APPENDIX C

CORPORATE IMPROVEMENT SCRUTINY COMMITTEE TASK AND FINISH GROUP PROPOSAL:

'HEALTHY LIFE EXPECTANCY – ADULT SOCIAL CARE IMPROVEMENTS'

1 Proposed Scope (subject matter)

- Understand at a summary level the scale and causes of the healthy life expectancy gap in Slough, understanding which of these the Council can influence, and broadly how.

- Zoom in on one part of the picture, to explore the role of the Council's Adult Social Care services in addressing the healthy life expectancy gap, and challenges faced by the Council in doing so.

- Further zoom in to explore the urgent need for the council to assure itself about the quality of its own Adult Social Care services, partly because a new Care Quality Commission inspection regime begins in September 2023, and explore the outputs of that assurance process (which is already underway).

- Make recommendations to Cabinet, based largely on the Adult Social Care assurance (self-assessment) exercise taking place over the coming months, with the aim of assisting the Council's efforts to address the healthy life expectancy gap in Slough.

2 Background information

2.1 Healthy life expectancy in Slough is significantly worse than England and Southeast average, at 58.1 years for males and 60.3 years for females. This is also lower than most of our statistical neighbours. When considering inequalities in healthy life expectancy there is an 8.6 year difference for females and 7.4 year difference for males, meaning those living in our most deprived areas will live more years in poor health.

2.2 Healthy life expectancy is a measure of the average number of years a person would expect to live in good health based on mortality rates and prevalence of self-reported good health. Causes of poor health are numerous, from social determinants such as level of education and housing to health behaviours. Those living with musculoskeletal (MSK) conditions are more likely to report poor health than those without.

2.3 Locally, deaths from circulatory disease and cancer make the largest contribution to years of life lost and therefore these have the biggest impact locally on life expectancy. The gap in life expectancy is proportionately more attributable to circulatory diseases among women compared to men but the opposite is true for cancer.

2.4 Tobacco is the risk factor making the largest contribution to years of life lost for both sexes followed by high body mass index (BMI), high cholesterol and high blood pressure.

3 Context - The Council's role in Healthy Life Expectancy

3.1 As our plan for prevention and levelling up health inequalities bears fruit over time, our vision is that, although possibly fewer people may access Adult Social Care, a larger proportion are likely to have more complex needs.

3.2 This means that Adult Social Care and other council services need to be the best they can be to support those increased needs. Preparatory work for the forthcoming Care Quality Commission (CQC) inspection of Adult Social Care is helping us to make those improvements and identify what services need to be developed. Considering a health in all policies approach will ensure a common understanding of the inequalities and inequity within Adult Social Care and enable the services to address.

3.3 The inspection will be the first of Local Authorities in some twelve years. In addition to this extension of CQC's remit this Spring, they are introducing a new integrated method of inspection, the Single Assessment Framework, which will enable individual providers, the LA and ICB to be inspected against a total of 34 Quality Statements, and a view to be formed of care quality across the local area. The whole of England will be covered in this way, in local areas set out by CQC, often based around ICB areas.

3.4 CQC's Framework covers the breadth and depth of ASC's work and provides the opportunity to take stock, identify strengths, weaknesses and gaps and make improvements to benefit service users and unpaid carers. It is helping to crystallise longer term developments needed to support the forecast ageing population with more complex needs.

3.5 The two-year formal programme to assess LAs against the 9 Quality Statements which apply, using criteria from the Care Act 2014 Part 1, starts this September. Our preparatory work started last September. We have so far undertaken a wide-ranging initial self-assessment and have been implementing an action plan of significant size since November. This was updated at summary level in March and is currently being updated in detail, and action points and the evidence bank refreshed. This will be a continuous process until we are asked to supply the self-assessment by CQC in preparation for their visits. Interim staff have been brought in to assist and further resources are being requested.

3.6 Some of the work to date has been around getting key documents in place, which has also helped us to clarify the arrangements and plans they describe. Some has been about improving working arrangements to increase efficiency and effectiveness but also to support smoother pathways for service users and carers. Other work has been addressing gaps identified, some of which requires significant strategic developments to provide the full range of services needed locally.

3.7 The CQC inspection regime DOES NOT cover all of the areas of the council's work which impact on healthy life expectancy, and furthermore there are a vast range of other factors which impact on healthy life expectancy which are outside of

the council's control. However, a focus on this area at this particular point in time would be a good way for the committee to have an impact on this important issue.

4 What is the source of this issue (how did it come to Members' attention)?

4.1 At their work programming event on 4 July 2023 Members considered the following sources, all of which raised this issue in one form or another:

- The (draft) refreshed Corporate Plan received by Cabinet in May 2023
- Feedback from last year's outgoing scrutiny members, drawn from the Scrutiny Annual Report 2023.
- New input from new CISC members; one group raised and assessed this subject area and recommended it to the other groups as one of several priority areas.

5 How strategic, significant and timely would this work be, including how it contributes to the Council's corporate improvement and recovery, the corporate plan and/or other corporate priorities?

5.1 The main ambition of the corporate plan is to improve health life expectancy, so the issue is highly strategic and significant for the council. Reviewing our plan and levers to address this issue would be very timely

5.2 This review would be very timely – the opportunity for carrying out the work in this way will soon expire because it is linked to a specific piece of work with a new inspection regime starting in September 2023. While officers would be undertaking the assurance review even if Members were not involved, the involvement of scrutiny members would bring the outcome of that process into the political domain with an opportunity for a cross-party group of members to learn about the issues and to provide a steer to Cabinet on priority areas.

5.3 It is unusual for scrutiny members to be able to 'piggyback' on an existing exercise in this way, and for there to be a 'burning platform' in the form of a new inspection regime which will give weight to the work. This is one of the reasons why this issue has been prioritised for recommendation to the committee, despite not being the top issue in terms of members' interest at the 4 July work programming workshop.

5.4 The size of the CQC Assessment and the publicised score we will be given lends strategic importance to our preparations. In addition, preparation supports the changes the Transformation programme is bringing, and it also puts care quality and people's experiences firmly at the heart of developments, providing balance to the overriding financial focus of a council in s114 measures. It clearly therefore link to the council's improvement mission and has also already led to a strengthening of the links between Corporate and ASC priorities.

5.5 The programme also provides the opportunity to crystallise longer term developments likely to be needed to ensure that people with increasingly complex needs can access the care and support they need locally.

6 What resources and sources are available to the T&F?

6.1 The Task and Finish Group would be primarily supported from a subject matter perspective by Amanda Halliwell, CQC Project Manager and by Kelly Evans, Deputy Director for Public Health. Amanda is away for much of August and October, so the T&F's time will need to be carefully planned around this.

6.2 There is good availability of Public Health data in various forms.

6.3 The Adult Social Care assurance exercise underway will provide an excellent source of information to members about the detailed aspects of the T&F scope.

6.4 The T&F will be facilitated and supported in terms of good scrutiny practice and coordination of meetings etc by Democratic Services.

7 How would scrutiny of this issue add value?

7.1 This is an excellent opportunity for scrutiny members to make informed recommendations to Cabinet about areas for improvement of healthy life expectancy, primarily via improvements to Adult Social Care based on a structured assessment of service provision.

8 Terms of Reference

8.1 To run in accordance with the Scrutiny Procedure Rules, including but not limited to the following points:

- Chair to be agreed by Corporate Improvement Scrutiny Committee (CISC) from the 'pool of T&F Chairs'

- Membership of between 3-7 councillor volunteers, to be put forward by Group Leaders, on a broadly politically proportionate basis (eg there should be representation from at least 2 Groups). Membership would ideally agreed by CISC when launching the T&F but, if time does not allow for that this time, they could be appointed later with agreement of the Chair of CISC.

- If quorum cannot be met (two members plus the Chair) then the T&F shall not proceed.

- T&F Members should work within the above scope however they do have the ability to adjust their focus in response to the information they find along the way – it is often good practice to narrow down the initial scope and focus on one specific area of it in order to make more concrete and impactful recommendations.

- The T&F should run for a maximum of four months. Extension is only possible with the agreement of the Chair of CISC. This T&F would therefore report at or before the November CISC meeting.

- The T&F is at liberty to define its own methods of investigation within reason and within the bounds of officer capacity. Ie it may call people to give them written or verbal information, seek to meet various people who may have a view on the subject matter, or even convene workshops etc.

- Meetings of the T&F will typically take place in private and may be highly informal, but the group's final report will come to a public, formal meeting of the CISC.

- Members should give regard throughout to the advice of the Statutory Scrutiny Officer with regard to scrutiny best practice, the mode and manner of the T&F investigation, and particularly the resources available to support the work.

9 Other public materials referred to:

- Our purpose and role - Care Quality Commission (cqc.org.uk)

- Our new single assessment framework - Care Quality Commission (cqc.org.uk)

- Care Act 2014 (legislation.gov.uk)