

Notice of Meeting

Healthier Select Committee

Monday, 23rd November at 6.30pm

in Committee Room 2, Council Offices,
Market Street, Newbury

Date of despatch of Agenda: Friday 13th November, 2009

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Naylor, Principal Policy Officer on (01635) 503019 or e-mail: jnaylor@westberks.gov.uk

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Agenda – Healthier Select Committee to be held on 23rd November 2009 (continued)

- To:** Councillors Carol Jackson-Doerge (*Chairman*), Geoff Findlay, Paul Hewer, Owen Jeffery (*Vice-Chairman*), Gwen Mason, Quentin Webb
- Substitutes:** Councillors George Chandler, Billy Drummond, Adrian Edwards, Alan Macro
- Officers and Invitees:** Teresa Bell (*Corporate Director, Community Services*), Jan Evans (*Head of Older People’s Services*), Beverley Searle (*Area Director, Berkshire West PCT*), Jo Cozens (*Patient Advice and Liaison Service Manager, Berkshire West PCT*), Jane McCarthy (*Princess Royal Trust for Carers*) and Andrea Ching (*Programme Manage, Berkshire West PCT*).
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Agenda

Part I

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|---|-----------------|
| 1. Apologies
To receive apologies for inability to attend the meeting (if any). | |
| 2. Minutes
To approve as a correct record the Minutes of the meeting of this Committee held on 30 th June 2009. | 1 - 4 |
| 3. Declarations of Interest
To receive any Declarations of Interest from Members. | |
| 4. Chairman’s Remarks
The Chairman to report on any matters of interest to Members. | |
| 5. Review of End of Life Care
<i>Purpose: To determine the impact on local residents of the Berkshire West Primary Care Trust’s (PCT) approach to end of life care and make recommendations as necessary.</i>

<i>Evidence will be gathered from:</i>
<i>Jane McCarthy – Representing the carers’ viewpoint</i>
<i>Jan Evans – Head of Older People’s Services, West Berkshire Council</i>
<i>Bev Searle - Area Director of the Berkshire West PCT</i>
<i>Andrea Ching – Programme Manager, Cancer & End of Life Care, Berkshire West PCT</i> | 5 - 26 |
| 6. Report of the Patient Advice and Liaison Service (PALS)
<i>Purpose: Members to consider the report from the PALS Manager and make recommendations to address the health inequalities identified within the PALS Annual Report.</i> | 27 – 40 |



Agenda – Healthier Select Committee to be held on 23rd November 2009 *(continued)*

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7. System Transformation Update <i>Purpose: To receive a briefing note on the latest progress implementing the adult social care change programme “Putting People First”.</i>	41 – 48
8. Dementia Strategy <i>Purpose: To receive an update on the local delivery of the national Dementia Strategy.</i>	49 – 54
9. Work Programme <i>Purpose: To monitor forthcoming scrutiny work items and revise as necessary.</i>	55 - 59

Andy Day
Head of Policy and Communication

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTHIER SELECT COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 30th JUNE 2009

Councillors: Carol Jackson-Doerge (*Chairman*) (P), Geoff Findlay (P), Paul Hewer (P), Owen Jeffery (*Vice-Chairman*) (P), Gwen Mason (P), Quentin Webb (P)

Substitutes: George Chandler, Billy Drummond, Adrian Edwards, Alan Macro

Also present: Teresa Bell (Corporate Director), Jan Evans (Head of Older Peoples Services), Bev Searle (NHS Berkshire West), (Jeremy Speed – NHS Berkshire West), Jo Naylor (Principal Policy Officer).

PART I

4. APOLOGIES.

There were no apologies for absence received.

5. MINUTES.

The Minutes of the meeting held on 12th May 2009 were approved as a true and correct record and signed by the Chairman.

6. DECLARATIONS OF INTEREST.

There were no declarations of interest received.

7. HEALTH AND WELLBEING PRIORITIES.

The Committee considered a presentation from Bev Searle and Jeremy Speed (Agenda Item 5) concerning the West Berkshire Health and Wellbeing Partnership priorities.

They outlined how the Partnership was about everyone working together on health and wellbeing and not just health and social care organisations.

The Partnership had 7 priority targets to meet as part of the Local Area Agreement (2) (LAA 2), these were:

- Reduction in mortality rate from all circulatory diseases at ages under 75
- Reduction in the rate of alcohol related admissions
- Reduction in obesity among primary school children in Year 6
- Adults in contact with secondary mental health services in employment
- Independence for older people through rehabilitation/intermediate care
- Timeliness of social care assessment
- Carers receiving needs assessment or review and a specific carers' service, or advice or information.

The West Berkshire area had higher than average life expectancy however there were still pockets where lower standards of health existed and this inequality needed to be addressed.

HEALTHIER SELECT COMMITTEE – 30TH JUNE 2009 - MINUTES

DRAFT

Members asked questions in relation to:

- Setting the health related targets at a challenging level.
- The resources spent on prevention to avoid alcohol related hospital admissions.
- Whether the same people with alcohol misuse issues were repeatedly presenting at A&E.
- The lack of money spent on alcohol treatment compared to drug treatment services.
- Whether screening and brief interventions for alcohol misuse is available for those in rural areas and for hard-to-reach groups.

Bev Searle explained how progress against targets was closely monitored and detailed Action Plans accompanied each target.

Bev Searle suggested the Committee may wish to explore the areas of primary prevention of illness and how to provide universal information on services. She spoke of the community leadership role that can be taken by organisations on health improvement. Equally 'Tertiary Prevention' was a critical area of concern to keep those with long-term conditions healthier and prevent them from entering an acute hospital (tertiary care).

RESOLVED that:

- 1. The priorities of the Health and Wellbeing Partnership be noted;**
- 2. Primary Prevention and Tertiary Prevention are added as items on the Select Committee's Work Programme.**

8. DEMENTIA STRATEGY.

The Committee considered a presentation from Jan Evans (Head of Older People's Services) (Agenda Item 6). She explained that Dementia not only affects memory but can also affect mood and result in a general deterioration of physical health.

The majority of the £15.6 million Older People's Service budget primarily goes towards supporting those with dementia. She also acknowledged this does not take into account the huge amount of unpaid care undertaken by carers.

Jan Evans described the objectives of the National Dementia Strategy and the delivery of these through the Implementation Plan.

Members wished to be able to study the Implementation Plan in more depth prior to endorsing its contents.

RESOLVED that Dementia and the Implementation Plan is considered at the next meeting to allow Members more time to consider the contents of the Plan.

9. WORK PROGRAMME.

The Committee considered the Work Programme for the Select Committee (Agenda Item 7). The Chairman suggested there should be a balance of health and social care items on each agenda.

HEALTHIER SELECT COMMITTEE – 30TH JUNE 2009 - MINUTES
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Teresa Bell (Corporate Director) highlighted how the District Profile information could be used to gain an understanding of health inequalities within West Berkshire as part of the Committee's Work Programme.

RESOLVED that:

- 1. There would be three main presentations at the next meeting on: Dementia, End of Life Care and Tackling Health Inequalities.**
- 2. Members are provided with an Executive Summary on Autistic Spectrum Disorder, circulated outside of the meeting initially.**
- 3. System Transformation should be an item on every future agenda.**
- 4. Patient Advice and Liaison Service (PALS) reports would be considered at the next meeting.**
- 5. Items on the agenda for monitoring purposes were: Local Area Agreement 2 (LAA 2) activity, System Transformation and Maternity at West Berkshire Community Hospital.**
- 6. Lord Laming's Review recommendations on Baby P would be considered by the Stronger Select Committee and that this change should be reported to the Overview & Scrutiny Management Commission.**
- 7. Members will receive a briefing report on Aiming High for Disabled Children.**

10. SUBSTANTIAL VARIATION DECISION ON PROPOSED IVF POLICY.

The Committee considered a report (Agenda Item 8) which described changes to the IVF policies currently in operation within the South Central Strategic Health Authority area and a decision which needed to be taken on whether the change was substantial.

A Member described how the intensive deliberations had taken place over this IVF policy change at the former Health Scrutiny Panel on 20th April 2009. It was mentioned how the proposed age criteria was one area the Panel had not previously agreed with, however, it was felt there needed to be some final conclusion of this item. Also highlighted was the concern for patients awaiting treatment and the need to not unduly delay the process.

RESOLVED that:

- 1. The IVF policy changes did not represent a substantial variation to service and that the Specialised Commission Group be duly informed.**

11. PRIMARY ANGIOPLASTY SERVICE

The Chairman introduced this item (Agenda Item 9) and highlighted the clinical complexity of the report and the difficulty fully appreciating the options being presented.

It was explained that the Cardiovascular Network were at the early stage of engagement and the Healthier Select Committee had been consulted to ensure they were well informed early in the process.

HEALTHIER SELECT COMMITTEE – 30TH JUNE 2009 - MINUTES
DRAFT

Members felt a presentation of the risks and benefits of any options was required from the Cardiovascular Network. Also a simplified format was required to make the options clearer to comment upon. It was felt the Royal Berkshire Foundation Trust should also be invited to the meeting to listen to their views.

RESOLVED that:

- 1. An additional meeting of the Healthier Select Committee be arranged in September 2009 to request a presentation from the Cardiovascular Network and to invite the Royal Berkshire Foundation Trust to express their views.**

(The meeting commenced at 6.30pm and closed at 8.37pm)

CHAIRMAN

Date of Signature:

Title of Report:	End of Life Care in West Berkshire	Item 5
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	23 November 2009	

Purpose of Report: To conduct a scrutiny review of 'End of Life' care in West Berkshire.

Recommended Action: To consider all evidence gathered and make recommendations as appropriate.

OSC Chairman	
Name & Telephone No.:	Councillor Carol Jackson-Doerge – Tel: 0118 9834477
E-mail Address:	cjacksondoerge@westberks.gov.uk
Contact Officer Details	
Name:	Jo Naylor
Job Title:	Principal Policy Officer (Health & Wellbeing)
Tel. No.:	01635 503019
E-mail Address:	jnaylor@westberks.gov.uk

Executive Report

1. Introduction

- 1.1 Berkshire West Primary Care Trust's (PCT) review of End of Life Care (EOLC) took place in early 2008. On 1st April 2008 the Health Scrutiny Panel considered some of the issues presented, an extract of the minutes of this meeting can be found at Appendix A. At this meeting Members wished to receive greater detail on the specifics of the EOLC review and what it would mean for West Berkshire residents.
- 1.2 Since then the PCT provided an update report (Appendix B) and presentation to be delivered to the Committee, an extract of which, is attached at Appendix C.
- 1.3 Members are asked to consider local needs whilst reviewing the content and detail of the information presented. Members will also have the opportunity to pose questions to a range of witnesses at the Select Committee to gather further information.

2. Methodology

- 2.1 The Committee will receive detailed evidence from a range of witnesses to help review the topic of End of Life Care (EOLC). This subject will be the main focus of the Healthier Select Committee agenda on 19 October 2009.

3. Terms of Reference

- 3.1 The purpose of the Review is described by the following Terms of Reference to:
 - (1) Determine the quality of the End of Life Care (EOLC) in West Berkshire and any gaps in the current service provision.
 - (2) Explore the financial arrangements for accessing End of Life Care.
 - (3) Understand the needs of carers providing EOLC and what more could be done to support carers.
 - (4) Make recommendations to the Berkshire West PCT to ensure residents have the highest quality of End of Life Care.

4. Witnesses to be called

- 4.1 Several witnesses will be called to give evidence on the Current Commissioning Strategy and issues surrounding EOLC. The individuals who have been identified to give their perspective are:
 - (1) Jane McCarthy (Representing the carers' viewpoint)
 - (2) Jan Evans (West Berkshire Council - Head of Older People's Services)
 - (3) Bev Searle (Berkshire West PCT, Area Director)
 - (4) Richard Ellis (Berkshire West PCT, Programme Manager – Cancer and End of Life Care).

5. Evidence to be gathered

- 5.1 The Panel needs to consider and scrutinise the evidence supplied by the various witnesses.
- 5.2 Jane McCarthy will provide some insight into the huge pressures on family carers in providing EOLC and how carers could be better supported.
- 5.3 Whilst Jan Evans (Head of Older People's Services) will also provide an update on a recent survey of end of life patient experiences and what factors should be considered in order to improve the quality of care.
- 5.4 The Berkshire West Primary Care Trust will explain to Members the current provision of end of life care services and what is planned for the future.

6. Recommendations

- 6.1 It is recommended the Healthier Select Committee (HSC) review the evidence on End of Life Care Services to develop recommendations to the Berkshire West PCT.

Appendices

Appendix A – Extract from the Minutes of the Health Scrutiny Panel, 1st April 2008.

Appendix B – Berkshire West End of Life Care Commissioning Strategy – Final Draft - March 2009.

Extract of the Minutes of the Health Scrutiny Panel held on 1 April 2008

31. END OF LIFE CARE REVIEW

The PCT Area Director (West Berks locality) explained how the Berkshire West Primary Care Trust (PCT) had commissioned a review of End of Life Care. This was currently in draft form and was with the South Central Strategic Health Authority (SHA) for consideration. In the absence of the finalised review document a confidential briefing note was prepared for the Panel (Item No. 4). It was explained how the review considers End of Life Care services across the whole of Berkshire West.

The briefing provided by the PCT Area Director (West Berks locality) mentioned:

- The existing variations to service within the PCT area and how the review has helped both in establishing the priorities and spreading best practice.
- The need for Rapid Access and 24/7 access to services – this should support those with end of life care needs who require specialist and generalist support, out of hours, to prevent unnecessary emergency admissions to acute care.
- Communication and co-ordination; including better partnership working across health and social care, particularly at the higher levels as the key to better co-ordinated services.
- The broad support for a Single Point of Access to palliative care services providing it did not create barriers to accessing services in a timely way.
- Support for patients which would include telephone response line manned by trained individuals to help co-ordinate the care response from medical and social care professionals.
- The development of Crisis Contingency Plans for the terminally ill to ensure the specific and highly individual needs of every patient are considered.
- How patient need must also be addressed in terms of what is cost effective.
- Improving the training of all staff to handle end of life care issues sensitively and with regard to current mental health legislation.
- An End of Life Care Group includes representation from both patients and the public and has contributed to the review.
- Prioritising spend is also an important issue and ensuring the cost effectiveness of services i.e. when it is appropriate to incur high levels of spend and times when less spend is equally appropriate.

Members welcomed the briefing and debated the following issues:

- Ensuring a night-time response for individuals is available through a telephone helpline.
- Learning from other helpline models e.g. the Bracknell Forest Borough Council system “Forestcare”, as a potential successful approach when considering how health and social care can be accessed.
- Underlying concerns that NHS Direct may be too remote to deal with the complexity of end of life care.
- The importance of a Single Point of Access and access to dedicated support services e.g. the Cancer Support Team based at the Royal Berkshire Hospital.
- The need for the Panel to receive the Action Plan outlining the specific implications of the Strategic Review at a local level.
- How cancer patients were the largest group which accessed palliative care services and how there is a need to support other groups suffering from terminal illnesses.
- The importance of bringing the benchmark of care for all patients in an upward direction to match the excellent standard of care available to cancer patients.

RESOLVED that the Panel were encouraged by work done on the End of Life Care review and looked forward to receiving a detailed Action Plan to explain the local impact of the review in terms of the Charles Clore Unit, the Rainbow Rooms at West Berkshire Community Hospital, integration of the Macmillan Cancer Support services, the Forestcare telephone service and NHS direct.

**West Berkshire Council
Healthier Select Committee
19 October 2009**

Update on End of Life Care Group, 2008/09

1. Introduction

The standards of services provided in primary, community and secondary care for patients approaching the end of life have traditionally received less attention from PCT commissioners than many other aspects of acute or community-based care. This PCT has aimed to address this by a number of approaches in the last 12 months, including:

- Drawing up a Baseline Review of End of Life Care Services (May 2008)
- Preparing a PCT Commissioning Strategy in response to the national End of Life Care Strategy (Department of Health, July 2008) and SHA documents
- Participating in a number of SHA workshops and regular meetings (eg, Thames Valley Cancer Network review of palliative care; unified Do Not Attempt to Resuscitate (DNAR) policy etc)
- Bidding for funding in the PCT's Strategic Plan for 09/10 and 10/11
- A number of local initiatives – developing a public consultation brief; making links with nursing homes; World Hospice Day consultation etc.

This work has been overseen by the PCT's End of Life care Group (membership attached at Appendix 1), which has met six times during 08/09.

2. End of Life care Group

The National Council for Palliative Care has defined 'end of life care' as care that:

Helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms, and provision of psychological, social, spiritual and practical support."

Fundamental to the Group's work has been a recognition of the importance of 'needs-based not diagnosis-driven' end of life care, and efforts have been made to recognise the broad range of care delivered to patients with long-term conditions (COPD, heart failure, renal failure etc.) as well as cancer. A sub-group has recently been set up to look at the particular end of life care needs for patients with dementia. Equally, the Group has recognised the importance of joint working between both health and social care to improving

the quality of care delivered to both patient and carer. Excellent working relationships are in place between the three unitary authorities and the PCT.

The main priorities for the Group have been, via the development of the Commissioning Strategy (currently in draft and awaiting wider circulation):

- Preparing a Local Enhanced Service (LES) in 09/10 for the Gold Standards Framework (GSF) to ensure that subscribing practices place appropriate patients on the GSF register, prepare and update care-plans for the patient, notify Westcall of their needs, and hold regular reviews of the end of life care their patients have received
- Developing a 'single point of access' to hold a joint palliative care register of all patients known to different parts of the service (this will run in the first instance from the existing 'single point' in each of the three boroughs)
- Establishing a twilight palliative care community nursing service, 7 days a week, 6 – 10.30 pm, to work alongside the current PCT-wide extended district nursing service, with ability to access the night-time nursing service if required
- Enhancing existing intermediate care teams in West Berkshire and Reading (building on the progress made in Wokingham with similar arrangements) to provide home support and equipment to facilitate care at home. Access can also be made to a night-sitting service where appropriate, and we are exploring ways of commissioning and supporting more voluntary groups to provide this service
- Preparing proposals for additional training on end of life care to staff in nursing homes
- Reviewing arrangements for access to specialist palliative care inpatient beds at Duchess of Kent and Sue Ryder (from RBFT and the community)
- Reviewing the local implementation of the national guidance on continuing care funding (October 2007). Anecdotal evidence shows that some parts of the service are experiencing delays or denial of funding, particularly for patients assessed at having between 2 and 6 weeks to live

Funding for initiatives on LES, twilight nursing, extended intermediate care and single point of access are in place by the PCT in their Strategic Plan for 2009/10. Although all PCT investments are currently under review for 10/11 and beyond, preliminary identification of funding for recurrent funding for these initiatives has been made.

In many cases, it has proved difficult to get up to date or accurate activity or finance figures on clinical activity associated with end of life care. This is indicative of the problems faced by clinicians in measuring, via snapshots of activity, the process of providing specialist or generalist specialist care along a pathway that is often unpredictable and of variable length. However, this has proved frustrating in accurately measuring the impact of increased community nursing, application of continuing care funding or home-based packages in preventing hospital admissions or reducing length of stay. This situation will

undoubtedly improve as commissioners and PCT providers collaborate on the community services contract and implementation of *Transforming Community Services*.

The End of Life care Group recognises that their focus to date has predominantly been on improving access to, and management of, specialist palliative care services (defined as “care for patients with advanced and life-limiting disease, requiring complex physical, psychosocial and spiritual support, and able to benefit from specialist input (eg, management of pain relief”). The Group is keen to broaden their remit to include representatives of generalist palliative care (eg, physicians for care of the elderly, long-term conditions and general practice).

3. Public consultation and engagement

Three events have been held in the year:

- Participation at the AGM of the RBFT Cancer Patient Advisory Group, in September 2008, during ‘Berkshire Cancer Week’. Presentations and leaflet were made available to improve communication on the services available
- Circulation of a Carers leaflet, during Carers Week
- A questionnaire for clinicians, patients and carers during World Hospice Month (October 2008). (Responses attached at Appendix 2)

More events will be planned in the autumn (alongside national publicity and communication work). These will be used to communicate and consult on the local End of Life care Strategy.

4. Recommendations

The WBC Healthier Select Committee is asked to:

- Note this report on the work of the End of Life care Group
- Advise on any recommendations for future priorities for the Group

Richard Ellis
Interim Programme Manager – Cancer and End of Life care
NHS Berkshire West

Appendix 1

NHS Berkshire West - End of Life Care Group Membership (September 2009)

Name	Post
Commissioner	
Richard Ellis	Interim Commissioning Manager – NHS Berkshire West
Alain Wilkes	Care Services Manager (Adults); Wokingham BC
Melanie O'Rourke	Service Manager (Long Term Services); Wokingham BC
Karla Vickers	Adult Care Service Manager – Reading BC
Frances Tippett	Service Manager (Intermediate Care); WBerks Social Services
Patient Representatives	Angela Gurr; Joanna Hughes
NHS Foundation Trust Provider	
Pat Jacob	Clinical Nurse Specialist/Team Leader
Susi Lund	Nurse consultant, End of Life care
Teresa White	Discharge Co-ordinator
Primary Care	
Graham Stiff	GP – St. Mary's Road
Barbara Barrie	GP - Thatcham
Debbie Holdway	PEC clinical representative
Westcall	
Jeremy Lade	Medical Director
PCT Provider	
Annabella Marks	Consultant in Palliative Medicine
Sarah Dragonetti	Community Matron
Gaynor Lloyd	Modern Matron
Sheila Flack	District Nurse Clinical Lead – Priory Avenue
Pam Chatfield	Acting Service Manager, Palliative Care Service
Ellen Goodall	Macmillan Nurse/Team Leader
Sue Ryder	
Heather Aldridge	Palliative Care Manager
Maeve McKeogh	Consultant in Palliative Medicine
Marie Curie	
Mandy Coombes	Nursing Services Manager
Princess Royal Trust Carers Service	
John Shaw	Chief Executive
Nursing Homes	
Vanessa Morris	Deputy Manager, Jasmine House
South Central Ambulance Service	
Tony Heselton	Clinical Development Manager
Thames Valley Cancer Network	Chris Slattery - Palliative Care Lead

NHS Berkshire West

World Hospice & Palliative Care Day

Saturday October 11 is World Hospice & Palliative Care Day. More details can be found on www.worldday.org

We are marking the day throughout October, to recognise the work that clinicians, carers, local authorities and voluntary organisations do every day for patients approaching the end of their life.

We would like to ask each professional worker engaged in providing palliative care – whether in a specialist palliative care team, community nursing, a hospital team, a GP practice, social services, a voluntary organisation, or any other – to take the time to:

- **ask one question of one patient and one carer** on one day in October, as follows:

“What single action by this service could improve your experience of care?”
(Patient)

“Raising awareness of services available” (eg, Charles Clore Unit)
“Information pack on facilities, transport, support available”.
(Charles Clore)

“Access to own GP or palliative care doctor at weekends”
(GP)

“to increase the number of nursery nurses within the Continuing Care Team - but with necessary additional nurse hours needed to support”
(Continuing Care)

“service to be able to react quickly to his needs, always seem to be playing catch-up as his needs change very quickly and so there is always a time lag”
(DN – Wokingham)

“In our case the one distressing point in the end of life stage of palliative care is that the hospice does not have the authority to actually aid the end of a life.”
(Carer)

“Nothing – you are doing everything”
(DoK)

- **and to ask themselves one question:**

“What single development locally would contribute most to my delivery of palliative care?”

“Flexible respite care – this would include extra respite within the home environment”

“Clear guidance for practitioners, for policies and procedures relating to hospital discharge for the terminally ill and those at end of life”.

“Clear guidance for the eligibility around funding, for those that are at end of life”.

“A clear definition of what we (and NHS staff) mean by end of life”.

“Easier and quicker access to equipment, medication, nursing services including out of normal working hours. To enable carers to give immediate assistance rather than having to wait sometimes for hours, days and even weeks for basic items that could make a major difference to the person in need.”

- Work closely with Health professionals
- Bring the service IN HOUSE (Social services)
- Specialised training
- Listen to patients and their needs, time not to be monitored
- Support for staff involved

From “START” team

“Speed of referral to brokerage team.
Timely confirmation of health funding.
Dedicated team
Timely and rapid response time.
One referral form.
Training for staff”

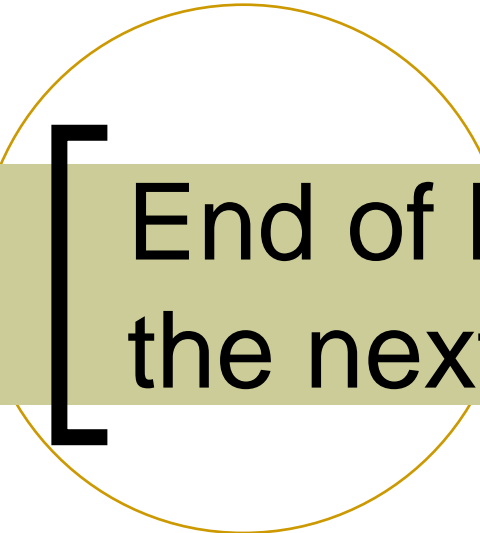
(From Domiciliary Care team)

(Wokingham BC)

“To have available a reliable service for help with personal care needs which we can rely on to be available in a timely manner, knowing that we will get a quick response, not to have to be put on a wait-list or hope for a gap in the list to appear, or to have an onerous form to fill in before we can access a service. Also, that the service will be staffed by experienced carers who have an interest in palliative care”

The Primary Care Trust and our commissioning colleagues are preparing a local End of Life care Commissioning Strategy, and responses to these questions will help enormously in our understanding of some of the priorities for local patients and professionals.

Thankyou very much

A decorative graphic consisting of a thin yellow circle on the left side, partially overlapping a horizontal olive-green bar. A large black left square bracket is positioned on the left side of the bar, and a large yellow right square bracket is on the right side. The text 'End of Life care – the next five years' is centered within the olive-green bar.

End of Life care –
the next five years

West Berkshire

Healthier Select Committee

23 November 2009

At present -

- 2 inpatient specialist units
- Risks of fragmentation of care
- Patchwork of community support
- High number of emergency admissions at point of death
- Much good practice, some great – but not consistent

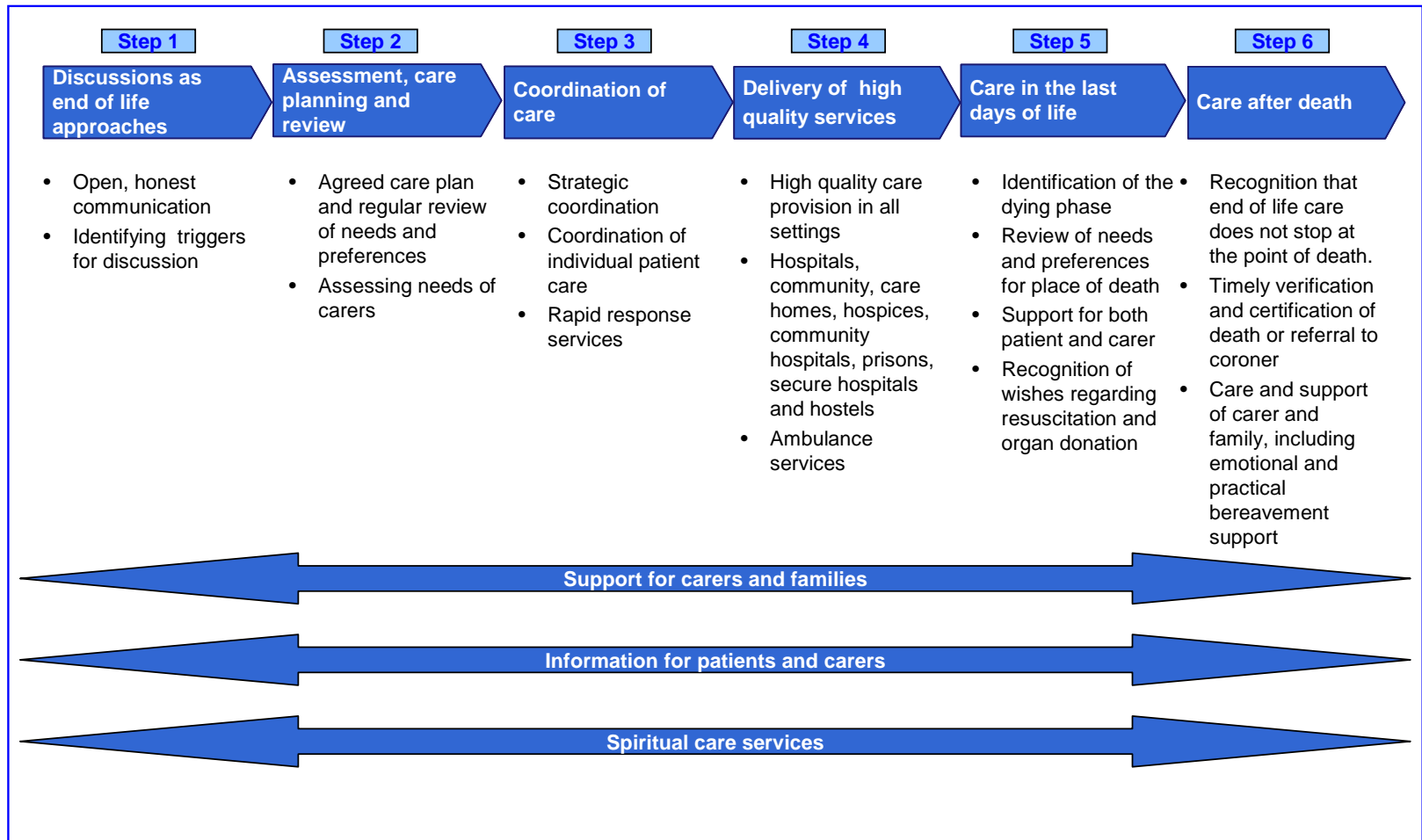
Is death still the 'last taboo'?

- **Touches every family, every household**
- The main topic of news programmes, soap operas, dramas (esp if violent)
- Yet, as a society, as professionals, we don't often talk about death (seldom to clients)
- We focus on “adding years to life” – seldom on “a natural death”; clients seldom discuss what they would prefer

In Berkshire West

- 3117 deaths in 2007 (W Berkshire 1103, Reading 1061, Wokingham 953)
- 21% deaths at home, 52% in hospital
- Cancer patients – 45% die in hospital
- Nationally, most people say they would prefer to die at home, but only a minority does

The End of Life Care Pathway



The future -

- Ease of access to community support – daytime, twilight, night
- Single point of access for patients and carers (and clarity for professionals)
- Equitable access to specialist inpatient care...
- ...and a spectrum of care from hospital to home, with minimal delay

Our Vision -

- 200 patients each year who currently die in hospital, to be given the choice and support to die at home
- A network of care to support patients and carers
- Preventing unnecessary hospital admissions
- Facilitating early discharges
- Local alliances between health, voluntary / charity, and boroughs

Added value for our communities

- Improved choice for clients – recognising different communities' beliefs and values
- Improved standards of care - better training and communication skills across health and social care
- Better use of acute hospital beds (and enhanced role for community facilities)
- Key role for voluntary organisations; support for carers
- Fewer futile knee jerk investigations and treatments
- More continuity between sectors at times of crisis
- Greater public & professional engagement

How to get there -

- Now in national spotlight – some new money, some national publicity
- Building on present strong foundations
- Range of actions being taken – primary care as driver, community resource as engine; allowing 999, Westcall and A & E to be ‘last resort’ in emergency, not ‘first resort’

Title of Report:	Annual Report of the Patient and Advice and Liaison Service (PALS)	Item 6
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	23 November 2009	

Purpose of Report: To review and comment on the Annual Report of the Patient Advice and Liaison Service and to make recommendations.

Recommended Action: To consider the report and make recommendations to improve local services.

OSC Chairman	
Name & Telephone No.:	Councillor Carol Jackson-Doerge – Tel: 0118 9834477
E-mail Address:	cjacksondoerge@westberks.gov.uk

Contact Officer Details	
Name:	Jo Naylor
Job Title:	Principal Policy Officer (Health & Wellbeing)
Tel. No.:	01635 503019
E-mail Address:	jnaylor@westberks.gov.uk

Executive Report

1. Introduction

- 1.1 The Patient Advice and Liaison Service (PALS) is an internal complaints service run by the Berkshire West PCT as the first point of contact for resolving disputes.
- 1.2 The Annual Report picks up on patient concerns some of which have been repeatedly raised by patients.
- 1.3 This evidence should also be used to highlight and identify areas Members may wish to explore and prioritise for further work within their Work Programme.

2. Recommendations

- 2.1 Members are asked to consider the findings and make recommendations for service improvement.

Appendices

Appendix A – Patient Advice and Liaison Service Annual Report.



PALS Annual Report for 2008/09

NHS Berkshire West PALS provides an information and advice service for all patients, families and carers living in Reading, Wokingham and West Berkshire. PALS provides informal, confidential help and advice on matters appertaining to NHS primary health care services.

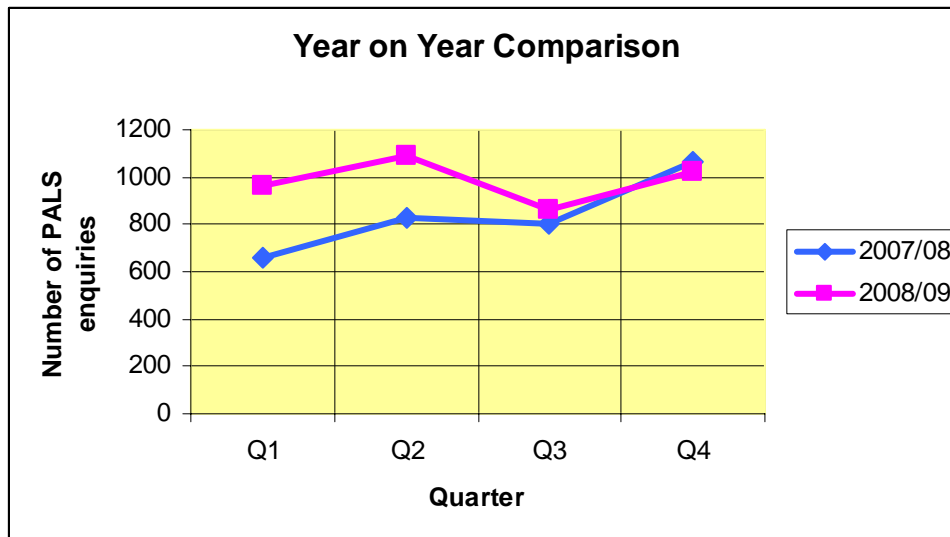
Overview

Over the course of 2008/09 PALS received 3942 enquiries, which is a rise of 15% on the previous year. The average number of enquiries received per month was 328.

During the financial year PALS dealt with 852 enquiries from West Berkshire residents which amounted to 22% of the total enquiries dealt with by PALS. There is a similarity with the Wokingham area, whose residents also constitute 22% of the total number of service users. Reading residents continue to be the major users of the service and their enquiries constitute 47% of the total volume of enquiries.

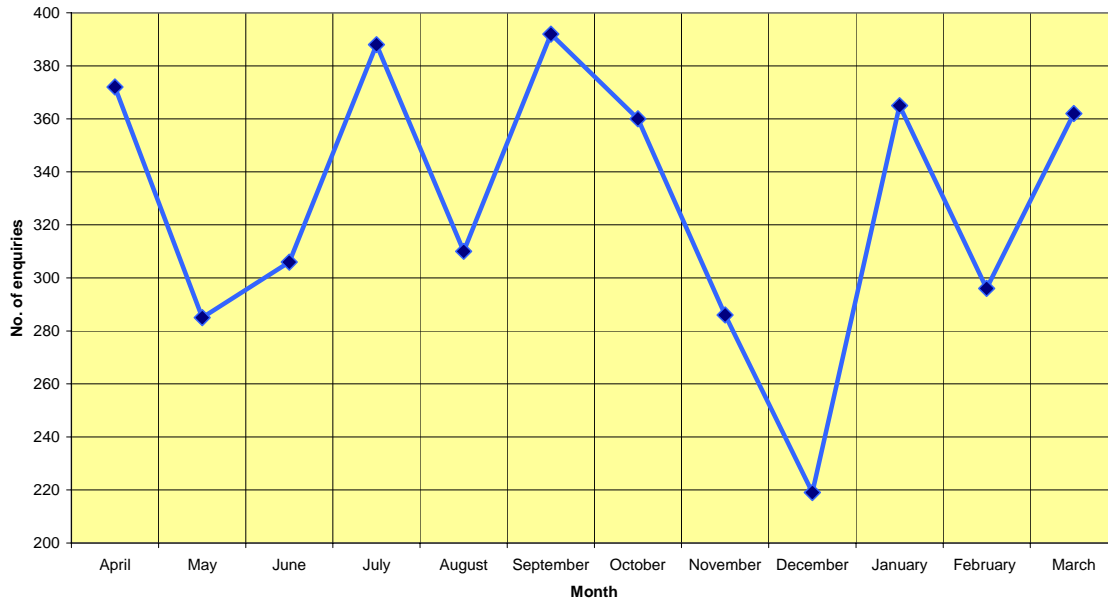
Call Volumes

The graph below shows the total of enquiries received by Berkshire West PALS for 2008/09 compared to 2007/08.



Examining the data for 2008/09 by month reveals busy and low call volume periods. For example, towards the end of November and during December the call volume dropped as one might expect during the festive period. Typically call volumes shoot back up during January as people return to work and their normal routines. July and September were extremely busy months in which the service almost reached 400 calls per month. We typically experience high call volumes before and after the school summer holiday period.

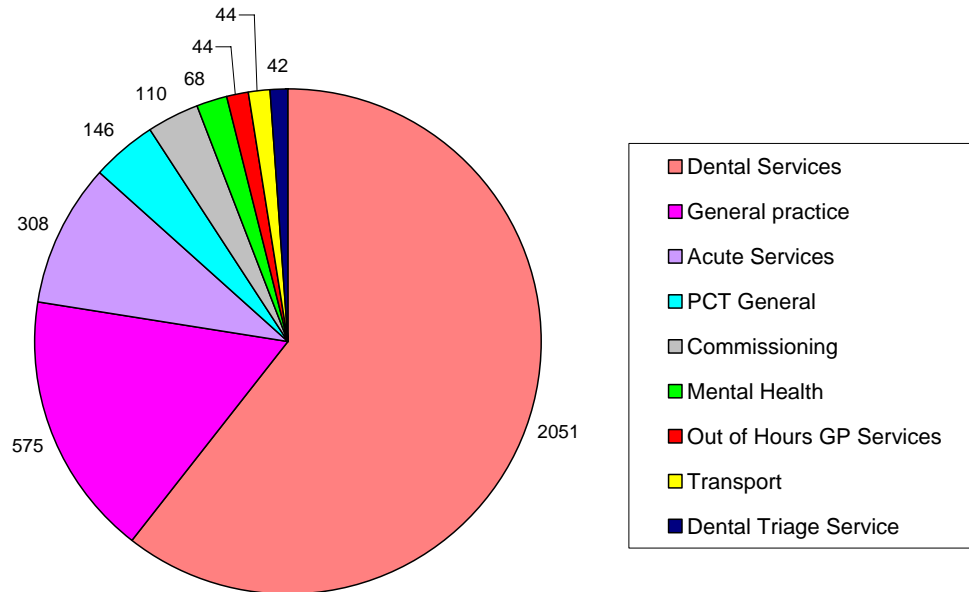
Enquiries received in 2008/09



Services Areas

PALS data can be broken down to show which NHS services PALS received the most enquiries about. The top service areas for 2008/09 were;

Service	No. of PALS enquiries received
Dentistry	2051
General Practice	575
Acute Services	308
PCT general	146
Commissioning	110
Mental health	68
Out of Hours GP Services	44
Transport	44
Dental Triage Service	42



NHS dentistry enquiries accounts for 52% of our workload. These can range from a simple request for help to find an NHS dentist, through to more complex issues regarding charging and specialist dental treatment.

West Berkshire has a good geographical spread of NHS dental practices which means that the area is well served. There are also a series of Community Dental Clinics and an on-call rota offering emergency intervention for patients who need urgent treatment and those with complex needs. However, despite widespread advertisement it is still proving difficult to break the public's misconception that there are no NHS dentists in the area.

PALS ensure that information about local practices who are accepting new NHS patients is kept up to date and is published on the PCT's website. Posters have been issued to GP practices and Pharmacies encouraging them to display lists in patient waiting areas. Information has been included in the PCT's 'Your Guide to Local NHS Services' which has been distributed widely to residents.

Subject Areas

Enquiries can be also be broken down into subject areas. An individual enquiry may be about more than one subject and will therefore be given multiple subject codes. As the following data demonstrates the most common request is for help from patients trying to locate an NHS dentist or GP.

Subject	No of enquiries
Information Request e.g. Finding a GP, dentist or other service	2455
Access to services e.g. physical / disabled access, entitlements to NHS, getting appointments, etc	381
Management and Administration e.g. Choose & Book, staffing levels, dissatisfied with doctors list removal	243
Financial Issues/Policy e.g. Commissioning policies, advice on individual funding requests process	239
Care & treatment	169
Medical Records	69
Support Needs (including equipment, benefits, social care)	66
Waiting times for appointments e.g. GP surgery appointments	60
Waiting times for treatment e.g. 18 week waits in Secondary Care	48
Communication	46
Transport	43
Attitude of Staff	36
Discrimination, Cultural Issues	20
Discharge arrangements	12
Patients Property and Valuables	8
Environment, Hotel Services, Cleanliness	7
Abuse, Bullying, Physical, Sexual & Verbal	7
Admission	4
Confidentiality	2

Issues of Concern

In addition to resolving individual causes for concern, PALS collate evidence of trends in concerns and escalate these within the PCT to inform service improvement and redesign as well as contract monitoring. Some examples of these are;

Issue / Concern	Action taken
<p>Dentistry</p> <p>In 2008/09 PALS received 2051 enquiries about dentistry.</p> <p>501 were from West Berkshire residents.</p>	<p>Patient feedback has been a key factor in making recommendations about future investment. Funding has been agreed for increased dental capacity. In addition to increasing capacity at current NHS dental providers, three new dental surgeries opened in Spring 2009 at Shinfield, Twyford and Newbury.</p>

<p>Dentistry – Endodontics (Root Canal Treatment)</p> <p>Patient feedback highlighted that 109 patients have experienced difficulty in obtaining NHS Endodontic treatment. This is often due to the complex nature of the clinical procedure.</p> <p>15 of these enquiries were from West Berkshire residents.</p>	<p>As part of Commissioning intentions for 2009/10 a project group has been established to develop proposals to improve access to Endodontics. Likely outcomes at this stage are the provision of further clinical training and the possible development of a local specialist service.</p>
<p>Dentistry – Children only contracts</p> <p>PALS received an enquiry from a parent whose child was refused registration at an NHS dental practice unless his parents registered as private patients. This advice is contrary to the terms of the NHS contract.</p> <p>During the course of the enquiry PALS contacted other NHS Children Only practices and found that out of 29 practices, 6 refused to register new children unless their parents registered as private patients.</p>	<p>This issue was reported to the Commissioning team who subsequently wrote to the NHS contractors and reminded them of the terms of their contract, making it clear that the PCT will continue to monitor this situation and will issue remedial breach notices to Practices concerned as necessary.</p>
<p>Diabetic Eye Screening Service</p> <p>PALS picked up concerns regarding waiting times</p> <p>The capacity of clinics had been limited due to staffing shortages which in turn led to increased waiting times.</p>	<p>In each case the patient was offered an appointment or given their results, along with an explanation and apology. The Trust took a decision to recruit additional staff to this service.</p>

<p>Patient Transport Services (PTS)</p> <p>PALS have identified gaps in the current Service Level Agreement with South Central Ambulance Service. These include lack of transport provision for patients receiving treatment in a community setting i.e. clinics that are not hospital based.</p> <p>PALS have also identified recurring themes in concerns about the service received, for example</p> <ul style="list-style-type: none"> • very late evening transport home following hospital discharge • ambulances arriving late for clinic appointments • queries over entitlement to receive NHS transport / lack of patient information available. <p>17 of these concerns were raised by West Berkshire patients.</p>	<p>The PALS team has collated details of all enquiries received in relation to Patient Transport Services (PTS) during 2008/09. This data will be used to inform the forthcoming re- tendering exercise for PTS.</p>
<p>0844 telephone numbers</p> <p>PALS has received enquiries regarding the use of 0844 numbers by GP and dental practices. Examples of concerns are</p> <ul style="list-style-type: none"> • patients trying to call practices from work in order to book appointments but cannot get through as companies block these types of numbers 	<p>In Berkshire West during 2008/09 we had 6 GP practices and 1 dental practice operating an 0844 number. The PCT identified the practices with 0844 numbers and requested that information about these numbers is included in the practice leaflets.</p> <p>The Department of Health held a public consultation regarding the use of 0844 numbers between December 08 and March 09. PALS responded to provide patient feedback on behalf of the patients who contacted us with comments.</p>

<ul style="list-style-type: none"> patients who work abroad and try to call to make a pre-bookable appointment for their return home cannot get through on 0844 numbers (UK only) patients who are signed up to particular telephone package deals or who ring from mobiles do not get 0844 calls as part of their 'free' service <p>7 of these enquiries were from West Berkshire residents.</p>	<p>On 14th September 09 the DOH issued their formal response to the consultation. They will not be abolishing 0844 numbers but they will be taking steps to ensure that patients do not pay more than the equivalent cost of a geographic call from either a fixed line or a mobile.</p>
<p>Podiatry</p> <p>Eligibility criteria for patients wishing to access the podiatry service have become stricter over the last 2 years. This has resulted in 21 enquiries from unsatisfied patients who are not eligible to access NHS services. These patients consider themselves to be unable to self-care.</p>	<p>Financial pressures resulted in the need to impose strict eligibility criteria during 2007/08.</p> <p>PALS fed patients' views into the PCT's Commissioning Strategy consultation. A new set of Podiatry access criteria were subsequently implemented in June 2008.</p>

Looking ahead to 2009/10

As part of the World Class Commissioning agenda, PALS will continue to play a key role in putting patient feedback at the heart of the PCT's commissioning decisions. WCC Competency (Level 3) 3 states that the PCT should;

“Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health. The PCT demonstrates how patient feedback (survey data, patient complaints and PALS) have driven commissioning decisions.”

PALS continues provide feedback to the PCT's Board, Integrated Governance Committee and a plethora of Commissioning and Provider Services working groups which have a responsibility to ensure that patient feedback is listened to and acted upon.

Changes to the NHS and Social Care Complaints legislation were implemented in April 2009. The new legislation encourages Complaints Managers and Investigating Officers to use of a “PALS like approach”. The idea behind the new approach is to deal with all causes for complaint at the earliest possible point of intervention to resolve the complaint as informally and quickly as possible. In NHS Berkshire West PALS and Complaints staff continue to work closely together ensuring the best possible outcome for the patient.

Author: Jo Cozens, PALS Manager

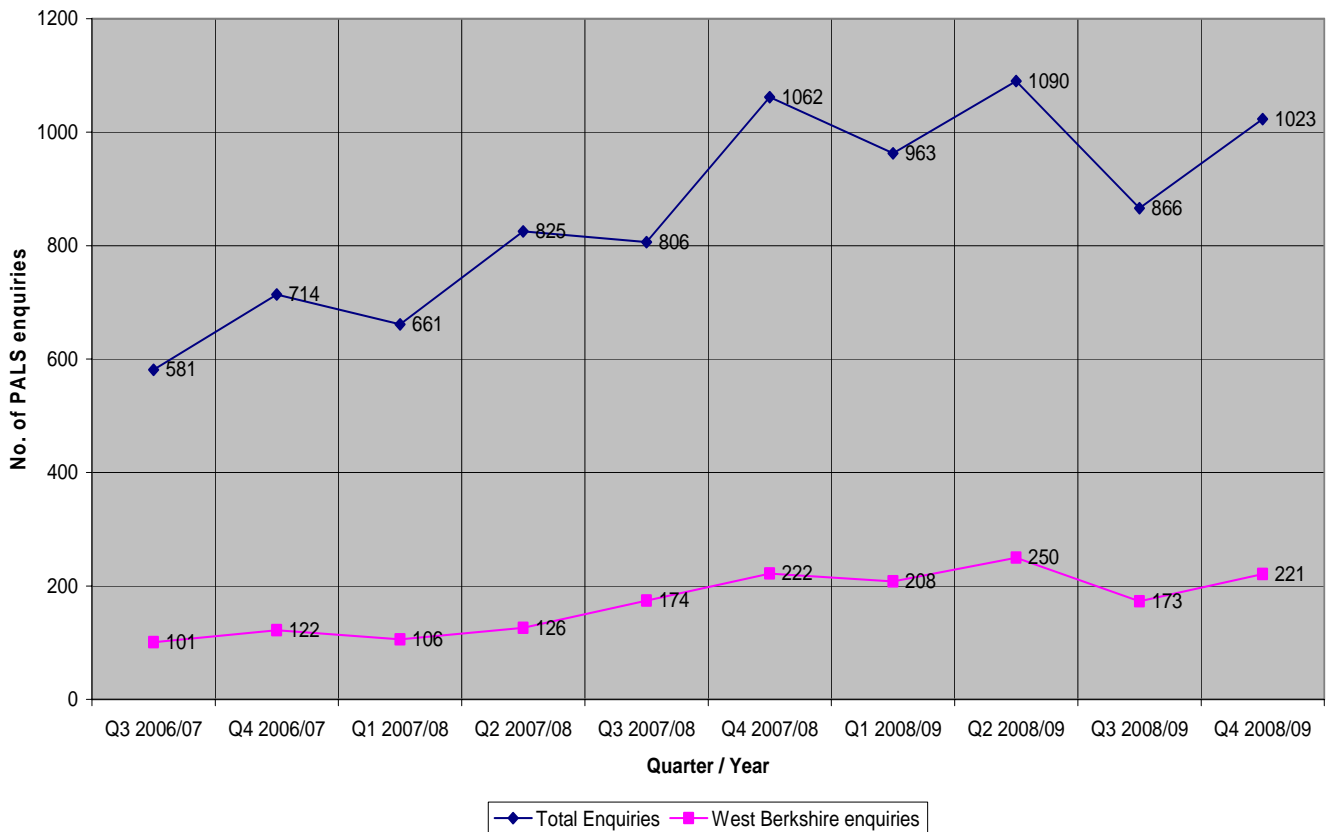
Date: 20th October 2009

Appendix A – West Berkshire locality

Since NHS Berkshire West was established in October 2006, PALS has experienced a 54% growth in enquiries from West Berkshire residents.

There has been a similar level of growth in enquiries received across Berkshire West as a whole (43%).

Comparison of growth in PALS enquiries



It is possible to look in greater detail at the enquiries relating specifically to West Berkshire residents.

The following tables demonstrate that broadly speaking the issues concerning West Berkshire residents mirror those of patients living in Reading and Wokingham.

West Berkshire Enquiries by Service 2008/09

Top 5 services patients enquired about mirror those for Berkshire West as a whole

Service	No. of Enquiries
Dental Services	501
Acute Services	85
General practice	69
PCT General	25
Commissioning	24
Transport	17
Dental Triage Service	12
Physiotherapy	11
Out of Hours GP Services	9
Support Services	9
Community Hospital	9
Medical Records	7
Mental Health	6
Other	6
Community Dental Services	5
Ophthalmic	5
Pharmacy	5
Phlebotomy	4
Intermediate Care	3
Continuing Care	3
Diabetic Eye Screening	3
Benefits	3
Social Services	3
Health Visitors	3
Immunisation	3
Public Health	2
Dieticians	2
Minor Injuries Unit	2
Continence	2
Outpatients	1
Pathology	1
Community Hospital Inpatient	1
Care Home	1
Child & adolescent mental health	1
Equipment/Medical Loans	1

Estates	1
Residential Care	1
School Nursing	1
Drug and Alcohol Treatment Services	1
Speech and language therapy	1
Health Promotion	1
Community Mental Health Team	1
Voluntary Services	1
Totals:	852

Dentistry

501 dental enquiries received from West Berkshire residents;

- 431 seeking help to find an NHS dentist
- 21 concerns about Access
- 15 enquiries about NHS endodontic treatment
- 10 concerns about financial / charging issues
- 9 about administration issues
- 6 concerns about care and treatment
- 2 about communication
- 2 about medical records
- 2 about waiting times
- 1 about interpretation requirements

Acute (Hospital) Services

85 enquiries received from West Berkshire residents related to hospital care provided by the following Trusts;

- Royal Berkshire Hospital, Reading (32)
- Royal Berkshire Hospital, WBCCH (25)
- North Hampshire Hospital (5)
- Nuffield Orthopaedic (4)
- Capio (1)
- Hospital not specified by patient (18)

Of these Acute Services enquiries the majority (32) were about administrative issues surrounding the booking of appointments and organisation of clinics. 12 were requests for general information such as average waiting times, location, etc. 11 concerns were expressed about the waiting times for treatment although treatment was provided in each case within the national targets. The remainder were a broad cross section of concerns about service provision.

General Practice (GP)

69 enquiries were received regarding GP practices. These can be broken down as follows;

- 19 concerns about accessing an appointment or GP practice of choice.
- 19 requests for help to register with a local GP practice
- 11 concerns about care and treatment received

- The remaining 20 enquiries were across a range of subjects.

Enquiries by Subject for West Berkshire 2008/09

Top 5 subjects mirrors Berkshire West as a whole. Broadly speaking this whole list reflects BW.

Subject	No. of Enquiries
Information Request	539
Access to services	66
Management and Administration	60
Care & treatment	32
Financial Issues/Policy	32
Waiting times for appointments	21
Waiting times for treatment	21
Support Needs (including equipment, benefits, social care)	17
Transport	14
Medical Records	13
Attitude of Staff	12
Communication	4
Discrimination, Cultural Issues	3
Environment, Hotel Services, Cleanliness	2
Discharge arrangements	2
Admission	2
Abuse, Bullying, Physical, Sexual & Verbal	1
Patients Property and Valuables	1
Confidentiality	1

Title of Report:	System Transformation Update	Item 7
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	23 November 2009	
Forward Plan Ref:		

Purpose of Report: To receive a briefing note on the latest progress in implementing the adult social care change programme "Putting People First"

Recommended Action: To note the progress made (Information Item only).

Reason for decision to be taken: The Council's adult social care strategy, "Putting People First in West Berkshire" aims to improve the health and wellbeing of the people of West Berkshire through a shift to personalised services and prevention/early intervention. It is thus one of the main policy planks of interest to the Healthier Select Committee.

The Putting People First programme is implementing the Strategy. Now that we are around half way through the period of intensive implementation, this report aims to provide a timely update on progress.

Other options considered: n/a

Key background documentation: "Putting People First in West Berkshire Adult Social Care Strategy"

Portfolio Member Details	
Name & Telephone No.:	Councillor Joe Mooney - Tel (0118) 9412649
E-mail Address:	jmooney@westberks.gov.uk
Date Portfolio Member agreed report:	05 October 2009
Contact Officer Details	
Name:	Amanda Joyce
Job Title:	Head of System Transformation
Tel. No.:	01635 503527
E-mail Address:	ajoyce@westberks.gov.uk

The proposals contained in this report will help to achieve the Council Plan Priorities and Themes by:

The Putting People First Adult Social Care Strategy includes increasing the range of supporting housing choices, supporting the development of local services, personalised care services that improve health and social care outcomes for the people who use them. The Strategy is underpinned by values of inclusion, and safeguarding for vulnerable adults. The implementation of the Strategy includes consideration of workforce issues, and is carried out within a framework of performance management, including customer consultation/involvement. The expansion of prevention/early intervention services, and of new choices of provision, contribute to value for money and the financial sustainability of services.

Implications

Policy:	No new policy implications - implementing Putting People First in West Berkshire Adult Social Care Strategy approved in November 2008.
Financial:	No new financial implications. If there are any financial implications contained within this report this section must be signed off by a West Berkshire Group Accountant. Please note that the report cannot be accepted by Policy and Communication unless this action has been undertaken.
Personnel:	No new personnel implications.
Legal/Procurement:	No new Legal/Procurement implications.
Property:	No new Property implications.
Risk Management:	The Programme is implemented within the Council's risk management framework, and using the corporate Project Management Methodology which includes risk management.
Equalities Impact Assessment:	No new Equalities impacts. For advice please contact Principal Policy Officer (Equalities) on Ext. 2441.

Executive Summary

1. Introduction

- 1.1 This information item is to inform the Healthier Select Committee on progress to delivering “Putting People First in West Berkshire Adult Social Care Strategy”, agreed November 2008.
- 1.2 Implementation of the Putting People First Programme is governed by a Programme Board. The Corporate Director and Heads of Service fulfil project sponsorship roles. The three year Social Care Reform Grant, now half way through, provides additional capacity to deliver the programme.
- 1.3 The Programme Plan consists of seven projects, all of which are now active. The report describes the purpose of each, and its current status.
- 1.4 The report also describes some of the work undertaken at programme level, for example on the management of risk, financial management and communications.
- 1.5 The pace of progress is rapid, partly driven by the need to make as much use as possible of the additional resources afforded by the period of grant funding.

We are on plan to deliver the bulk of change within this period, however new ways of working are likely to take longer to become fully embedded.

2. Progress Report

- 2.1 The purpose of the Putting People First (PPF) programme is to implement the “Putting People First in West Berkshire Adult Social Care Strategy” approved by the Council in November 2008. The Strategy aims to improve the health and wellbeing of the people of West Berkshire through a shift to personalised services and increased prevention/early intervention.
- 2.2 The Programme is governed by a Programme Board, chaired by Corporate Director Teresa Bell (who is also the Programme Sponsor), with the following members: Cllr Joe Mooney (Portfolio holder), Cllr Peter Argyle (deputy Portfolio holder, Cllr Owen Jeffery (Shadow Portfolio holder), June Graves (Head of Housing and Performance), Jan Evans (Head of Adult Social Care), David Appleton (Head of Cultural Services), Amanda Joyce (Head of System Transformation), Jane Milone (HR Manager), Joseph Holmes (Accountancy Manager).

The Board is well established. Board meetings are held monthly, followed by a confidential meeting with union representatives.

The Director and Heads of Service take project sponsorship roles to ensure appropriate senior leadership, and integration between current and new operations.

- 2.3 Implementation is supported by the Social Care Reform Grant from central government. The Grant is now in its second of three years.

In West Berkshire, the Grant is used to pay for a small number of specialists in change, programme and project management, for change activity (such as communication and training), and for creating capacity to change within operational teams.

West Berkshire Council was one of the first, nationally, to create a specialist programme team; an approach now almost universally emulated.

- 2.4 The Putting People First Strategy heralds very significant changes to almost all aspects of the adult social care business. The Programme Plan breaks these changes down into “manageable chunks”, bearing in mind factors such as the dependencies between one change and another, the smoothing of resources required to deliver and the significance of the change to our customers, staff, partners and providers.

The Programme Plan is made up of six projects and one programme (i.e. a series of projects in its own right). (This is represented diagrammatically in Appendix A. Projects that are fully up and running (where a project brief has been approved by the Programme Board) are shown in blue. Those shown in green are active, but have yet to submit a brief for approval to the Board).

An outline of each project and its current status are set out below.

- 2.5 Personal Budgets Project. Building on our earlier Individual Budget pilot, the objective of the Personal Budgets project is to offer additional choices in the way that customers can receive the care services for which they are eligible.

In the current phase of the project, the option for a cash payment in lieu of a traditional package of care is being introduced. It is important to emphasise that the new choice is supported by appropriate financial/audit and safeguarding processes, and that any individual cash payment is only approved when an appropriate care plan, demonstrating how the person’s eligible needs will be met, has been devised.

It is also important to understand that a cash personal budget is just one option – customers wishing to retain a traditional arrangement will be able to do so.

All relevant front line staff have received 2 days’ training in the new process and are tasked with putting in place one personal budget each by Christmas. We should have around 100 Personal Budget recipients by then. We will then review our learning, and develop plans for Phase II to further increase choice and the number of customers taking advantage of it.

The project is also exploring, with Health colleagues, how a similar approach might be introduced to meet some health needs (“Personal Health Budget”).

- 2.6 Internal Home Care Reconfiguration Project. The purpose of this project is to implement the findings of the review of home care in 2007/8. The Review concluded that the Council’s home care team would best be focussed on two functions: delivering home care for the most complex cases where the external market does not currently excel, and introducing a new short term “reablement” home care service to support people in regaining independence after, for example, a stay in hospital.

The creation of the “reablement service” is now complete and processes are being fine tuned. We can already see a significant increase in the number of people who need no further care after their reablement period.

The specialist service is also up and running – the next phase of the project will be to develop more specialist skills in supporting people with dementia.

- 2.7 Supported Living Development Programme. This programme is an umbrella over a sequence of projects all aimed at introducing new housing choices for people with support needs. The projects are all at different stages of development: Virtual Extra Care (for older people) and Craven Dene (for people with a learning disability/physical disability) both very well advanced with occupancy to start around Christmas 2009.

Waring Court (a new extra care development for older people in Thatcham) has been successfully tendered, and is currently in the planning phase. Further schemes are under development, all with the same objective of increasing choice and independence across all client groups.

- 2.8 Market Shaping and Providers Project. Personal Budgets (above) mean a move away from standardised, “block contract” style care. This has a profound effect on providers – both in-house and external.

The recently started Market Shaping and Providers Project is providing a forum for this change to be understood and communicated, and for the necessary changes to be planned and managed.

A very successful Providers’ Conference was recently held (attended by over 70 internal and external providers), and work has already started to explore options for Day Services.

- 2.9 Access for All Project. The purpose of this project is twofold: firstly to ensure that universal services are as accessible as possible to those with a social care need – for example in the areas of transport and support. Secondly, to ensure that those who do not meet our eligibility criteria are provided with the information and signposting they need to meet their needs effectively elsewhere (contributing to the prevention objectives of PPF).

In many ways, these are long-standing objectives of the Council. This project does not seek to repeat work already undertaken previously, nor work currently being undertaken elsewhere. Therefore an early task will be to analyse the current situation from the customer’s perspective and see where the gaps are, if any.

- 2.10 User Led Organisation (ULO) Project. This project acknowledges the expertise that users themselves have about their own particular illness, disability etc., the effectiveness of peer support and the opportunity for services to be developed by ULOs to meet the needs of those with a Personal Budget.

The project has just started; representatives of some 6 or 7 local support groups, supported by the Greenham Common Trust, have just begun to explore with us what we could achieve in this area.

- 2.11 Prevention and Early Intervention Project. This is another newly started project. It is focussed specifically on joint work with Health partners to examine opportunities to

further develop services aimed at avoiding unnecessary hospital admissions and delayed hospital discharge.

2.12 The programme team provides support to the projects and the Board, for example

- The corporate Project Management Methodology (PMM) is used throughout the programme, and all those in project management roles are appropriately trained (Prince Foundation). A project managers' forum meets monthly to promulgate good practice.
- The financial dimension of each project is described in the PMM Initial Business Case (submitted to the Board for approval), and by detailed modelling supported by Finance colleagues which enables tracking over time. Where savings commitments have been made as part of the MTFs, the modelling also feeds into the MTFs monitoring process.
- Working with corporate colleagues, the programme team also ensure that stakeholders are appropriately informed and involved, for example through a staff newsletter, the inclusion of customers and families in working groups, articles in the Newbury Weekly News, "West Berkshire a Great Place to Live" and events (such as the visit of national figure Caroline Tomlinson).
- Cross-cutting themes, such as workforce and performance management, are also considered and drawn together at a programme level.

Members of the Board are active in various networks to ensure we take advantage of learning from elsewhere, and contribute our own experiences.

2.13 Risks are managed both at project and programme level. Risks are monitored and reported monthly, and the Programme Board reviews the entire risk register quarterly. Highest risks currently are around delivery of projected savings, providers, partners, processes and capacity.

Successful delivery of the Programme is dependent on the expertise and commitment of colleagues across the Council, for example in Finance, Human Resources, Legal, Procurement, Policy and Communications, ICT etc. Collaboration is currently good but cannot be taken for granted, given competing priorities.

3. Conclusion

3.1 We have a well managed and governed programme which is already delivering results.

The pace of change is rapid – partly driven by the aim to make as much progress as possible during the period of grant funding which ends (April 2011), always balanced by the need to maintain our normal operational service.

All projects are now active. We are on track to deliver the most significant elements of the Programme by April 2011. However we can expect that, as with any major change, it will take several more years for new ways of working to become fully developed and embedded.

- 3.2 The current healthy status of the programme represents a huge effort from wide range of stakeholders including Board members, managers and staff in the Directorate and Corporate teams, partners and providers, and those customers and family members who have contributed to the development of processes, guidance documents etc.
- 3.3 The Healthier Select Committee is asked to note this progress.

Executive Report

Appendices

Appendix A – diagrammatic representation of Putting People First programme

Putting People First System Transformation Programme



- Internal Home Care Reconfiguration Project**
 - New short term enablement service
 - Internal home care focus on dementia and complex cases
- Supported Living Development Programme**
 - New extra care sheltered housing provision
 - Own front-door, en-suite, some two-bedroom units
 - Jointly developed with partners
 - Range of ownership options; flexible support; home for life
- Personal Budgets Project**
 - Increased choice and control for the customer
 - Development of personal budgets (Resource Allocation System, charging...)
 - Person-centred approach to assessment, planning etc.
 - Safeguarding and risk enablement
 - Workforce and organisation (brokerage...)
 - Tactical market development
 - Quality, performance, processes, recording
- User-led Organisation Project**
 - Collective user voice
 - Listening, empowering, responding, sustaining
 - Co-production of services
- Prevention and Early Intervention Project**
 - Avoiding crisis
 - Understanding the evidence and the financial case
 - Joint approach with Health
- Access for All Project**
 - Users, carers, family members and all those with a social care need
 - Access to universal services; barriers (transport, support...)
 - Information and signposting
 - Excluded groups and individuals
 - "normal life" – access to work...
- Market Shaping and Providers Project**
 - Strategic market development in response to personalisation
 - Commercial, third sector and WBC's own provider services
 - Existing and potential, new providers

Version: 1.5 6th May 2009



Title of Report:	Dementia Strategy	Item 8
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	23 November 2009	

Purpose of Report: To receive the Dementia Strategy Implementation Plan to determine how the Dementia Care Strategy will be delivered locally.

Recommended Action: To consider the implementation plan and suggest action on any areas which Members feel require more attention.

Healthier Select Committee Chairman	
Name & Telephone No.:	Councillor Carol Jackson-Doerge – Tel (0118) 9834477
E-mail Address:	cjacksondoerge@westberks.gov.uk
Contact Officer Details	
Name:	Jo Naylor
Job Title:	Principal Policy Officer (Health and Wellbeing)
Tel. No.:	01635 503019
E-mail Address:	jnaylor@westberks.gov.uk

Supporting Information

1. Introduction

- 1.1 At the first meeting of the Healthier Select Committee held on 30 June 2009 Members considered a presentation on the National Dementia Strategy.
- 1.2 An update was requested for this meeting to determine how the delivery of the National Dementia Strategy's objectives would be achieved locally.

Appendices

Appendix A – Report from Head of Older People's Services on the Dementia Care Strategy Implementation Plan for West Berkshire.

WEST BERKSHIRE – DEMENTIA STRATEGY – IMPLEMENTATION PLAN – UPDATED: 30/09/09

OBJECTIVE	Action	By	When
<p>Objective 1: Improving public and professional awareness and understanding of dementia. Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help-seeking and help provision.</p>	<p>Amend Alzheimer’s Society leaflet “Are you worried about your memory?” to provide local information and contact points. To include GP referral to memory clinic.</p> <p>Circulate in GP surgeries, to GPs</p> <p>Publicise through:- Newbury Weekly News with case study – WBC website – Local Strategic Partnership newsletter</p> <p>Commissioning Strategy – confirm model for memory clinic</p>	<p>CMS/JE</p> <p>BW Group</p>	
<p>Objective 2: Good-quality early diagnosis and intervention for all. All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis, sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.</p>	<p>Review and amend the service model of memory clinic – currently 14 week waiting times.</p> <p>Pilot computer based assessment – “Brain Fitness Programme”</p> <p>Monitor demand and Waiting Times</p> <p>Evidence need for additional resources through a Business Plan.</p>	<p>LS</p>	
<p>Objective 3: Good-quality information for those with diagnosed dementia and their carers. Providing people with dementia and their carers with good-quality information on the illness and on the services available, both at diagnosis and throughout the course of their care.</p>	<p>Review Carers Pack and circulate widely.</p> <p>Review evidence of Younger People with Dementia group in Wokingham and consider introduction in WBC</p> <p>2 tier training – “Living Well with Dementia” – 1st tier – what to expect in advance stages – 2nd tier</p>	<p>JE</p> <p>JE</p>	
<p>Objective 4: Enabling easy access to care, support and advice following diagnosis. A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.</p>	<p>Await outcome of bid to DOH Demonstrator Site for Dementia Advisor.</p> <p>Apply to Greenham Common Trust if unsuccessful.</p> <p>Liaise with U3A – engaging and extending educational ideas.</p>	<p>DB/CMS</p> <p>DB/CMS</p>	

OBJECTIVE	Action	By	When
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<p>Objective 5: Development of structured peer support and learning networks. The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.</p>	<p>Establish Alzheimer's Café</p> <p>Seek opportunities to extend Alzheimer's Association range of Social Therapeutic activities; Singing for the Brain, Gardening, Gentle Exercise</p>	<p>LS</p> <p>CMS</p>	
<p>Objective 6: Improved community personal support services. Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, and people who pay for their care privately, through personal budgets or through local authority arranged services.</p>	<p>Develop Personal Budgets ensuring a continuum of support for those with dementia and their carers.</p> <p>Flexible overnight respite provision; 1/2 days</p> <p>Ensure needs of those without capacity are met.</p> <p>Seek opportunities to extend outreach and flexible home based support.</p> <p>Await outcome of Berkshire Health Care Trust business case to PCT for services for Younger People with Dementia; to include day opportunities, respite.</p> <p>Review use of Carers Grant if unsuccessful.</p> <p>Continence service – timely and early information; how to manage continence and deal with incontinence.</p> <p>Develop WBC specialist domiciliary care.</p> <p>Risk Enablement Project to be worked up to support people living at home.</p> <p>Access to regular gentle exercise.</p>	<p>JE</p> <p>PL</p> <p>JE</p> <p>DB</p> <p>BW Group</p> <p>SS</p> <p>LS/PL</p> <p>DB</p>	
<p>Objective 7: Implementing the Carers' Strategy. Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.</p>	<p>Review use of dedicated carers support worker as a more effective means of supporting carers</p> <p>Ensure needs of carers are acknowledged through development of Personal Budgets.</p>	<p>JE/PL</p> <p>JE</p>	

OBJECTIVE	Action	By	When
<p>Objective 8: Improved quality of care for people with dementia in general hospitals. Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there and the commissioning of specialist liaison older people’s mental health teams to work in general hospitals.</p>	<p>Raise issues of concern on Jasmine Ward, Prospect Park to Andrew Burgess and monitor response.</p> <p>Discuss with Dr Chattergee Royal Berks Hospital, training for staff once National Programme out.</p> <p>Await outcome of Berkshire Health Care Trust bid for mental health liaison service.</p>	<p>CMS</p> <p>CMS</p> <p>BW Group</p>	
<p>Objective 9: Improved intermediate care for people with dementia. Intermediate care which is accessible to people with dementia and which meets their needs.</p>	<p>Establish a protocol between Intermediate Care Services and Berkshire Health Care Trust to include West Berks Community Hospital and Walnut Independent Living Centre.</p> <p>OT input to help people resume ADL.</p> <p>To pilot Brain Fitness within Day Services.</p>	<p>LS/FT</p> <p>FT</p> <p>DB</p>	
<p>Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.</p>	<p>Establish “Virtual” Extra Care in current sheltered housing sites.</p> <p>Develop Extra Care in Thatcham and Hungerford.</p> <p>Extend use of Telecare to include a 24/7 response service.</p>	<p>JE</p> <p>JE</p> <p>SS</p>	
<p>Objective 11: Living well with dementia in care homes and extra care. Improved quality of care for people with dementia in care homes by the development of explicit leadership for dementia within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.</p>	<p>To review current relationship between Berkshire Health Care Trust and care homes. Needs to be proactive to improve care quality and reduce hospital admissions.</p> <p>To nominate leads in dementia care in WBC homes (4 home managers)</p> <p>To ensure contract compliance includes a named lead for dementia.</p> <p>Commissioning Protocol maintained that no placements are bought in 0 and 1 star homes.</p>	<p>LS</p> <p>DB</p> <p>JE</p> <p>PL</p>	
<p>Objective 12: Improved end of life care for people with dementia. People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care</p>	<p>Significant gaps and co-ordination in services to enable an individual to die at home.</p> <p>Planned and co-ordinated palliative care for those who wish to die at home.</p> <p>Palliative Care Respite – trained by Marie Curie nurses.</p>	<p>BW Group</p> <p>JE</p>	

Strategy. Local work on the End of Life Care Strategy to consider dementia.			
OBJECTIVE	Action	By	When
<p>Objective 13: An informed and effective workforce for people with dementia. Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.</p>	<p>Training for GPs – early identification and referral to memory clinic and knowledge of interventions and services available.</p> <p>Establish a development pathway in dementia training and specialist knowledge beyond basic training. Discuss with Sarah Knapp.</p>	<p>BW Group</p> <p>JE</p>	
<p>Objective 14: A joint commissioning strategy for dementia. Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These commissioning plans should be informed by the World Class Commissioning guidance for dementia developed to support this Strategy and set out in Annex 1.</p>	<p>Progress and finalise Joint Commissioning Strategy with PCT.</p>	<p>BW Group</p>	
<p>Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers. Inspection regimes for care homes and other services that better assure the quality of dementia care provided.</p>	<p>Await new Care Quality Commission inspection regime for homes.</p> <p>Complete WBC Self Assessment of Safeguarding and implement recommendations.</p> <p>Maintain “excellent” rating of provider services.</p> <p>Enhance robustness and impact of Care Quality team.</p>	<p>DB</p> <p>JB</p> <p>DB/SS</p> <p>JB</p>	
<p>Objective 16: A clear picture of research evidence and needs. Evidence to be available on the existing research base on dementia in the UK and gaps that need to be filled.</p>	<p>Gap analysis – completed by BHFT – completed by multi agency group</p> <p>Gap analysis – informs Commissioning Strategy and Implementation Plans</p> <p>Learning from good practise/evidence base – Implementation Plans informed by evidence</p>		
<p>Objective 17: Effective national and regional support for implementation of the Strategy. Appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good-quality information to be available on the development of dementia services, including information from evaluations and demonstrator sites.</p>			

Title of Report:	Healthier Select Committee Work Programme	Item 9
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	23 November 2009	

Purpose of Report: To receive, agree and prioritise the Work Programme of the Healthier Select Committee for the 2009/10 Municipal Year.

Recommended Action: To consider the current items and consider any future areas for scrutiny.

Healthier Select Committee Chairman	
Name & Telephone No.:	Councillor Carol Jackson-Doerge – Tel (0118) 9834477
E-mail Address:	cjacksondoerge@westberks.gov.uk
Contact Officer Details	
Name:	Jo Naylor
Job Title:	Principal Policy Officer (Health and Wellbeing)
Tel. No.:	01635 503019
E-mail Address:	jnaylor@westberks.gov.uk

Supporting Information

1. Introduction

- 1.1 At the first meeting of the Healthier Select Committee held on 30 June 2009 Members gave approval to the items listed for future scrutiny.
- 1.2 An updated version of the work programme is attached at Appendix A for the Select Committee's consideration. Members are also asked to consider any future areas for scrutiny.

Appendices

Appendix A – Healthier Select Committee Work Programme

HEALTHIER SELECT COMMITTEE WORK PROGRAMME

Reference (a)	Subject/purpose (b)	Methodology (c)	Expected outcome (d)	Review Body (e)	Dates (f)	Lead Officer(s)/ Service Area (g)	Portfolio Holder(s) (h)	Comments (h)
OSMC/09/06	Dementia and Alzheimer's Disease To consider the key action points from the National Dementia Care Strategy for their application in West Berkshire and to improve support for those with dementia by working jointly with the voluntary sector.	In meeting review with information supplied by, and questioning of, lead officers.	Identify where possible further measures could be taken to improve performance.	HSC	Start: 30/06/2009 End:	Jan Evans - 2736 Older Peoples Services	Councillor Joe Mooney	Work needed on the preventative agenda and finding solutions working in conjunction with the voluntary and community sectors.
OSMC/09/07	End of Life Care Review/Palliative Care To consider the NHS Berkshire West's review of palliative care services including the future of the Charles Clore Unit.	In meeting in-depth review to be conducted with information supplied by, and questioning of, lead officers and external witnesses.	Identify improvements to processes.	HSC	Start: 19/10/2009 End:	Bev Searle - Area Director - 0118 982 2760 Berkshire West PCT	Councillor Joe Mooney	In April 2008 the Panel were first briefed on the End of Life Care Review proposals. Follow-up action is required to determine the impact of changes.
OSMC/09/08	Patient Advice and Liaison Service (PALS) To receive patients' feedback of service levels and complaints regarding Berkshire West PCT as compiled by the PALS service.	In meeting review with information supplied by, and questioning of, lead officers.	Identify where possible further measures could be taken to improve performance.	HSC	Start: 19/10/2009 End:	Bev Searle - Area Director - 0118 982 2760 Berkshire West PCT	Councillor Joe Mooney	Suggestion received from Area Director of the PCT as way to collate patient views on standards of healthcare.
OSMC/09/09	South Central Ambulance Service Review To understand and improve response times in rural areas.	Review of the evidence, with information provided by the Ambulance Service and other Council officers.	Identify where possible further measures could be taken to improve performance.	HSC	Start: 30/06/2009 End:	Jo Naylor - 3019 Policy & Communication	Councillor Joe Mooney	Activity to take place outside of the main Select Committee. Initial meeting has taken place with the Ambulance Trust on 2/9/09.
OSMC/09/10	Primary Angioplasty (PPCI) To respond to an NHS consultation on a 'substantial variation' to service.	Outside of meeting review, with information supplied by, and questioning of, lead NHS managers.	To draft a response on the preferred options under consideration.	HSC	Start: 30/06/2009 End:	Chris Birdsall - NHS Manager - 0118 950 3094 Berkshire West PCT	Councillor Joe Mooney	A September briefing meeting is being organised with the Berkshire West PCT to go through the proposals. Input from the Royal Berkshire Hospital (RBH) - one of the local PPCI providers has been sought.

HEALTHIER SELECT COMMITTEE WORK PROGRAMME

Reference (a)	Subject/purpose (b)	Methodology (c)	Expected outcome (d)	Review Body (e)	Dates (f)	Lead Officer(s)/ Service Area (g)	Portfolio Holder(s) (h)	Comments (h)
OSMC/09/11	Alcohol misuse services in West Berkshire To monitor where the gaps exist in alcohol misuse service provision exist and how best to address. This includes an update on the re-tendering process for Tier 3 alcohol misuse services.	In meeting review with information supplied by, and questioning of, lead officers.	Identify where possible further measures could be taken to improve performance.	HSC	Start: 19/01/2010 End:	Susan Powell - 01635 264606 Safer Communities Partnership Team Manager	Councillor Graham Pask	Significant activity – important that Members scrutinise service providers to address gaps in the current service provision.
OSMC/09/12	Council's eligibility criteria for Social Care To understand the national review of social care funding and how those ineligible for Council funded social care can receive support.	Time-limited task group, with information supplied by, and questioning of, lead officers.	To identify further measures that could be taken to ensure services are accessible, fit for purpose and continue to deliver high quality care.	HSC	Start: 20/04/2010 End:	Teresa Bell - 2730 Community Services	Councillor Joe Mooney	Need to await publication of the Green Paper on social care funding. Focus of review should be on support for those ineligible for funded social care.
OSMC/09/14	Aiming High for Disabled Children Review progress in implementing the strategy.		Monitoring item	HSC	Start: 19/01/2010 End:			The strategy is in its very early stages. Possible review in a years time. SCSC to review in first instance, HSC to receive a briefing paper only.
OSMC/09/15	Increasing public and patient involvement in health To hold a facilitated meeting with the new Local Involvement Network (LINK) Steering Group members to agree a protocol for working together.	Outside of meeting development of protocol and joint working relationships.	Monitoring item	HSC	Start: 30/06/2009 End:	Jo Naylor - 3019 Policy & Communication	Councillor Joe Mooney	Need protocol to work together as effectively as possible with Local Involvement Networks.
OSMC/09/16	Local Area Agreement Targets (LAA) To consider the 6-monthly monitoring of progress of Health and Wellbeing LAA targets.		Monitoring item	HSC	Start: End:			Monitoring of LAA activity.
OSMC/09/18	Adults with Autistic Spectrum Disorder (ASD) Progress update due on how the Council is meeting the needs of adults with ASD within West Berkshire.	In meeting review with information supplied by, and questioning of, lead officers	Monitoring item	HSC	Start: 19/01/2010 End:	Alison Love - 2738 Community Care and Wellbeing	Councillor Joe Mooney	Locality Manager (Learning Disabilities Services) to circulate an Executive Summary for January meeting.
OSMC/09/19	System Transformation To receive a regular update from the Head of System Transformation on social care reform. The future changes will include greater working with the voluntary sector and the development of 'universal services'.	In meeting review with information supplied by, and questioning of, lead officers.	Monitoring item	HSC	Start: 30/06/2009 End:	Amanda Joyce - 3527 System Transformation	Councillor Joe Mooney	Crucial Programme of Social Care reform meets several of the necessary selection criteria.

HEALTHIER SELECT COMMITTEE WORK PROGRAMME

Reference (a)	Subject/purpose (b)	Methodology (c)	Expected outcome (d)	Review Body (e)	Dates (f)	Lead Officer(s)/ Service Area (g)	Portfolio Holder(s) (h)	Comments (h)
OSMC/09/13	Accessibility of mental health services for Black and Ethnic Minority (BME) groups To review feedback from the Community Development Workers involved in ensuring BME groups have equal access to mental health services.	In meeting review with information supplied by, and questioning of, lead officers.	Identify where possible further measures could be taken to improve performance.	HSC	Start: 20/04/2010 End:	Teresa Bell - 2730 Community Services	Councillor Joe Mooney	Could possibly broaden this Work Programme topic to encompass the needs of other hard-to-reach groups.