nurture a positive and trusting

culture within which staff have high levels of wellbeing, where they feel valued, respected and supported and where they have high levels of influence.

“I want compassionate leaders at all levels” staff

Our patients value the dedication and commitment of our staff. We want to build on our reputation as a great place to work and to become an employer of choice, attracting the best people from our local area, across the country and internationally. We want to support our people in their work, health and wellbeing in order to build the healthiest workforce. As one of the largest employers in the area, we have a duty to prioritise the health of our people to ensure they can appropriately deliver the highest level of quality care in a compassionate way.

Developing our leadership for the future is a key priority. We will support our current and future leaders in their work, to develop both themselves and their teams, to make the best of themselves, their skills and experience. Being part of one of the leading ICSs in the country offers a unique range of opportunities for anyone choosing to join us.

➤ Frimley Health will be known for:

Being a great place to work and supporting its people to be the best they can be

What will success look like for our patients, communities and our people?

- Our people will have the opportunity to have great development and flexible and fulfilling careers to enable them to meet their aspirations and potential
- Our people will feel recognised and valued for their efforts and achievements
- Our people will flourish in a caring, inclusive and respectful working environment which will enhance their wellbeing
- Our people will feel they have a voice, control and influence over their working lives
- Our leadership culture will be positive, inclusive, people-centred and improvement-focused and leaders will be equipped to create a climate in which our people are given agency to deliver innovative service change
- Our patients and communities will receive 21st century care from a multi-professional workforce at Frimley Health and across our system, making the best use of technology
- Our people will have the opportunity to be involved in academic and clinical research and development shaping the future of clinical services
- Our workforce supply will match the demands of our services

Our delivery priorities will include:

- Making Frimley Health the best place to work, attracting people with flexible and fulfilling roles and exciting opportunities through the implementation of our recruitment and retention plans
- Supporting and developing our leaders to be the best they can be at engaging, inspiring and motivating their teams, helping to attract and manage the talent of the future
- Developing a workforce model to deliver 21st century care by utilising modern roles and approaches, such as our advanced clinical practice (ACP) programme among other exciting and innovative careers, making us an employer of choice
- Developing our links with local, national and international academic institutions to ensure a pipeline of talented individuals into Frimley Health, helping to address the workforce challenge
- Developing an operating model for a modern workforce utilising system opportunities to support our people to develop unique, flexible and exciting portfolio careers across a leading ICS
- Maintaining high levels of trust and staff engagement, supporting their physical and mental health and wellbeing and nurturing the positive culture that puts the patient at the centre of all we do





Collaborating with our partners

Collaborating with health and care partners, Frimley Health will deliver integrated services coordinated around the needs of the individuals within the local population and the communities we serve

One of our principal aims is to help people to live healthier, active lives, having a great start in life and remaining independent for as long as possible.

In order to do this we will work with our partners across our ICS and beyond. We will provide integrated care which means that our population will have access to seamless holistic services that meet their physical, mental health and social care needs at the earliest possible opportunity. Through a focus on the individual, as opposed to structure or institutions, we place an increased priority on prevention and proactive care rather than reactive treatment.

“ Collaboration with partners and leadership of these partnerships must be a top priority ” *staff*

We know that our patients and communities want to feel that their care is coordinated and delivered locally in a way that supports their needs. We increasingly expect to meet the majority of an individual's care needs in their local community, reducing the need for hospital-based care.

The variation within our geography poses a significant challenge. Our work with our partners will help us to identify and address the causes of such variation, in particular, identifying those groups at most risk. Collaborating with our partners will allow us to deliver place-based care in order to address the inequalities across our population, while simultaneously focusing on reducing clinical variation and delivering consistently high standards and clinical outcomes for patients.

“ There shouldn't be any barriers between acute and community teams. Staff should flow in and out of hospital with their patients ” *patient*

Collaborating with our partners is vital to the direction of travel within the NHS. *Our future FHFT* recognises the importance of wider relationships. This includes increasing collaboration with partners outside of the ICS and local authorities and maximising our long-standing relationship with our military partners.

➤ Frimley Health will be known for:

Being a key partner in one of the leading integrated systems in the country delivering joined-up, coordinated health and care for its population

What will success look like for our patients, communities and our people?

- Our patients and communities will receive coordinated, seamless care which will be delivered closer to home where possible
- Our patients and communities will experience fewer hospital visits and admissions as more services will be delivered locally
- Our patients and communities will be empowered and enabled to manage their own health and care needs, having a great start in life, leading healthier lives and remaining independent for longer
- Our patients and communities will receive expert support and advice on health promotion and prevention provided by Frimley Health clinicians and system partners
- Our patients and communities will benefit from accessible and effective mental health care services provided at the earliest opportunity
- Our patients and communities will benefit from an organisation and system that actively shapes its services around the needs of its local population, helping to reduce clinical variation and health outcomes.
- Our people will work for an employer and a system that actively looks to improve the health and wellbeing of its staff

Our delivery priorities will include:

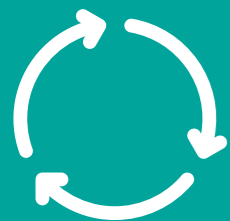
- Developing a successful partnership in order to deliver joined up and effective community services locally for patients
- Transforming care by implementing a proactive frailty management service and by increasing the provision of same-day ambulatory care
- Upskilling staff and working collaboratively with partners to engage our patients to maintain independence and providing care in the right place at the right time, managing both their physical and mental health needs
- Transforming the outpatient model utilising technology to reduce unnecessary face-to-face appointments and visits to hospital
- Redesigning patient pathways to improve efficiency and reduce clinical variation, improving patient outcomes while helping to provide care locally wherever possible
- Reducing variation by working with our colleagues in the local PCNs to bring in specialist expertise to local, place and neighbourhood levels to meet the specific needs of local populations





Transforming our services

Frimley Health will consistently deliver clinical excellence across the range of our acute, community and specialist services



As a large specialist, acute and community provider it is vital for us to shape our services in a way that meets the needs of our patient population.

Our patients and people are rightly proud of the services we provide. There is a real value placed on some of the leading specialist services we deliver and it is an ambition to ensure these services are enhanced and developed as we move into the future.

As well as providing the highest quality general acute services across our main hospital sites and community services, we will ensure that we have the right resources in the right places to get the best from our teams and estate to deliver the best clinical outcomes for patients. Wherever our patients and communities access our services, they will receive the same consistently high-level of quality, leading to some of the best patient outcomes anywhere in the NHS. Our 'One Frimley Health' promise will ensure there is consistency in access, experience and outcomes across all of our services. Whenever our patients and communities come in contact with Frimley Health, they will experience the same outstanding care.

“ It’s important to place the patient at the centre of an integrated acute and community trust like this ” *patient*

Our work on integration with our ICS partners will help us to move some services from our hospital sites into a more appropriate setting closer to home. Improved coordination with partners and investment in community services will also improve a patient’s journey into and out of hospital, back to their place of residence. A greater proportion of the care delivered within our system will be provided closer to home, improving outcomes and patient experience. We will reduce admissions to hospital and, when admission is essential, reduce the length of time people need to stay in hospital in order to receive the appropriate care and treatment. This means our hospitals will be better placed to focus on the provision of our highly-rated acute, hyper-acute and specialised services, some of which are regional and national leading services delivered by renowned clinical teams. Part of this work will be an unrelenting focus on efficiency which will involve a review of services to ensure that we are not duplicating services where this is not required.

“ We must become an organisation at the forefront of innovation and change ” *staff*

We endeavour to ensure our cancer services are sustainable to meet future demand while supporting the delivery of the long-term plan aspirations of early diagnosis to improve clinical outcomes and patient

experience. Growing these services through our clinical networks will improve provision of specialist services locally.

Working with our acute partners, we strive to develop our portfolio of services to improve the provision of services such as cardiovascular, cystic fibrosis, cancer, plastics and spinal for our local population.

➤ Frimley Health will be known for:

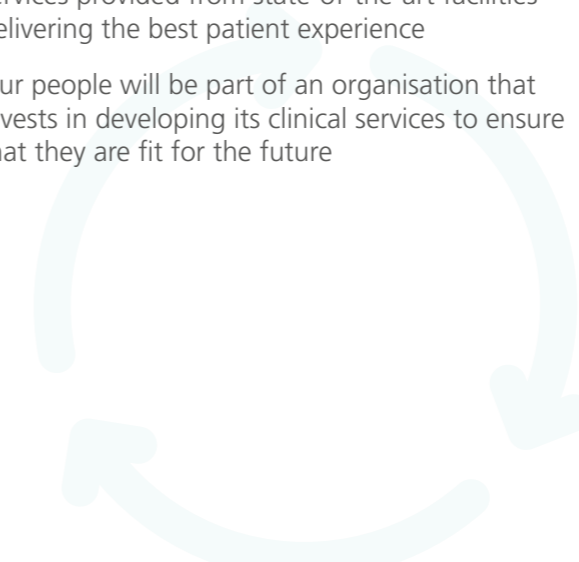
Delivering excellence every day across all of our services as ‘One Frimley Health’

What will success look like for our patients, communities and our people?

- Our patients and communities will receive consistently high quality care and the best patient outcomes offered by all of our services as ‘One Frimley Health’
- Our patients and communities will have access to range of specialist services provided locally by leading clinical teams delivering the best clinical outcomes
- Our patients and communities will have access to the best urgent and emergency care when needed
- Our patients and communities will be served by an organisation that will provide children with a strong start in life and continue to serve them throughout their lives
- Our patients and communities will have access to services provided from state-of-the-art facilities delivering the best patient experience
- Our people will be part of an organisation that invests in developing its clinical services to ensure that they are fit for the future

Our delivery priorities will include:

- A dedicated, state-of-the-art elective facility on the Heatherwood site in Ascot, utilising the latest technology to deliver outstanding specialist services to patients across Surrey, Hampshire and Berkshire
- New and improved clinical facilities across our acute sites such as a new diagnostic block and Cystic Fibrosis Unit at Frimley and critical care facilities across the Trust
- A consistently high standard of care delivered through the best pathways as ‘One Frimley Health’
- Delivering the national Children and Young People’s initiatives to ensure children and families have the best start to life and are well supported in both their health and wellbeing from the outset
- Embedding the outcomes of the Better Births publication through transforming our maternity services to ensure continuity of carer, and provision of an excellent perinatal mental health service among other initiatives, including the Saving Babies’ Lives care bundle
- To further develop some of our specialised services through enhanced networks in order to provide more specialist care locally and to ensure all pathways and services have a sustainable future





➤ Frimley Health will be known for:

Being one of the most efficient providers of healthcare in the country

What will success look like for our patients, communities and our people?

- Our patients and communities will have access to a broad range of services delivered by one of the most efficient trusts in the country
- Our patients, communities and people will be served by a local trust that is financially stable, spending well to ensure value for money in the services we offer
- Our patients, communities and people will be served by a local trust that invests in services, estate and buildings that generate value for money
- Our patients, communities and people will be served by a trust that generates income from a variety of sources and develops its private patient services so that any profits can be reinvested in NHS care
- Our patients, people and communities will be served by a local trust that works to reduce its impact on the environment as we deliver more of our services closer to home

Our delivery priorities will include:

- Implementation of our finance and commercial strategy to ensure we eliminate our deficit and generate a sustainable surplus for investment in future services
- Focusing on improving our productivity and efficiency in all of our day-to-day operations, benchmarking our costs, improving our processes and systems and eliminating inefficiencies where they exist
- Exploring alternative options for the provision of high quality and effective non-clinical support services that allow us to improve productivity and provide opportunities for future innovation
- A review of other sources of income and expansion of our private patients activity to both increase and diversify sources of income
- Adoption of national best practice in efficiency and productivity such as adopting the Getting It Right First Time (GIRFT) and the Model Hospital initiatives, driving better clinical experience, safety and outcomes through a focus in efficiency and learning from examples of best practice



Making our money work

Frimley Health will deliver sustainable services, fit for the future, through diligent financial control and sustainable investments

In order to deliver services that are fit for the future, it is clear that we will have to focus on our finances ensuring that we get the best value.

Stretching every pound to reap the biggest rewards benefits our system and our patients and is an organisational imperative. It is the responsibility of each and every person to do their best to deliver value for money through organisational efficiency and productivity. The need to achieve financial balance and generate a surplus is not unique to Frimley Health. This is a common challenge faced by NHS organisations across the country.

Our financial and commercial strategy will be central to delivering value for money for the future. Our main source of NHS funding is unlikely to grow significantly for the coming years, so our financial strategy will be looking to other sources for additional income alongside scrutiny of our cost base. One of our key delivery priorities is to increase our income through other means including the development of our private patient services. All the income generated by our private patient services are reinvested directly back into the NHS care we provide.

“ I want the organisation to be joined-up with consistent processes across all sites ” staff

As well as generating more income, we need to control our costs. We have a range of initiatives and projects that will help us in our task to make the best use of the money we have as part of the Frimley Health and Care ICS. System investment in out-of-hospital services is a recognised part of our strategy. Utilising our relationships with our partners, we will work to redevelop our service offering to ensure they are provided in the most appropriate setting, achieving the greatest value for money. We will be adopting national models of productivity, such as the Model Hospital and Getting It Right First Time (GIRFT), to help us deliver on our obligation to balance our books. Our quality improvement programme will also have a significant impact in ensuring that we deliver safe and effective care as efficiently as possible.





Advancing our digital capabilities

We will develop our digital and technological capabilities to enable clinical transformation delivering safe, efficient and excellent services and outcomes for our patients



Technology has the ability to transform healthcare and we want to ensure that we can be at the forefront of these changes.

As we invest in our digital and technological infrastructure our patients will be empowered to manage their health and wellbeing through the use of apps and wearable technology. They will also be able to use a variety of digital channels to access our services in a way that best suits their personal needs. For example, our patients could have access to a hospital consultant appointment via live streaming or video technology.

We also want to ensure that our teams and people work with the most advanced systems, allowing them to access the right information at the right time. By having a truly connected patient record we will be able to reduce errors, improve safety and enhance the overall patient experience. Ensuring the alignment and integration of our systems across the Trust and with health and care partners is a key priority, and provides a solid foundation upon which we can advance our digital capabilities for the benefit of both our people and patients.

“ We must become a really forward-looking trust with modern IT which embraces technology ” staff

We will continue to grow our capabilities through a commitment to actively driving R&D, providing our people, patients and communities with access to the latest technological devices, systems and procedures. For example, we will continue to build our capacity relating to robotics, as we enhance our ability to offer precision surgery through the use of robot-aided surgical procedures.

AI and genomics are other areas that will benefit from our investment in the latest technology and advances in medicine. As advances are made over time, we will use AI to speed up and improve some of our diagnoses, particularly in imaging. The use of AI to improve diagnosis and personalised medicine informed by genomic data will be a key part of our future plans with our systems partners.

> Frimley Health will be known for:

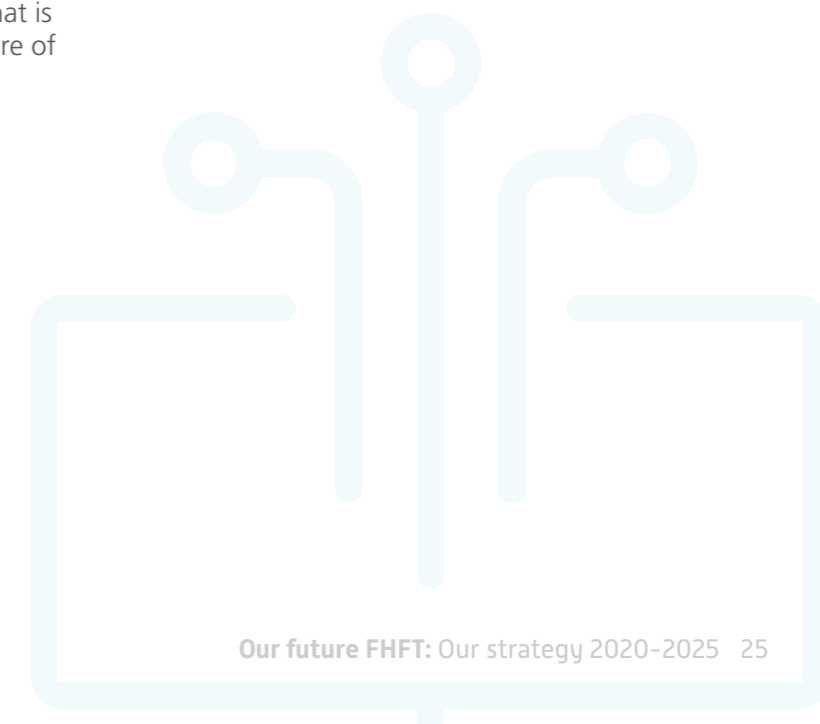
Using digital technology to provide truly advanced and connected care to our patients

What will success look like for our patients, communities and our people?

- Patients and communities will be able to have a greater degree of control over their healthcare through the use of apps and digitally enabled consultations
- Patients and communities will experience fewer journeys to hospital as we adopt wearable technologies and devices enabling remote monitoring
- Patients and communities will have access to more customised care using advanced technology and techniques such as genomic medicine or AI
- Patients and communities will have access to cutting edge robotic technology for a range of procedures and operations
- Our people will be equipped to utilise technology which will enhance their day-to-day capabilities and improve the ease with which they can work digitally
- Our people will have access to information that enables connected care and allows clinicians to access healthcare records and information: the right information, on the right device, at the right time
- Our people will be part of an organisation that is committed to R&D, actively shaping the future of healthcare

Our delivery priorities will include:

- Delivery of a new Trust Electronic Patient Record system to embed clinical transformation and enable further clinical innovation
- Integrating our systems Trust-wide and across all health and care providers and embedding the latest technology and digital medicine in order to support patients
- Wider information sharing by successful delivery of the Connected Care and Local Health Care Record programmes
- Developing the Trust's overall infrastructure and capabilities to achieve the highest level of digital maturity
- Implementing digitally transformative ways of working and developing our workforce's skill in utilising advanced technology
- Using the latest in digital medicine and technology such as AI and robotics to provide patients with latest treatments and rapid diagnosis
- Development of digitally enabled technology to allow patients to interact with our services in a way that is convenient and efficient for them



High-level delivery plan highlights

A successful strategy is measured on its delivery. Although our strategy is ambitious, it is achievable and meaningful to our patients, communities and our people. Delivery will be through our implementation plan. There are a number of critical deliverables that must be realised in order to achieve our overall strategic ambitions.

Our delivery plan is underpinned by directorate-level plans which contain detailed aims and objectives for the coming years. *Our future FHFT* will provide clear

direction for our directorate-level and annual plans to follow. We acknowledge that we can't do everything all of the time but our strategy provides a clear framework for the next five years. Working in tandem with our partners will be key to its delivery. Everything we do contributes to achieving our overall strategy and strategic ambitions and will improve the outcomes and experiences of our patients, communities and our people. The following delivery plan will be monitored by our Trust Board who will track progress against the overall strategy on a regular basis.

Risks and risk management

Risk management is key to the delivery of any strategy – environments and circumstances can change and the proactive and effective management of risk is vital to delivery. We have been clear about the significant challenges that face our organisation over the coming years and these will remain a challenge and a potential risk.

Our comprehensive Board Assurance Framework provides a robust foundation for the governance

of identifying and managing our risks. We take a targeted approach to ensure that we understand and manage the most likely risks or those that are likely to have the greatest adverse impact on the strategy. Risks will be constantly reviewed by directors and, working with the rest of the organisation through our governance structure and committees, we will involve our people as risks are identified and managed.

Future engagement

This strategy will be a living document which will continue to be shaped as we engage with patients, staff, our communities and partners throughout the life of the strategy. For the teams within Frimley Health this means that *Our future FHFT* will provide a framework for everything we do, shaping our decisions and day-to-day actions. It will be embedded in the organisation through our vision, values and behaviours. This will be supported by our corporate objectives, directorate and clinical plans individual and team objectives.

We operate in a volatile and unstable environment, so we need to be agile. We need to understand the changing pressures and challenges in order to respond. Continual engagement with our people and partners will be essential to ensure that the patient voice and ideas of our people and partners are included in our future developments. Building on the engagement that we established through the strategy development process we will be empowering teams to consistently update and adapt to meet future challenges. We will listen to our patients and our communities and respond to their needs as the environment around them changes.

Year 1 (2020-2021) | Year 2 (2021-2022) | Year 3-5 (2022-2025)

Deliverables

- Quality improvement methodology implemented
- New recruitment and retention strategy implemented
- Work with system partners to expand the delivery of community services
- Frailty service fully functional cross-site
- Clinically-led review of portfolio of services
- Approval for diagnostic block at Frimley Park
- E-observations live
- EPR procurement complete
- Opening of new elective centre at Heatherwood
- Commence deployment of Trust-wide EPR system
- New ways of outpatient working implemented
- Work with system partners to improve local mental health services reducing the need for out of area treatment
- Expansion of private patients offering
- More specialist services delivered locally such as cystic fibrosis and renal
- Increase in the number of patients actively inputting into the design of services and pathways
- Development of new clinical roles – over 45 Advanced Clinical Practitioners (ACPs) and 100 nurse associates
- Improved clinical facilities, such as the development of critical care, endoscopy and diagnostic block
- Improved patient experience through connected health and care record
- FHFT delivers on commitments to deliver ICS five year strategy, focussing on supporting health, wellbeing and prevention initiatives
- Development of consistent clinical pathways and services
- Widespread use of AI and robotics
- Trust-wide 'outstanding' CQC rating

Aspirations

- Cost improvements and financial surplus achieved
- Staff engagement scores in the top 10% of trusts
- Increased volunteer presence by 10%
- Staff turnover rate reduced to 12%
- Top 10 trusts in Patient Experience Survey
- Highest possible rating for ICS awarded by regulators
- Deficit reduction alongside 1% surplus achieved
- HIMMS Level 7

Summary

Our future FHFT outlines a stretching and ambitious five-year plan which, upon delivery, will positively influence patient and staff experience and achieve outstanding clinical outcomes for our patients and communities. Working with our ICS partners and acute clinical networks, we will transform our ways of working and our specialist services and embed a widespread culture of excellence and continuous improvement. *Our future FHFT* provides us with the roadmap we need to negotiate the challenges of the future, and bridges the gap between our success to date and our future aspirations and vision.

“ We are proud of *Our future FHFT* and all that it aspires to achieve. We are certain it will inspire confidence in our ability to deliver exceptional services for our communities and demonstrates our commitment to our patients, people, partners and communities. ”

This strategy document can be downloaded from our website at www.fhft.nhs.uk/strategy, where you will find more information about our plans. If you'd like to contact us about the strategy, please email us at fhft.strategy@nhs.net

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BHFT Strategy

Update to Slough Health Scrutiny Committee January 2021

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GDE
Digital solutions for
outstanding healthcare

Dr Kathryn MacDermott, Acting Exec Director Strategy
Jayne Reynolds, Regional Director
Karen Cridland, Director CYPF
Susanna Yeoman, Divisional Director Mental Health

Contents:

- BHFT 3 year strategy
 - MH strategy
 - Current MH status –impact of COVID-19
 - East Berks and Slough – priorities for 2021/22
 - Winter Offer: integrated services
-

Three Year Strategy 2021/22-2024/25



Berkshire Healthcare
NHS Foundation Trust

Our three strategic objectives

We aim to achieve our vision by focussing on three strategic objectives relating to our People, Patients and Population.

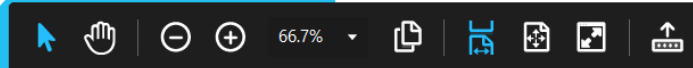


Over the next three years, we will:

Make Berkshire Healthcare a great place to work for all of **Our People**

Improve access, quality and experience of care for all of **Our Patients**

Work with partners to improve the health outcomes of all of **Our Populations**



Recovery plan on a page 2020/21

Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners.



True North goal 1: Harm-free care

✓ To provide safe services by eliminating avoidable harm

- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will make sure that we have safe levels of staffing to meet service demands
- We will engage with all services over the next six months and agree a plan to safely bring all services back to full operation
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents



True North goal 2: Supporting our staff

✓ To support our people and be a great place to work

- We will sustain and improve staff engagement across all of our services
- We will make sure all staff have the appropriate skills, training and support for their roles
- We will support staff to embed working remotely and to operate safely and effectively
- We will protect and sustain the health and wellbeing of our staff, reducing sickness absence
- We will increase numbers of staff feeling they can influence how we work and make decisions
- We will increase numbers of staff recommending the care and treatment of our services
- We will improve staff recruitment, retention and satisfaction
- We will have a zero tolerance to bullying and harassment
- We will reduce violence and aggression towards our staff



True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

- We will use patient and carer feedback to drive improvements in our services, with specific engagement on proposed new ways of working
- We will manage patient flow effectively, with minimum delays and make sure that patients stay within our services for no longer than is clinically appropriate
- We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time
- Our services will support patients to manage any direct or indirect adverse impact of COVID-19



True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

- We will achieve our financial plan for the year
- We will transform our clinical and non-clinical services using a digital first approach, to improve patient experience, streamline our estate, reduce our carbon footprint and support work-life balance for our staff

With our health and care partners: We will work in partnership with local systems to build Recovery and Restoration plans to build sustainable health and care that incorporate new ways of working.

Mental Health strategy: The NHS Long Term Plan

LTP sets out a ‘new service model for the 21st century’ with three over-arching principles, stating that “the NHS will increasingly be:

- More joined up and coordinated in its care...to support the increasing number of people with long-term health conditions...
- More proactive in the services it provides...with the move to ‘population health management’...
- More differentiated in its support offer to individuals...to take more control of how they manage their physical and mental wellbeing”
- A key target is improving access to physical health checks for people with Serious Mental Illness, to address health inequalities: people with Severe Mental Illness may have reduced life expectancy of 17-22 years.

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The NHS Long Term Plan

TOP-LINE—£3.2bn additional funding for mental health

Guarantee that investment in primary, community and mental health care will grow faster than the overall NHS budget, with Children & Young people budgets accelerating ahead of wider mental health funding



Community Mental Health

New Offer for Community Mental Health provision

Focus on those with complex needs

Integrated multi-disciplinary services aligned in Primary Care Networks



Alternative Provision for those in crisis

Increase alternative forms of provision for those in crisis, working with voluntary sector as well as alternatives to inpatient admissions



Access to Psychological Therapies*

By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services including access to online therapies



Physical Health in SMI*

Continue trajectories on PSMI and by 2023/2024 a further 110,000 per annum



Children & Young People*

Extension of pathways from 0-25 (from 0—18 previously)

Increased investments in Eating Disorder services*



Schools & Colleges

Specifically trained mental health teams to work in schools and colleges



Learning Disabilities & Autism

Ensuring people with LD/Autism are offered better support including reducing wait times and faster diagnosis and support from specific keyworkers which enables them to live happier, healthier and longer lives



NHS 111 & Access to 24/7 community care*

Develop a single universal point of access for those experiencing mental health crisis via NHS 111

24/7 crisis response service in community to include mental health nurses, with a 2 hour response*



Perinatal Mental Health*

Increased access to services* to include a further 24,000 women by 2023/24

Offer of psychological therapies to include wider family and carer intervention

Father/partner support for those in services

Closer links from perinatal mental health services into maternity settings



Ambulance Services

Ambulance staff to be trained in crisis response

Mental health nurses in control rooms

Introduction of Mental health transport vehicles



Improved Dementia Care*

Enhanced community teams to include dementia support to align with Primary Care networks

Needs assessment for Dementia in Care Homes linked to Vanguard

Ensure the development of a Clinical Assessment Service incorporates "out of hospital settings" including care homes



Standards

National Clinical Standard Review

CYP IAPT

Primary Care & Access

Urgent & Emergency Mental Health Standards—commence 2020



Rough Sleepers

£30million to provide better access to specialist mental health support to work alongside outreach services



Thames Valley Strategic Clinical Network

*= continued FYFV ambition

All icons used via www.flaticon.com

The **Mental Health Investment Standard (MHIS)** (previously known as Parity of Esteem) is the requirement for CCGs to increase **investment** in MH services in line with their overall increase in allocation each year.

Local NHS Commissioners and ICS system are held to account for achieving this

Our **major MH initiative for Slough and east Berkshire** is implementation of the **Community Mental Health Framework** (Nov 2020) – to transform community MH services (*presentation delivered to Health scrutiny committee in November 2020*)



Smoking Cessation

Universal smoking cessation offer in specialist mental health services

In-patient settings and e-cigarette usage to be considered (via PHE guidance)



Support into Employment*

Continued support for individual placement and support



Suicide Prevention & Support*

Suicide Prevention Quality Improvement Programme

Safety Improvement programme

Bereavement support



Out of Area Placements*

Elimination of all Out of Area Placements by 20/21*

Reduce OAPs down to national average of 32 days

Covid-19 and Mental Health demand

Local demand and impact:

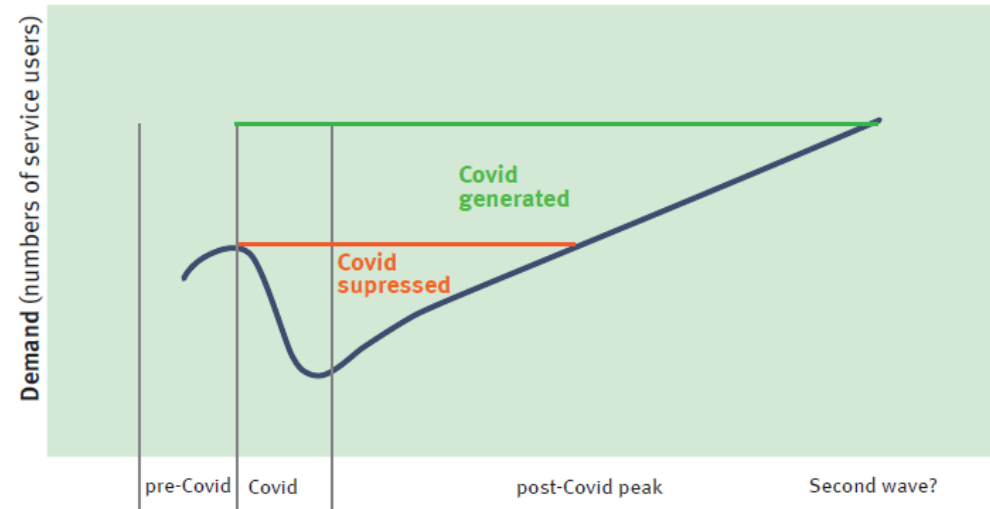
- Initial drop in activity, now increasing activity to pre-Covid-19 levels
- Greater % of more complex presentations and people with increased acuity across all services areas
- New presentations of serious mental illness and admissions into acute psychiatric beds – occupancy sustained below 85% in wave 1 but increased pressures since October 2020
- More safeguarding referrals due to domestic abuse

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- National model predicts upto 20% population will need new or additional MH support (*Centre for Mental Health Oct 2020*)
- Increase in Anxiety, depression, trauma, complex grief
- Impact is likely to be unequal– higher risk groups will include BAME, care home residents, disabled people and front line staff, unemployed people

Visual explanation of the model: forecasting future demand

Adapted from graph created by Paul Bibby, Head of Strategy and Planning, Lancashire and South Cumbria NHS Foundation Trust



Model is broadly applicable to all areas but will vary in impact by service line

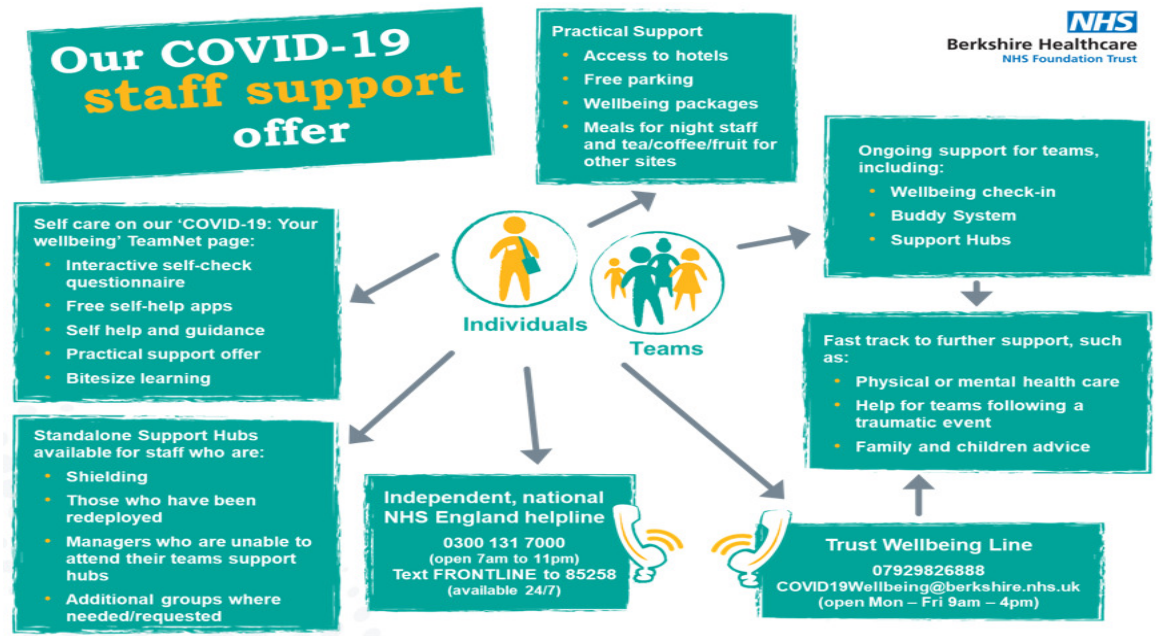
<p>Covid-suppressed</p> <p>People known to services who have currently ceased/postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.</p>	<p>Covid-generated</p> <p>People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.</p>	<p>Covid-altered interventions</p> <p>Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.</p>
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Current MH offer in BHFT

Locally:

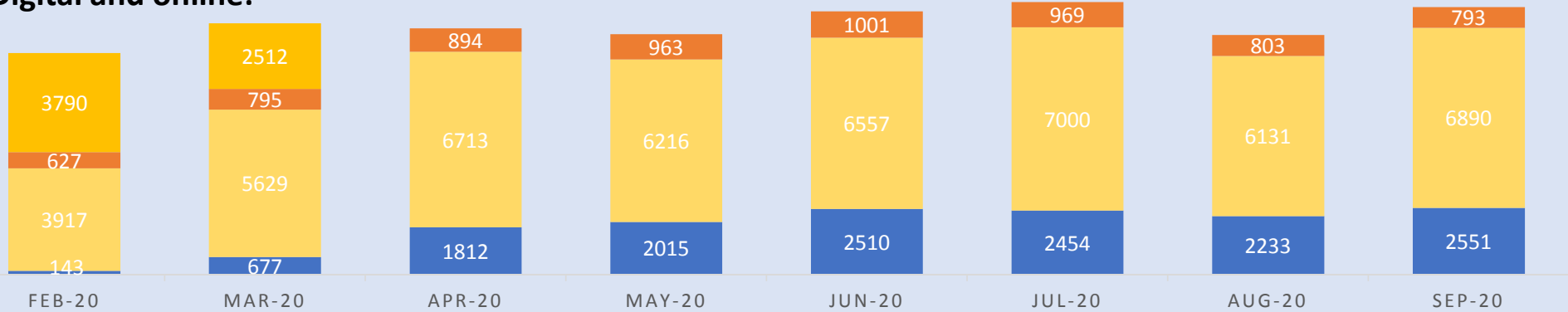
- Publicised Talking Therapies offer
- Partnership approaches
- 'No wrong door' – MH Gateway
- Evidence based approaches
- Working with our local communities
- New Wellbeing service
- Developing Primary Care MH offer – MHICS
- Developed staff support offer
- Increased accessibility via digital and online

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Increased access to Digital and online:

■ Video appointment ■ Telephone ■ Silvercloud ■ Face to Face



East Berks and Slough – Priorities for 2021/22 – Adult services

Community Health Services

Complete Recovery Plans – in particular for Dental/Hearing and Balance and Diabetes that continue to have long waits

Continue to roll out our Integrated Frailty offer focussing on integration/admission avoidance, in particular working with Primary Care to support ACP (Anticipatory Care Planning)/management of Frailty/Ageing well programme of work/Extension and enhancement of the work/scope of the LAPs (Locality access points)

Service review to establish effective blended models of delivery i.e. virtual/F2F – embedding some of the innovations/learning from COVID-19

Estate plans to further drive integration between Community/Primary Care and LAs

Adult MH priorities

Continue to progress Transformation plans in line with Community MH Framework, with MH Integrated Community Services (MHICS) rolled out to all Slough PCNs and further developments in personality disorder and eating disorder pathways.

Prioritise Physical health checks for people with SMI to address health inequality, and maintain MH integration with social care and community health services for holistic approach.

Embedding MH pathways with NHS 111 First

Crisis and home treatment- Alternative to hospital admission schemes including development of virtual Safe Haven for Slough and east Berks, to reduce in patient demand

Talking therapies – maximise efficiencies and build on virtual offer in order to meet expected surge in demand

Continue to build partnership and integration in line with Slough Wellbeing Strategy Priority 2: Health and Social Care Integration

East Berks and Slough – Priorities for 2021/22 – Childrens services

Community Services

Neurodiversity – Working with Berkshire East CCG to develop new models for autism assessment service and ADHD assessment and ongoing support

CYPIT (integrated therapies) – Working across the 3 LAs in East Berkshire and the CCG to develop new models and commissioning of paediatric therapy

Specialist Nursing – Working with the CCG, Frimley Health and Alexander Devine Hospice to implement palliative care pathway for children and their families

Eating disorders

Using NHSE/I Early Intervention Eating Disorder Funding to enable early access to evidence based interventions for 16-25yr old. Builds in national access & waiting time standards for CYP ED service, extending this to young adults and links with LTP ambitions re 0-25.

CAMHS Priorities

Continue to embed MH Support Teams – NHSE funded programme following Green Paper on CAMHS Waiting Times, (launched in Slough Sept 2020).

Getting Help service –MH workers to support multi-agency early help triage and Single Point of Access(SPA) in each LA to improve access and integrated care.

Crisis - System review to determine local model of care to meet LTP targets for 24/7 crisis response & home treatment.

Closer links with primary care & join up with Connected Care

Extend webinars and training for education settings in emotional and psychological wellbeing

Website development and expanded digital offer including access to SHaRON

Reduce wait times for assessment and treatment through new posts (Specialist Community team and Children Looked After)

Streamlining transitions planning and improving experience for families and young people

East BHFT 'Winter Offer' INTEGRATED SERVICES



Berkshire Healthcare
NHS Foundation Trust

**Target for all referrals to be processed within 2 hours.
Referrals can be sent via: the HUB**

**integratedhub@berkshire.nhs.uk
or 0300 365 1234, ICE, DXS, RiO**

Falls & Frailty

ARC - triage & assess referrals from community teams, SCAS, GPs, Acute, alongside SBC

- **New - Physiotherapist home assessments & virtual falls programme** to include digital consultations/ assessments with physiotherapists, followed by treatment plan delivered by Teams or exercise sheets
- **New - Therapy** input in BHFT community & wards for patients 7 days a week
- **New - Virtual consultations** for Patients referred to ARC (Assessment and Rehab Centre) services with selective Face 2 face consultation
- **New – 'Nurse led domiciliary assessments'** with portable ECGs, Observations, Basic Investigations, with discussions with Comm Geriatricians for Medical Mx plans
- **Continued - ICS** supporting frailty patients on discharge 7 days a week

Admission Avoidance

2 Hr triage response for all referrals

Access into integrated pathway for LAP & Cluster MDT's

- **New - Direct referral pathway** from SCAS to Community Hospital Bed to avoid Acute Hosp admission
- **New - Point of Care** testing on the community wards/ARC to expedite results & initiate treatment, avoiding acute admission
- **In reach team covering 7 days** a week & extended hours to support admission to community beds from Frimley/Wexham & Community
- **GP advice hotline for Geriatrician support**

Welfare Checks / Safety Net

Welfare Check Pathway- Patients discharged from community wards are contacted by Admin staff, Nurse or Doctor (based on clinical need) to ensure they are safe & well at home.

- **New - Welfare check** pathway to support direct referrals from OOH GPs



Thank You

Any questions?



SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 14th January 2021

CONTACT OFFICER: Ellie Gaddes, Policy Insight Analyst

(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

HEALTH SCRUTINY PANEL - WORK PROGRAMME 2020/21**1. Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2020-21.

2. Recommendations/Proposed Action

That the Panel review the work programme and potential items listed for inclusion.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

- 3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.
- 3.2 The effective scrutiny of the councils decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:
- Starting Well
 - Integration
 - Strong, healthy and attractive neighbourhoods
 - Workplace Health
- 3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:
- Outcome 1: Slough children will grow up to be happy, healthy and successful.
 - Outcome 2: Our people will be healthier and manage their own care needs.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 This work programme has been formed through discussions between the Chair of the Health Scrutiny Panel, the Vice-Chair of the Health Scrutiny Panel and the Director of Adults and Communities.

5.2 The work programme is a flexible document which will be continually reviewed throughout the municipal year. It will be updated to take into account requests for consideration of issues from members of the Health Scrutiny Panel.

6. **Conclusion**

This report is intended to provide the Health Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

7. **Appendices Attached**

A - Work Programme for 2020/21 Municipal Year

8. **Background Papers**

None.

Health Scrutiny Panel Work Programme 2020/21

Task and finish Group / Visits
Meeting Date
31 st March
<ul style="list-style-type: none">• Situation Report – Verbal update on COVID-19 situation in Slough• JSNA Update• ASC Strategy, Budget and Winter Plan• Slough Safeguarding Boards Annual Report (2019/20)

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MEMBERS' ATTENDANCE RECORD 2020/21

HEALTH SCRUTINY PANEL

COUNCILLOR	25/06/20	08/09/20	13/10/20	26/11/20	14/01/21	31/03/21
Ali	P	P	P	P		
Begum	P	P	P	P		
*Gahir	P	P				
*N Holledge	Ab	Ab				
**Matloob			P	P		
Mohammad			P	P	P	P
Qaseem	P*	P*	P	P		
Rasib	P	Ap	P	P		
A Sandhu	P	Ap	P	P		
**Sarfraz			Ap	P		
Smith			Ap	P	P	P
Colin Pill – Co-optee	Ap	Ab	Ap			

P = Present for whole meeting P* = Present for part of meeting Ap = Apologies given Ab = Absent, no apologies given.

*Councillors Gahir and N Holledge no longer members of the Panel from 24th September 2020.

**Councillors Matloob and Sarfraz appointed to the Panel from 24th September 2020.

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