

## **Health Scrutiny Panel – Meeting held on Wednesday, 20th November, 2019.**

**Present:-** Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Gahir, Mohammad and Qaseem

**Apologies for Absence:-** Councillors N Holledge and Rasib and Colin Pill, Chair of Healthwatch Slough Board

### **PART I**

#### **29. Declarations of Interest**

Councillor Mohammad declared that she worked in a General Practitioners Medical Centre. She remained in the Council Chamber throughout the meeting.

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#### **30. Minutes of the Last Meeting held on 15th October 2019**

**Resolved** - That the minutes of the meeting held on 15th October 2019 be approved as a correct record.

#### **31. Member Questions**

None had been received.

#### **32. Frimley Health and Care System Winter Planning 2019/20**

Mr Ben Cox, Commissioning and Service Improvement Manager (NHS East Berkshire Clinical Commissioning Group), provided a presentation regarding the winter planning arrangements for the Frimley Health and Care system, which included details of system planning, implementation, governance and resilience arrangements during 2019/10.

Each year the Frimley Integrated Care System (ICS) had built on the excellent work carried out as part of the Urgent and Emergency Care Delivery Plan to ensure all system partners were prepared to meet the varied challenges over the winter period. The lessons learnt from the previous year were incorporated into the winter plan to ensure a robust Winter Planning Framework was in place.

Following the conclusion of the presentation, the Chair invited Members to comment and ask questions.

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The Panel raised the following points:

- A Member asked what arrangements were in place to mitigate any impacts of Brexit. In response, the Panel was provided assurance that plans were in place for all eventualities.
- Referring to the presentation slide –‘Supporting the Delivery of Elective and Emergency Care – Our Focus’, the Panel noted that an area of focus was to ‘reduce the number of beds occupied by long-stay patients by 25%’. A Member asked about the number of beds at Wexham Park Hospital. It was advised that there were approximately 580 beds. The 25% reduction referred to in the slide related to patients who had been in hospital for 25 days or more. Work was undertaken to identify the reasons for long-term hospital stays to ensure the right provision for patients was in place.
- A Member asked how many health care professionals received a flu vaccine. It was explained that the flu jab was offered to all employees, and approximately 35% of the Social Care Team took up the offer. However, this figure did not include the number of staff that may have chosen to get the vaccine elsewhere.
- In relation to waiting times, a Member asked what the average ambulance ‘hand over time’ was and the average length of wait in the Accident and Emergency (A&E) department. It was reported that waiting times were based on the level of demand. The target ambulance hand over time was 30 minutes; the average wait in A&E was 280 minutes. The use of Walk-in Centres and nurse navigators had been employed as part of the 2018/19 pilot; however these now formed part of the ‘business as usual’ winter planning.
- It was noted that a comprehensive communication campaign had been launched to inform members of the public of the options available, other than attending A&E. Including, promoting the use of 111 services and Walk-in Centres. School assemblies had been held to inform seven and eight year olds about the importance of the ‘right care, right place, and right time’. The Panel was informed that people were able to make direct bookings to attend an appointment at a Walk-in Centre; and centres were open every day from 8am – 8pm.
- To reach a wide audience it was suggested that the Frimley ICS Communication Plan be shared with community and religious centres.
- A Member queried what plans were in place to mitigate the impacts of severe weather. It was explained that robust business continuity plans were in place to ensure staff could access their place of work. Where appropriate, flexible working arrangements, and facilities such as video conferencing could be used. Where it was crucial for staff to be on site, 4x4 vehicles were deployed to help transport staff.
- A Member asked if data was available to demonstrate the positive impact of children receiving the flu vaccine. The Commissioning and Service Improvement Manager agreed to circulate last year’s data to the Panel following the meeting.
- In relation to the role of nurse navigators, a Member asked if consideration had been given to locating GPs in the A&E department to

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alleviate some pressure. It was explained that the use of nurse navigators was felt to be the most appropriate option.

- Discussion took place regarding the Government announcement that 16,000 extra GP appointments across East Berkshire would be created through the Primary Care Network Model. It was explained that this equated to 22 additional appointments per week, per GP surgery. The Commissioning and Service Improvement Manager agreed to share with the Panel, the document identifying the relevant GP surgeries in Slough.

On behalf of the Panel, the Chair thanked the Commissioning and Service Improvement Manager for the presentation and report.

### **Resolved –**

- (a) That the report and presentation be noted.
- (b) That the Commissioning and Service Improvement Manager be requested to share with the Panel the document identifying the GP surgeries in Slough offering additional patient appointments.
- (c) That the Commissioning and Service Improvement Manager be requested to circulate last year's flu vaccine data to the Panel.

### **33. Annual Director of Public Health Report 2019 Berkshire - A Good Place to Work**

The Service Lead Public Health introduced the report that summarised the Annual Director of Public Health Report (ADPHR) 2019: Berkshire – A Good Place to Work, which focussed on workplace health and wellbeing.

The Director of Public Health had a statutory responsibility to produce an ADPHR. The report aimed to inform residents of health issues in their community, inspire action and guide decision makers' priorities, and ultimately reduce local health inequalities.

This year the report focussed on work and health. The topic had been selected due to the strong relationship between work, health and the opportunities in workplaces to take action to improve health and wellbeing.

Evidence showed that 'good work' improved health and wellbeing, by connecting people, providing a stable income, social interaction and a sense of identity and purpose. Unemployment was associated with an increased risk of poorer health, including limiting long-term illness, heart disease, poor mental health and health harming behaviour.

The relationship between work and health was symbiotic: good work was good for people's health, and people in the best health were more productive and good for business. The benefit of improving workplace health extended beyond the individual worker. For an employer, a healthy resilient workforce

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took fewer sick absences, had better productivity and longer careers before retiring. From an economic and wider societal view, an unhealthy workforce could lead to increased healthcare costs, increased informal caregiving, increased long-term sickness and a loss in productivity.

The key messages of the report were:

- The workplace was an ideal venue for improving health. Workplace health was a win:win for population health, employees and employers.
- Berkshire had relatively high levels of employment; and the top industries were professional, scientific and technical, information and communication. Berkshire had a higher proportion of people in managerial and professional positions than the average in the England.
- There was evidence that improving the health of the workforce assisted productivity. Workplaces were changing and there was a need to adapt approaches to meet the needs of flexible employees and freelancers.
- Evidence showed that engaged and committed organisational leadership, working closely with employees was critical for success.
- Access to good work was easier for some – employment rates varied depending on gender, ethnicity and disability.
- Evidence showed that people in Slough had significantly more years of life in poor health than the national average.

Following the conclusion of the presentation, the Chair invited Members to comment and ask questions.

During the course of a wide-ranging discussion, the following points were raised:

- A Member asked what was being done to discourage people from smoking and vaping. The Service Lead Public Health explained that smokers were being encouraged to vape rather than smoke. Evidence indicated that vaping was 95% less harmful than cigarette smoking.
- Concern was raised that people in Slough had significantly more years of life in poor health compared to the rest of Berkshire. A Member queried why this was the case. It was explained that the causes of this were complex and related to lifestyle choices, income, education, housing and factors such as air pollution and the built environment.
- A Member stressed the importance of promoting the Council's leisure facilities, and ensuring that usage was affordable for residents. The Service Lead Public Health reported that the Health Beliefs and Physical Activity Research project had indicated that one of the barriers preventing people from using the leisure facilities was the perception that gyms were for 'lycra-clad, perfect looking people'. To tackle this, a

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marketing campaign depicting imagines of 'everyday' people was being rolled out.

- It was noted that cancer was one of the most common causes of illness and death in Berkshire. A Member asked why this was the case. It was explained that smoking was the single biggest cause of preventable diseases.
- A Member requested some comparator information regarding the numbers of people in Slough and nationally living with disabilities.
- Referring to the information provided in the presentation slides, a Member queried why musculoskeletal disorders were so high in Berkshire. It was explained that increasingly people were working in sedentary jobs, and sitting for prolonged periods had a detrimental impact on people's health. It was explained that the Council promoted 'active movement' to employees, for example encouraging staff to stand up from their desks every 20 minutes.
- It was reported that Slough Wellbeing Board had adopted workplace health as one of its key priorities. The Council's Public Health Team had recently recruited a person to promote work place health and potentially complete a national accreditation scheme. The Panel agreed that regular updates from the Slough Wellbeing Board would be welcome.

On behalf of the Panel, the Chair thanked the Service Lead Public Health for presenting the report.

### **Resolved –**

- (a) That the Annual Director of Public Health Report 2019: Berkshire – A Good Place to Work be noted.
- (b) That regular update reports from the Slough Wellbeing Board be provided to the Health Scrutiny Panel.
- (c) That the Service Lead Public Health be requested to circulate to the Panel comparator data regarding the numbers of people in Slough and nationally living with disabilities.

## **34. Disability Task and Finish Group Implementation Update**

The Panel was provided with an information report regarding the steps that had been taken to implement the recommendations of the Disability Task and Finish Group.

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*(At this point in the meeting Councillor Gahir declared that he was a taxi driver. He remained in the Council Chamber during the discussion in relation to the report)*

Dr Elena Gaddes, Policy Insight Analyst explained that whilst the report had been provided for information, if Members wished to raise any questions she would relay these to the report author and subsequently provide a response to the Panel.

Members raised the following queries:

- What progress had been made to remove obstructions on pathways? In addition, it was requested the details of the pathways that had been cleared to be reported back to the Panel.
- Referring to the target column, set out in Appendix A of the report. A Member asked for a clear definition of the time periods referred to as 'short-term', 'medium-term', 'long-term' and 'on-going'.
- A Member asked how many disabled people had been enabled by the Council to remain living in their own homes. The Policy Insight Analyst agreed to request this information from the Adult Social Care Team and report back to the Panel.
- Referring to the 'next steps' listed on page 75 of the report, 'officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas' – a Member asked for further details about when the review would commence and the projected number of additional disabled car parking spaces that would be provided in future.

Members requested that a further report and presentation be provided to the Health Scrutiny Panel.

### **Resolved -**

- (a) That the report and information set out in Appendix A be noted.
- (b) That a presentation and report addressing the queries set out above and detailing the implementation of the Disability Task and Finish Group recommendations be provided at the Health Scrutiny Panel meeting on 23rd March 2020.

## **35. Health Scrutiny Panel - Work Programme 2019/20**

### **16<sup>th</sup> January 2020**

- **Immunisation and Screening Annual Report and Local Update** – Members requested that regional and national comparator data be included in the report.
- **New Data Observatory and Website for Public Health** – Dr Brutus agreed to circulate to the Panel the web link to the new public health

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website. The item would be removed from the list of items for the 16<sup>th</sup> January 2020 meeting and rescheduled later in the year.

### **23<sup>rd</sup> March 2020**

- **Disability Task and Finish Group – Implementation Progress –** Members requested that rather than the ‘information only’ report scheduled, a full report and presentation be provided to the Panel.

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

### **36. Members' Attendance Record**

**Resolved** - That the details of the Members' Attendance Record be noted.

### **37. Date of Next Meeting - 16th January 2020**

**Resolved** – That the date of the next meeting was confirmed as 16<sup>th</sup> January 2020.

Chair

(Note: The meeting opened at 6.30 pm and closed at 8.05 pm)

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