

Notice of Meeting

Healthier Select Committee

Tuesday, 6th July 2010 at 5.00pm
in Committee Room 2 Council Offices
Market Street Newbury

Date of despatch of Agenda: Monday, 28 June 2010

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Naylor on (01635) 503019
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Agenda - Healthier Select Committee to be held on Tuesday, 6 July 2010 (continued)

- To:** Councillors Geoff Findlay (Chairman), Paul Hewer, Tony Linden, Gwen Mason, Andrew Rowles and Julian Swift-Hook (Vice-Chairman)
- Substitutes:** Councillors George Chandler, Billy Drummond, Adrian Edwards and Alan Macro
- Officers and other Invitees:** Teresa Bell (Corporate Director, WBC), Jan Evans (Head of Older People's Services, WBC), Amanda Joyce (Head of System Transformation, WBC), Beverley Searle (Director of Partnerships & Joint Commissioning, NHS Berkshire West), Jo Cozens (PALS Manager, NHS Berkshire West).
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Agenda

Part I

Page No.

1. **Apologies**
To receive apologies for inability to attend the meeting (if any).
2. **Minutes** 1 - 10
To approve as a correct record the Minutes of the meeting of this Committee held on 19th January 2010.
3. **Declarations of Interest**
To receive any Declarations of Interest from Members.
4. **Emerging Health and Social Care Issues** Verbal Report

Purpose: To receive presentations from the NHS Berkshire West and the Council's Adult Social Care Service to brief Members on the emerging issues and trends that will impact upon future service delivery.
5. **Patient Advice & Liaison Services (PALS) Annual Report** 11 - 18
Purpose: To receive the NHS Berkshire West Patient Advice & Liaison Service Annual Report on patients' enquiries to this service.
6. **Local Area Agreement (LAA) Targets** 19 - 22
Purpose: To receive an exception report for the missed health and wellbeing Local Area Agreement (LAA) target in relation to carers' needs assessments. A Powerpoint presentation will be provided at the meeting to give more information in relation to the missed target around mortality rates from circulatory diseases.



Agenda - Healthier Select Committee to be held on Tuesday, 6 July 2010 (continued)

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| 7. | Review of Autistic Spectrum Disorders in West Berkshire
<i>Purpose: To receive the review of Autistic Spectrum Disorders in West Berkshire and action plan for the future.</i> | 23 - 36 |
| 8. | Work Programme
<i>Purpose: To receive the work programme for the forthcoming municipal year (2010/11).</i> | 37 - 40 |

Andy Day
Head of Policy and Communication

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West Berkshire
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HEALTHIER SELECT COMMITTEE**MINUTES OF THE MEETING HELD ON
TUESDAY 19th JANUARY 2010**

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

Substitutes: George Chandler, Billy Drummond, Adrian Edwards (P), Alan Macro

Also present: Bev Searle (NHS Berkshire West), Teresa Bell (WBC Corporate Director), Ian Wootton (DAAT Manager), Juliet Penley (WBC Children's Services), Mark Ainsworth (South Central Ambulance Trust), John Divall (South Central Ambulance Trust) and Jo Naylor (WBC Principal Policy Officer).

PART I**20. APOLOGIES.**

Apologies for inability to attend the meeting were received on behalf of Councillors Owen Jeffery and Geoff Findlay. Councillor Adrian Edwards substituted for Councillor Findlay.

21. MINUTES.

The Minutes of the meeting held on 23 November 2009 were approved as a true and correct record and signed by the Chairman.

22. DECLARATIONS OF INTEREST.

There were no declarations of interest received.

23. UPDATE ON LOCAL ALCOHOL MISUSE SERVICES.

Members received a verbal update from Ian Wootton (Drug and Alcohol Action Team Manager) and Mrs Bev Searle (Director of Partnerships and Joint Commissioning) also contributed to the discussion explaining the latest position in relation to alcohol misuse services in West Berkshire (Agenda Item 5). It was explained that the numbers of hazardous, harmful and dependent drinkers were based on national estimates and more recent figures were as yet unavailable to update those published within last year's scrutiny review. It was confirmed that the introduction of a national minimum data set for alcohol services was starting to provide agencies with more reliable data.

It was explained that £60k of additional investment had been received in the West Berkshire area. In part this had been awarded to Turning Point for employment of Alcohol Workers at a 1.5 Full Time Equivalent (FTE) level. The money had also enhanced the capacity of the Arrest Referral Service, which dealt with assessment of alcohol misuse for those arrested in possession of drugs. This post was previously only funded at a 0.5 FTE level and but had now increased to 1 FTE.

Mr Wootton explained how the re-tendering exercise for alcohol services applied only to the Tier 3 Specialist Prescribing Service. He described the procurement process and how this contract had been awarded to the Kent Churches Association (KCA) on a 3 year basis to commence on 1st April 2010.

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Mr Wootton went on to describe the more rigorous performance management framework that was now in place and being managed by the West Berkshire Partnership. He went on to explain that there were no longer gaps in services and that the services commissioned through Turning Point, especially Tier 2 and all Tier 3 services were now sufficient for West Berkshire. He also explained the good work underway with the Jockeys Association and the GP Practice in Lambourn, providing alcohol outreach services for Turning Point.

Mr Wootton explained how there was at present no waiting list for referrals to the local alcohol treatment services. Mrs Bev Searle (Director of Partnerships and Joint Commissioning) added that West Berkshire had the highest number of GP surgeries (7 in all) which had signed up to provide local enhanced services for alcohol misuse screening and brief interventions. In addition, as many as 64 staff from health and partner agencies had been trained in simple brief interventions (SBI) to identify hazardous and harmful drinking behaviours. However it was mentioned that there was still likely to be under-reporting of alcohol misuse due to the way medical diagnoses were recorded by GPs and District Nurses.

A concern was raised by Mr Wootton that the posts for two Alcohol Nurse Specialists at A&E Royal Berkshire Hospital (RBH) still remained vacant. It was mentioned how all opportunities to help identify those with an alcohol misuse problem should not be missed.

A Member of the Committee welcomed the excellent outcomes that were being achieved compared to the same period last year. It was felt the situation with regard to the Alcohol Nurse Specialists at the RBH required further investigation.

Members queried whether 'dry out' clinics were available in each major town in West Berkshire. It was explained by Mr Wootton that 2 beds were available in Prospect Park to deliver in-patient detox for residents of Wokingham, Reading and West Berkshire. In his opinion these were inappropriately placed in this psychiatric facility. Mrs Searle (Director of Partnerships and Joint Commissioning) explained that detox could be managed effectively in a psychiatric hospital especially when there were mental health problems alongside the alcohol misuse problem.

Residential rehabilitation was commissioned on an individual basis in the community. Mr Wootton explained the low success rates of the first time entry into tiered residential treatment and how it was often better to stay at home surrounded by family. It was explained that there was no 'wet house' in West Berkshire that would provide a half-way house solution between community services and full residential rehabilitation.

Members questioned the financial side and whether more money was being received for treatment of alcohol misuse, as historically alcohol services were under-funded compared to drug misuse services. Mrs Searle (Director of Partnerships and Joint Commissioning) stated that much work was underway to develop the evidence base for intervention to avoid the NHS spending time on drink-related health problems. It was further mentioned that the Thames Valley Police were joining up with the work being done by NHS Berkshire West.

Mark Ainsworth (South Central Ambulance Service) asked about the referral process to Turning Point and noted how the SCAS crews often treated individuals who might require help from alcohol misuse service providers. It was agreed that the details of Tier 2 alcohol misuse providers in West Berkshire would be passed to

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SCAS for handing out when appropriate and thus provide another opportunity for early screening and intervention.

RESOLVED that:

- (1). The update be noted and officers were congratulated for their good work.**
- (2). The Drug and Alcohol Action Team (DAAT) Manager should liaise with the South Central Ambulance Service (SCAS) to provide contact details of the local Tier 2 treatment providers in West Berkshire to provide another opportunity for screening and brief interventions with those SCAS come into contact with who may have alcohol misuse issues.**

24. AIMING HIGH FOR DISABLED CHILDREN BRIEFING.

The Committee considered a briefing from Ms Juliet Penley (Service Manager – Children’s Services) on the Aiming High for Disabled Children initiative (Agenda Item 6). She explained how this Government initiative had been introduced in 2008 and it had a number of strands, with the most grant funding awarded for short breaks for disabled children. Extensive consultation had taken place with the NHS and parents to inform the types of services that were wanted and if there were any existing gaps in services. She described the Spectrum Club, a youth club for autistic children up to 14 years old but where the provision stopped after 14 years, leaving a gap in services for those over this age.

Ms Penley described how a key thrust to the initiative was providing the opportunity for disabled children to do things alongside their peers. Next year there would be half a million pounds of revenue funds. Additionally, there were capital funds some of which had been spent on Northcroft and other local leisure centres to improve access to leisure facilities for disabled children, e.g. hoists, gym equipment, changing areas, etc.

Ms Penley mentioned the services around the ‘Transition’ between child and adult social care services and the additional Government grant awarded to the Council in respect of the work done.

The good feedback had been received from the improved home sitting services provided by Mencap and Crossroads.

She described how the Children’s Act was likely to be amended to place a duty on Local Authorities to provide greater support for disabled children. Ms Penley also mentioned that more rigorous performance indicators would include measuring parental satisfaction with services.

Members asked about the numbers of young people that had been supported on the scheme. Ms Penley responded by explaining that these services would be available to the 450 children the local authority were aware of, although she mentioned that this did not reach all those in West Berkshire. She explained the difficulty of providing services to those that were hard to reach, who typically did not access services or might not acknowledge their disability.

A Member asked about holiday clubs and residential breaks. Ms Penley described the scheme currently run by Crossroads which took groups of 6 young people away. ‘Sing-in’ at Bradfield College was being extended to take 50 young people, which provided more social interaction for disabled children by matching them with ‘buddies’ from the local Secondary School.

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Services that were being offered reflected those that disabled parents and children had expressed a preference for receiving. The focus of spend was on after school clubs, holiday play schemes, youth clubs, improving access to leisure facilities and activities undertaken alongside peers.

A Youth Worker was already in post based in Thatcham and was starting to make contact with all other youth teams in the district with the aim of integrating more disabled people into the residential schemes.

A Member asked about play areas and making these accessible to disabled children. Ms Penley mentioned the Play Builder Programme, being led by David Hogg (Head of Youth Services and Commissioning) and the work underway to improve facilities using Aiming High for Disabled Children money.

Members asked about Direct Payments and Ms Penley described the process which offered children more choice over traditional services.

Members also enquired how West Berkshire compared to other neighbouring Local Authorities in relation to the services offered. Ms Penley explained how parental satisfaction was difficult to measure but each Local Authority would be receiving a ranking of how they compared to others. It was felt West Berkshire Council would be similar in terms of type and range of services offered when considered alongside its comparator authorities.

RESOLVED that the update be noted and thanks passed to the officers involved in all aspects of the ‘Aiming High for Disabled Children’ initiative.

25. AMBULANCE SERVICES IN WEST BERKSHIRE REVIEW REPORT.

The Committee considered the task group review report on the South Central Ambulance Service (SCAS) (Agenda Item 7) as introduced by Ms Jo Naylor, who explained how the review started last autumn and the task group comprised of Councillors Carol Jackson-Doerge, Gwen Mason and Geoff Findlay. It was explained that this was a complex topic and there were numerous issues including increased calls to the Ambulance Service and the challenge to deploy resources between high demand and low demand areas, where typically rural areas corresponded with low demand areas.

The challenge of meeting Category A calls, the life-threatening calls where a patient had to be reached within 8 minutes, was described as being far more difficult to achieve in rural than in urban areas. The task group and the SCAS Trust agreed that the way to improve performance was to increase the number of Community First Responders in West Berkshire. Equally Members of the task group were concerned by the delays at the Royal Berkshire Hospital off-loading patients into Accident and Emergency (A&E) and felt more needed to be done to investigate the causes of delays.

Finally Ms Naylor mentioned the demand on the Ambulance Service arising from the elderly and vulnerable patients who had fallen or required lifting for example, and the need for more joined up working with Adult Social Care.

The Ambulance Service were then invited to update Members on the current position and make any further points prior to the recommendations being adopted.

Mark Ainsworth (Divisional Director for Berkshire) addressed the Committee on the current status of each of the recommendations.

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He described how the Turnaround Project set up to look at the delays at the Royal Berkshire Foundation Hospital (RBH) needed a whole system approach, including looking at the availability of community hospital beds to create capacity at the RBH. He described how weekly meetings were underway and there was a strong focus on validation of the data to establish clarity around the cause of the delays. One suggestion being considered was the introduction of queue Nurses to whom SCAS crews could off-load the patients. However RBH were not in favour of this option but preferred to look at increasing nursing levels in the departments first, whilst, beds and wheelchairs within the departments were also being considered as possible measures.

Mr Ainsworth described the Computer Aided Dispatch (CAD) system and how this would now be visible within the A&E Department to allow better planning of patient arrival times. He described how the RBH Turnaround Project Group was in its very early stages but that the Oxford Radcliffe Turnaround Group established 4-months ago was just seeing the benefits.

Mr Ainsworth described how the Turnaround Project Group was looking at extreme delays and a situation report was being provided to the Primary Care Trust on a daily basis. The data between the SCAS and the RBH was being corroborated.

In response to Community First Responders he described how recently many more volunteers had been recruited. This included 4 in East Isley/Compton, 1 in Lambourn, 1 in Boxford, 9 signed up but waiting to be trained in West Isley, 1 in Goring, 3 in Beenham, 1 in Woolhampton, 1 in East Garston and now the whole of Thatcham was covered. He went on to describe the static sites, which were often care homes that had been equipped with a defibrillator. He described that there was now 1 static sight in Lambourn and a further 2 new ones in Hungerford taking the Hungerford total to 9.

Mr Ainsworth said however, that there were still a high level of inappropriate calls to the Service often from nursing and residential homes with Notrees in Kintbury and the Old Dalecare Centre in Stockcross were mentioned. He described the aim to work with staff in care homes to understand when it might be better to call a GP or District Nurse instead of calling for an emergency response.

Mr Ainsworth described the huge amount of cooperation recently experienced from the Berkshire Fire and Rescue Service during the snow conditions. This included the provision of ten 4x4 vehicles which were crewed with SCAS staff. They were also invaluable in helping extricate ambulances that were stuck in the snow. This led to a real appreciation of the high demand on the Ambulance Service and currently a new opportunity for greater use of fire-fighters for responding to Category A calls as First Responders. It was noted that Fire fighters were very effectively used in this way in Hampshire.

Mr Ainsworth went on to describe the work underway as part of the 'Towards Excellence' programme around end of life care, and crews having better access to information particularly for those patients with a 'do not resuscitate' instruction for their care.

It was described that more work was needed to be done between NHS Berkshire West and Adult Social Care to see what could be done together to remove demand on this emergency service. Mr Ainsworth described how repeat callers remained another significant problem for the Trust, should this be an individual person or some care homes and that alternative pathways needed to be found.

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Mr Ainsworth reported that the new CAD system introduced in September had a detrimental impact on performance. The introduction of the national triage system had resulted in a 70% increase in the number of Category A calls due to the triage software classifying calls in an overly-cautious way. He explained how there had been a 5-week persistent impact on performance but that he anticipated performance would gradually recover. He described how capacity issues were being addressed by employing private contractors to assist with responding.

Members asked about recruitment and the position with vacancies in the Trust. It was explained that national recruitment had taken place and interviews were imminent. They hoped that from the applications received they would appoint 7-8 qualified Ambulance Technicians. Equally, 15 new Emergency Care Assistants were due to qualify in the next few months. This meant that 8 vacancies still existed but these were being filled through private ambulance cover arrangements.

The impact of the 3 year degree programme was mentioned including how this had created a gap in recruiting qualified staff. Mr Divall mentioned how more recruits were showing an interest in starting at the lower grade Emergency Care Assistant level and undergoing training within SCAS to develop to Technician level. When qualified as a Technician the staff can apply for higher education training for a Paramedic degree. It is hoped that this year the training will be a full time, 1-year course, to qualify as a Paramedic.

A question was asked about ward level data for West Berkshire and it was confirmed this had been provided during the review. Mr Ainsworth also described the Call Connect process and the longer distances involved in travelling in rural areas significantly impacted on rural response times.

Members questioned the practice of diverting patients to alternative hospitals to avoid the delays at A&E at the RBH. Mr Ainsworth confirmed this was already happening and the alternative hospitals of North Hampshire (Basingstoke) and Great Western (Swindon) were used. Although it was explained the queuing of ambulances at A&E was a national issue and would also occur at these hospitals.

Mr Divall mentioned how 40-45% of all calls to the Trust did not result in the patient being transported and this was helping prevent unnecessary demand on the service. Instead a Clinical Support Desk manned by nurses and Emergency Care Practitioners were providing clinical triage and finding alternative care pathways for patients.

A Member asked about the support from other Ambulance Services dealing with incidents on geographical boundaries with neighbouring Service areas. Mr Ainsworth described the 'Mutual Aid Agreement' with all ambulances, such that if a job fell between to Ambulance Trust areas they would contact a neighbouring Service to see which vehicle might be the closest.

Finally Mr Ainsworth reported on the improvements being seen at the Oxford Radcliffe Hospital from the Turnaround Project as a result of real cooperation from the Primary Care Trust and GPs in this area. Recently, during the snow conditions the Oxford Radcliffe Hospital saw a 10% reduction in delayed ambulances at A&E whilst all other Ambulance Trusts in the SCAS area saw a 10-20% increase.

Members asked about the use of 4x4 vehicles in the snow. Mr Ainsworth replied that they had a marked-up rescue vehicle at each Ambulance Station but this was not ideal for patient transport. They were currently hiring 4x4s which they furnished with kit when the conditions require this. In addition they had planned to purchase

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more Land Rover Discovery vehicles to increase the Ambulance Service's 4x4 capacity. Although the Thames Valley Voluntary 4 x 4 Club supported the Ambulance Service locally by transporting staff to work it was not always possible to use the same vehicles for patient transportation due to insurance restrictions.

RESOLVED that:

- (1) The Royal Berkshire NHS Foundation Trust Hospital addresses the causes of the delays at the A&E department which are preventing the quick turnaround of ambulances in order to give the South Central Ambulance Service the opportunity to achieve Category A targets for life threatening emergencies.**
- (2) Each and every delay at the Royal Berkshire NHS Foundation Trust Hospital must be investigated with the aim of analysing the causes and reasons behind the delays.**
- (3) West Berkshire Council promotes the Community First Responder Scheme at a future District/Parish Conference to encourage Parish Council representatives to assist with recruitment of First Responders in their local areas.**
- (4) The South Central Ambulance Service (SCAS) should approach Retained Fire-fighters as additional First Responders in West Berkshire.**
- (5) Members welcome the statement that closer working together with Adult Social Care and the NHS Berkshire West is taking place to prevent emergency admissions for end of life patients.**
- (6) The Council considers training and improved lifting equipment in West Berkshire care homes to negate the need to place additional demand on the South Central Ambulance Service for non-emergency lifting requests.**
- (7) Due to the scarcity of the resources, ambulances are only deployed on occasions where there is medical need for the elderly who have fallen. Better cooperation is required between the NHS Berkshire West and Adult Social Care Services, particularly out of hours, to provide appropriate and cost effective non-emergency support in these situations.**
- (8) The recommendations be submitted to the Overview and Scrutiny Management Commission for approval.**
- (9) The South Central Ambulance Service were thanked for attending the Committee and congratulated for the work underway to continue to improve Service performance.**

26. END OF LIFE CARE RECOMMENDATIONS.

Ms Jo Naylor introduced the report on end of life care (Agenda Item 8) which was a summary of the views articulated at the last meeting. She mentioned how Members had seen the draft recommendations and that these reflected the desire to allow those that expressed a preference to die at home to be able to do so. Through support to family and informal carers it was hoped that crises could be prevented and emergency hospital admission avoided. Ms Naylor also stated that the

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Committee would follow-up progress on the recommendations with a report back in 9-months time.

RESOLVED that

- (1) For those wishing to die at home the requirement to means-test the individual is removed and the patient treated no differently to those admitted to hospital at the end of life. The patient at the end of life should not be financially disadvantaged by choosing to die at home.**
- (2) West Berkshire Council should work with NHS Berkshire West to deliver a joint team for the assessment and funding of end of life care as currently operates within Wokingham Borough Council area.**
- (3) Clear information, advice and equipment along with greater GP assistance should be made available for family carers to support them with caring for a patient at home. This should help prevent unnecessary hospital admissions by providing them with the critical advice, training and equipment they require to cope.**
- (4) There is greater provision of carer respite services and nursing support to assist family carers to manage to care for a relative in the home and that in particular the levels of night-time carer respite services should be increased.**
- (4) Carer feedback should be routinely gathered as a critical part of improving end of life care services and NHS Berkshire West should demonstrate clear links between the feedback received and service improvement.**
- (5) In order to monitor and review the progress made on Recommendations 5.1 – 5.5 (above), the NHS Berkshire West will be requested to provide a progress update to the Healthier Select Committee in 9-months time.**
- (6) These recommendations be sent to the Overview and Scrutiny Management Commission for approval.**

19. WORK PROGRAMME

Ms Jo Naylor introduced the Work Programme (Agenda Item 9) which highlighted the key areas of work for the Committee. She mentioned the request from the NHS Berkshire West to receive the Patient Advice and Liaison Annual Report in April when it was most timely.

Members discussed the opportunity to delay to the task group review of adult social care eligibility criteria due to the work underway in other groups and the potential for duplication of effort. The Corporate Director of Community Services and Principal Policy Officer were asked to meet to discuss future review work to help select the best areas of work.

Members were told that the report regarding Autistic Spectrum Disorders (ASD) was being addressed by the WBC Chief Executive and the Chairman of the local branch of the National Autistic Society and should be available to report back at the next Healthier Select Committee in April.

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RESOLVED that:

1. The work programme be noted.
2. The PALS Annual Report and ASD update will come back to the April Healthier Select Committee.
3. Corporate Director for Community Services and the Principal Policy Officer meet to discuss the most suitable future review work for the Select Committee.

(The meeting commenced at 6.30pm and closed at 8.00pm)

CHAIRMAN

Date of Signature:

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Title of Report:	Patient Advice and Liaison Service (PALS) Annual Report	Item 5
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	6 July 2010	

Purpose of Report: To receive the Patient Advice and Liaison Service (PALS) report of activity and consider the NHS Berkshire West response to the findings.

Recommended Action: To understand the NHS Berkshire West's response to the findings and whether there are any implications for the work programme.

OSC Chairman	
Name & Telephone No.:	Councillor Geoff Findlay – Tel: 01635 871992
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Contact Officer Details	
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Executive Report

1. Introduction

- 1.1 The Patient Advice and Liaison Service (PALS) is an internal support service run by the NHS Berkshire West which deals with patient enquiries in relation to primary healthcare services.
- 1.2 The Annual Report details the most common source of enquiries being received by the service and shows the number of enquiries by West Berkshire residents.

2. Recommendations

It is recommended that:

- 2.1 Members are asked to note the contents of the report, understand the NHS Berkshire West's response to the findings and whether there are any implications for the work programme.

Appendices

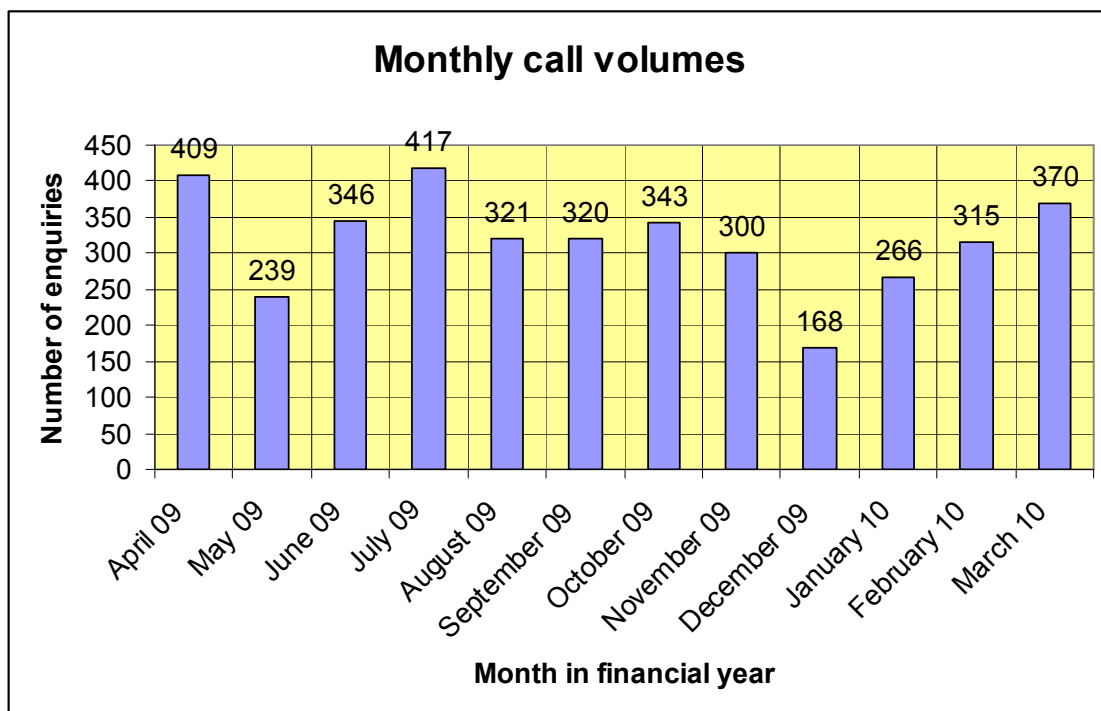
Appendix A – Patient Advice and Liaison Service (PALS) Annual Report.

PALS Annual Report for 2009/10

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 2009/10 PALS received 3814 enquiries. The average number of enquiries received per month was 318. Our busiest months were April and July. This year we experienced less calls than usual in December and January. There was a correlation between call volumes and the large amount of local snowfall during these months.



During the financial year PALS dealt with 765 enquiries from West Berkshire residents which amounted to 20% of the total enquiries dealt with by PALS. There is a similarity with the Wokingham area, whose residents constitute 18% of the total number of service users. Reading residents continue to be the major users of the service and their enquiries constitute 46% of the total volume of enquiries.

Frequently asked questions

Our most frequently asked questions are “Can you help me to find a dentist?” and “Can you help me to register with a GP?”

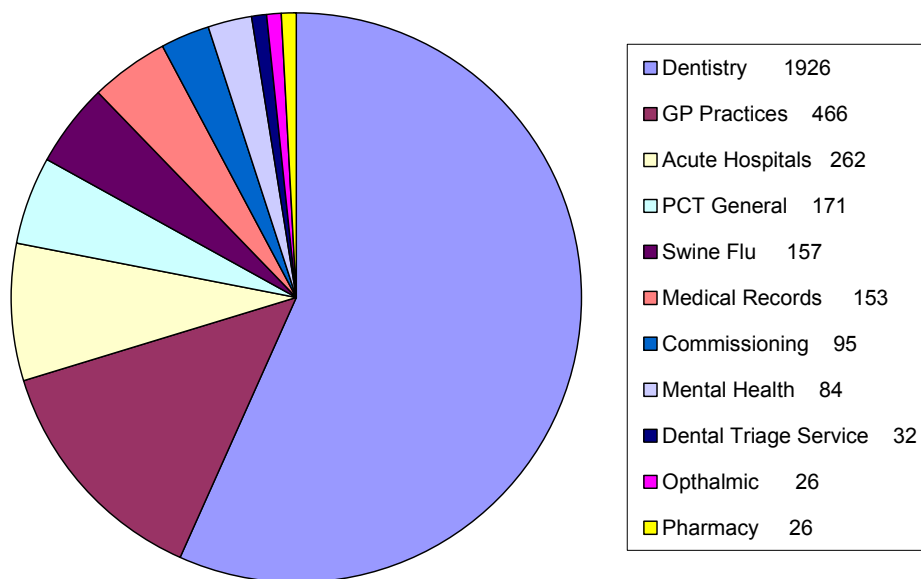
During 2009/10 PALS helped 1547 patients to locate a local dentist so that they could receive NHS treatment. This accounted for 40% of all PALS enquiries. 337 of these enquiries were from West Berkshire residents.

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

In order to make this information more accessible the PCT began displaying on its website a list of all NHS dentists currently accepting new patients. This information is updated monthly. It is also distributed to all GPs and Pharmacies. A series of supermarket Roadshows is being rolled out. The aim of these is to signpost patients to local dentists. The feedback that we have received so far is overwhelmingly positive.

Most popular areas of enquiry

The pie chart below shows the top ten most popular areas of enquiry for all of our residents. This is mirrored by West Berkshire residents who have also identified the same top 6 most popular areas of enquiry. Enquiries can range from simple requests for telephone numbers and information about where to find services or how they work, right through to concerns about access, waiting times and treatment.



It is possible to examine the enquiries appertaining to West Berkshire residents. The most popular areas of enquiry were;

Dentistry

404 enquiries from West Berkshire residents related to NHS Dentistry.

- 353 information requests for details of dentists in the area
- 18 enquiries regarding access e.g. disabled access and flexibility of access i.e. opening times.
- 9 enquiries regarding care and treatment
- 7 enquiries regarding financial charging

There were 17 additional enquiries which spanned a wide range of issues.

Acute (Hospital) Services

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

- Royal Berkshire Hospital, Reading (38)
- West Berkshire Community Hospital (17)
- North Hampshire Hospital (1)
- Nuffield Orthopaedic (4)
- John Radcliffe (2)
- Hospital not specified by patient (10)

Of these Acute Services enquiries the majority (17) were concerns expressed about the waiting times for treatment. We received 13 requests for general information such as average waiting times, location, etc. 11 concerns were regarding access and 10 regarding booking appointments. The remainder were wide ranging from discharge arrangements to cleanliness.

General Practice

63 enquiries were received from West Berkshire residents.

- 22 enquiries regarding access e.g. opening times, availability of extended hours, disabled access
- 16 information requests for assistance in registering with a GP
- 11 concerns expressed about care and treatment

The remaining 14 enquiries were a range of enquiries from medical records through to cleanliness.

PALS involvement in national programmes

During 2009/10 PALS was involved in assisting patients during the local roll out of two key national programmes;

- Swine Flu – vaccination programme and treatment centres

PALS dealt with concerns from patients and 'Flu Friends' regarding treatment of Swine Flu. In the main these were from people wishing to identify their local Anti-Viral Collection Point. PALS was responsible for co-ordinating the local

pharmacy delivery service for Flu Friendless patients. PALS also received calls from patients and parents regarding the rollout of vaccination programmes. PALS helped 30 West Berkshire residents with queries regarding Swine Flu.

- **Summary Care Records.**

PALS received concerns and questions about the rollout of the Summary Care Record scheme. PALS provided a local support service to Berkshire West patients who had questions about how the scheme would work and posted forms to those patients wishing to opt out. PALS helped 39 West Berkshire residents with queries regarding Summary Care Records.

What has changed?

As well as resolving individual patient's concerns, PALS use patient feedback to identify trends or issues that have affected significant numbers of patients. This patient feedback is cascaded to key decision-makers in the organisation and is used to inform PCT investment and service development.

A good example of this is dentistry. In 2009/10 Dentistry accounted for 50% of all PALS enquiries. In response to patient feedback funding has been agreed for increased dental capacity as follows;

- Three new dental surgeries opened in April and May 2009 in Shinfield, Twyford and Newbury.
- NHS Berkshire West invested more money in existing contracts with dental practices to ensure more dental appointments can be offered to patients living in Berkshire West.
- Despite increased investment there are still relatively low levels of access in the Wokingham area and the rural parts of West Berkshire. NHS Berkshire West intends to invest more money in current and new NHS dental practices to increase the levels of NHS provision in these areas during 2010/11.
- Patient feedback has highlighted that some patients are experiencing difficulty in obtaining NHS Endodontic (Root Canal Treatment). This is often due to the complex nature of the clinical procedure. NHS Berkshire West is currently working with neighbouring PCT's to develop a local specialist service. In the meantime a process has been established for individual requests for treatment to be considered for NHS funding.

Looking ahead to 2010 / 11

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.

Jo Cozens
PALS Manager
NHS Berkshire West
26th April 2010

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Title of Report:	Local Area Agreement (LAA) Targets	Item 6
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	6 July 2010	

Purpose of Report: To receive reports on the areas where Health and Wellbeing Local Area Agreement (LAA) targets have been missed.

Recommended Action: To consider the reports and make recommendations as appropriate.

OSC Chairman	
Name & Telephone No.:	Councillor Geoff Findlay – Tel: 01635 871992
E-mail Address:	gfindlay@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 A range of health and wellbeing targets have been set under the Local Area Agreement (LAA) for the NHS and its partner organisations to achieve in order to improve quality of life for residents in West Berkshire.
- 1.2 All but two of the health and wellbeing targets have been met. The areas where targets have not been achieved are:
 - (i) Mortality rates from all circulatory diseases at ages under 75
 - (ii) Carers receiving needs assessment or review and a specific carer's service, or advice, or information.

2. Exception Reports

- 2.1 Appendix A of this explains the difficulties in meeting the target around carers' needs assessments.
- 2.2 Reducing mortality rates from all circulatory diseases (ages under 75) will be the subject of a Powerpoint presentation to the Select Committee on 6 July 2010.

3. Recommendations

It is recommended that:

- 3.1 Members consider the information in Appendix A and the information presented at the Healthier Select Committee on the 6 July and consider the appropriate action as necessary.

Appendices

Appendix A – Exception Report on Local Area Agreement target in relation to carers needs assessment.

**Briefing for Healthier Select Committee
6 July 2010.**

LAA2 target NI 135

Carers receiving a needs assessment or review and a specific carer's service, or advice and information

Exception report

1. Performance – 2009/10

- The LAA target for adult social care for 2009/10 was set as a stretch target of 25%. That is 25% of all people who have received a community based service in the year.
- The total number of Carers is then calculated from the number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year. By year end 23.87% was achieved.
- 25% equates to 1099 carers whereas the actual number of assessments and reviews conducted was 1070

2. Explanation of performance

- Many Carers do not recognise themselves as Carers and refuse to have an assessment
- The specialist Carers Support Worker in the Older Peoples West team was vacant for much of the year.
- The Council invests a significant sum in Carers Services with the voluntary sector e.g. Alzheimers Society, Crossroads, Princess Royal Trust, MENCAP who all provide Carers support services but who do not conduct a formal care management assessment and review process that is inputted into the RAISE system due to Data Protection issues. An approximate further 1000 Carers are supported through these services.

3. Steps to address performance – 2010/11

- Carers support worker now in post in Older Peoples West team
- Carers grant has been used to fund a post within the Princess Royal Trust to support Carers of older people.
- The Carers Strategy group will work with GPS to increase the numbers of Carers identified that can then be offered support
- Care management teams have an allocation of the Carers Grant to provide individualised and flexible support to individual Carers.

Jan Evans
Head of Adult Social Care

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Title of Report:	Adults with Autistic Spectrum Disorder (ASD) in West Berkshire	Item 7
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	6 July 2010	

Purpose of Report: To receive information on the services available to those adults with Autistic Spectrum Disorder (ASD) in West Berkshire.

Recommended Action: To note the ASD Review, action plan and progress made in developing future services.

OSC Chairman	
Name & Telephone No.:	Councillor Geoff Findlay – Tel: 01635 871992
E-mail Address:	gfindlay@westberks.gov.uk
Contact Officer Details	
Name:	Jo Naylor
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Executive Report

1. Introduction

- 1.1 In 2008 the National Autistic Society coordinated a national campaign (“I Exist”) to raise awareness about the potential number of unknown cases of adults with Autistic Spectrum Disorder (ASD) living in our communities.
- 1.2 It was anticipated that in the UK almost 1% of the adult population may be living with ASD but without any formal diagnosis. This led to the charity raising concerns about the adequacy and accessibility of support services to these individuals.
- 1.3 Previously, the Council’s former Healthier Communities and Older People’s Policy Development Commission and Healthier Select Committee have received presentations on this subject. This has included a briefing from the West Berkshire branch of the National Autistic Society, as well as officer reports on existing services, such as support via the “Pathways to Employment” Scheme.
- 1.4 The attached ASD Review details the Council’s service provision for adults with ASD and an action plan for taking these services forward.

2. Recommendations

It is recommended that:

- 2.1 Members note the findings of the ASD Review and the Action Plan aimed at improving future services.

Appendices

Appendix A – Review of Autistic Spectrum Disorder (ASD) in West Berkshire.

REVIEW OF AUTISTIC SPECTRUM DISORDERS

IN WEST BERKSHIRE

COMMISSIONED BY WEST BERKSHIRE COUNCIL

By
JANE SEYMOUR
And
ALISON LOVE

Completed February 2010

REVIEW of AUTISTIC SPECTRUM DISORDER.

REPORT FOR WEST BERKSHIRE COUNCIL.

1. INTRODUCTION

1.1 This report is an overarching review of the known prevalence, current service provision, and gaps in provision for both children and adults living in West Berkshire who have an autistic spectrum disorder. The report has been divided into two parts because Children and Young Peoples' Services which includes Education have quite different responsibilities and services in comparison to Adult Services. Adult Services have responsibility for social care only and have a duty to provide services to those in greatest need using a standard set of eligibility criteria. There is therefore a distinct difference between the range and types of services provided to children and adults who have an autistic spectrum disorder.

1.2 Thus only adults who meet the eligibility criteria tend to get a service and as the eligibility criteria tend to be care group specific those who do get a service tend to have a learning disability, mental illness or physical disability as well as their autistic condition. This applies most local authorities. The National Autistic Society via their "I Exist Campaign" have been lobbying both nationally and locally to change this situation because there is growing evidence that a large number of people with autism who do not meet current eligibility for services struggle to cope with everyday life and tend to end up in excluded situations either via homelessness, substance misuse, mental illness, or through the criminal justice system. Often they come to the notice of statutory and universal services, but because their underlying condition is not recognised any help they receive does not tend to meet their quite specific needs. However there is also another large group of people with autistic spectrum disorders who function at a level that enables them to deal quite adequately with life on their own and who do not need or want any help.

1.3 Autism is defined as a triad of impairments. These are:-

- Difficulty in social communication
- An inability to understand the feelings and emotions of others or to express their own
- An inability to understand and predict other people's behaviour or to imagine situations beyond their daily routine. (Routine is often very important to people with these conditions).

1.4 A major issue nationally and locally is that there is no consistently reliable information about the numbers of people in any area who are autistic, how many of them need help, and what kind of services best support those people who do need help. However the National Autistic Society has developed a formula to predict the number of people in the population who are likely to have an autistic spectrum disorder.

1.5 Using the NAS formula it is estimated in the work done for this report that there are approximately 1200 people in West Berkshire with one of the conditions in the spectrum.

1.6 There are 309 known cases of autism amongst children and young people in West Berkshire.

2. NATIONAL CONTEXT

2.1 In September 2008 the National Audit Office carried out a survey all local authorities to find out what was known about the number of adults with an autistic spectrum disorder and the services currently being provided. The results of this have been published in, “Supporting people with autism through adulthood” (June 2009). In April 2009 the Department of Health announced the intention to have a national strategy for autism and have completed a national consultation for that strategy via a document “A Better Future”. (Consultation ended on 15th September 2009)

2.2 The Autism Act based on this consultation passes into law on 12th November 2009. It makes two key provisions:-

- 1) That the Government produce an autism strategy by 1st April 2010.
- 2) That the Secretary of State issue statutory guidance in this area by 31st December 2010.

2.3 The Autism Strategy is likely to have the following key areas for improvement based on the consultation responses:-

- Raising public awareness and acceptance of ASC
- Improving key professionals’ level of training
- Improving access to local services
- Improving local leadership
- Personalising services
- Taking account of sensory issues
- Improving diagnostic pathway
- Ensuring adults with an ASC can access the healthcare they need.

2.4 The Statutory Guidance is likely to cover the following areas:-

- ❖ Identifying adults with autism
- ❖ Providing services for diagnosing autism in adults
- ❖ Carrying out needs assessments for adults with autism
- ❖ Planning appropriate services to young people with autism as they move from children’s’ to adult services
- ❖ Local planning to provide appropriate services to adults with autism
- ❖ Training staff who provide services to adults with autism
- ❖ Local leadership with regard to providing services to adults with autism.

In addition to this work being carried out by central government the National Autistic Society both nationally and locally have produced recommendations.

2.5 *The national NAS has produced the priorities set out below:*

- *Specialist teams to be set up in every local authority/PCT boundary*
- *Diagnostic services available locally (linked to the development of the team)*
- *Autism Planning Group to be set up in every local authority area/PCT boundary*
- *Inclusion of the needs of adults with autism in the Joint Strategic Needs Assessment*
- *Clear structures for reporting and delivery, including at local level a local autism lead*

- *Extensive training strategy (prioritising GPs and professionals who carry out care assessments)*
- *Improved support from Job Centre Plus.*

2.6 West Berkshire Branch National Autistic Society has carried out its own local survey and has also produced a set of priorities. These are:-

- *Strategic planning to meet the needs of people with autism*
- *A specialist adult autism team*
- *Youth services and support for young people with autism making a transition to adult services*
- *Effective training for all staff who come into contact with people with autism*
- *Information and support for families, particularly increased short break provision*
- *People with autism and parents and carers to be involved in strategic planning and service development*

3. LOCAL CONTEXT

The Council has reviewed its provision to both children and adults living in West Berkshire who have an autistic spectrum disorder. This review has been carried out within the context of the national consultation that will inform the new Autism Strategy. A summary of West Berkshire's local review is set out below.

3.1 CHILDREN AND YOUNG PEOPLE

CURRENT SERVICES

Education

- Pre-School Teacher Counselling Service which supports children under 5 with SEN, including children with ASD and social communication difficulties.
- Mainstream schools with additional support.
- Training programme and guidance for school staff, including bespoke training for individual schools.
- ASD Advisory Teachers who provide support and guidance to schools on meeting the needs of children with ASD.
- ASD Development Worker who supports parents of children diagnosed with autism and runs training courses for parents.
- Special School Consultancy Service which provides support and guidance to schools on meeting the needs of children with ASD who also have learning difficulties.
- Resourced mainstream schools for children with ASD, one primary and one secondary.
- Special schools, Brookfields School and The Castle School which cater for children with significant learning difficulties, including children with learning difficulties and ASD.
- Speech and language therapy and occupational therapy in mainstream, resourced and special schools.

- ASD Project Workers / Family Support Workers who support families of children with ASD, mostly children attending the special schools.
- Out of Area School Placements for children whose needs cannot be met locally.
- Further Education at both Newbury College and Thames Valley University
- Support in Higher Education for students with ASD.
- Parent Partnership Service which provides independent support for parents of children with SEN, including parents of children with ASD.

Social Care

- Disabled Children's Team which supports families who have a child with significant, long term needs.
- Occupational Therapy support to provide equipment in the home and adaptations to the home environment where required.
- Castlegate Centre which provides outreach services and short breaks including overnight stays.
- Locality Teams provide social work support where it is needed for those children not eligible for support from Disabled Children's Team.

Health

- SOCOM (Social Communication Disorders Service) which provides diagnosis of ASD and support following diagnosis.
- Community and Adolescent Mental Health Service which can provide ongoing support following diagnosis, where appropriate, including cognitive behavioural therapy, psychotherapy and family work / therapy.
- Speech and Language Therapy assessments and some direct therapy (mostly for children under 5 and non statemented children)
- Occupational Therapy assessments and some direct therapy (mostly for children under 5 and non statemented children).

Out of School/ Recreational Opportunities

- Mainstream after school and holiday clubs, with one to one support where required.
- Support to access recreational opportunities
- Specialist after school and holiday schemes.
- Spectrum Club: NAS Youth Club for young people with ASD up to the age of 14.
- Youth Club for young people with ASD over 14– being set up using Aiming High funding
- Aiming High for Disabled Children Short Breaks Initiative, which has made funding available to increase a range of short break services including more sitting services and more funding for Direct Payments to families.
- Youth worker for young people with SEN / disabilities.

Voluntary Organisations

- National Autistic Society
- Mencap

Transition

- Significant improvements in transition process over past 2 years
- Aiming High for Disabled Children Transition Initiative has funded a pilot of person centred planning, work on joint assessment and a single plan at transition and the part time youth worker for young people with SEN / disabilities.

Information for parents / carers

- SEN area of West Berkshire Council's Website
- Parent Partnership Service information
- Mencap booklet commissioned for West Berkshire
- DVD on transition for young people with disabilities
- New post in Children's Information Service to develop information for families who have a child with a disability.

GAPS IN SERVICES/ISSUES FOR CONSIDERATION

The following areas have been identified as potential gaps in services:

- Intensive intervention for very young children following a diagnosis of autism
- Support for parents following diagnosis of ASD
- Ability of all mainstream schools to meet the needs of children with ASD
- Addressing bullying in schools and providing social skills training
- Primary resourced provision – possible need for expansion
- Lack of provision for children with learning difficulties, ASD and severely challenging behaviour
- Lack of post 16 provision at The Castle School for young people with learning difficulties, ASD and challenging behaviour
- Lack of suitable educational provision for young people with ASD and Behavioural, Emotional and Social Difficulties (BESD)
- Difficulty accessing FE Colleges for young people who have ASD but do not have learning difficulties
- Lack of suitable home education when children with ASD are excluded from school
- Shortage of out of school/recreational opportunities for children and young people with ASD
- Need for specialist support for families of children with ASD from Children's Social Care
- Family support workers for families of children with ASD attending mainstream schools
- Speech and language and occupational therapy assessment waiting times
- Counselling for young people with ASD
- Further improvements to transition to adulthood

- Better information for families and young people

RESOURCE IMPLICATIONS

Some of the areas for development referred to in Section 3.2 of this report are already underway and resources have been identified, e.g. the training programme for mainstream schools, reprovision of The Castle School's Post 16 Department on the Newbury College site, the Youth Club for young people with ASD aged 14 to 19, recruitment of a youth worker for young people with SEN / disabilities.

It is not possible to identify resource implications for all of the potential gaps in provision listed as some of these would need to be investigated in more detail to establish whether there is evidence of a genuine gap in the service, whether it is feasible to meet the need locally, how the need would best be met and therefore what the resource implications would be.

CONCLUSION

This report has been based on information available within the Children and Young People's Service at West Berkshire Council and collated from other agencies involved in providing services for children with autism. It has also taken into account work done by the Children's Autism Implementation Group over the last year to map services and identify gaps. The Autism Implementation group is a multi agency group representing all services involved with children with ASD in West Berkshire. It includes NAS and parent representation. The report also takes into consideration the recent report of the West Berkshire Branch of the National Autistic Society, "Accept Difference not Indifference".

There have been significant developments and investment in services for children with ASD in West Berkshire in the last 12 years. It is acknowledged however that there is scope for further development in order to provide the most effective services possible for this very vulnerable group of young people.

Updated by
Jane Seymour
January 2010

3.2. ADULT SERVICES.

CURRENT SERVICES

Social Care

- Multi-agency Transition Forum and Protocol that includes young people with autism is now in place
- 1 Adult Transition Care Manager in CTPLD
- CTPLD, CMHT, and Physical Disability Teams all currently work with adults who are autistic however these people also have a primary disability in another area.
- The Complex Needs supported living development now underway in West Berkshire
- CTPLD is aware of having received 29 referrals for vulnerable adults who do not meet social care eligibility criteria over the past 2 years – many of them have an ASD diagnosis.
- Social Care are commissioning services costing approx. £3 million for the small group of people with ASD and a learning disability

Health

- CTPLD is a multi-disciplinary team which includes; psychiatrist, psychologists, specialist nurses, OT, physiotherapy; access to speech and language therapy, and dietetics
- CMHT is a multi-disciplinary team which provides services to a small number of people with Aspergers syndrome and ADHD who also have mental health needs
- There is a small, short-term residential forensic unit at Bracknell provided by Berkshire Health Care Trust.

Voluntary Sector

- National Autistic Society – local branch provides advice and support to people with ASD and their families
- Mencap and Thrive both provide services commissioned by WBC e.g. Link Up and horticultural therapy which will include people with ASD

Independent Sector

- A number of local care providers are supporting people with low level ASD in supported living and residential care commissioned by Social Care and Supporting People. This is currently not accounted for as these people may or may not have a formal diagnosis of ASD and unless they are also eligible for social care other needs may not be recognised.

Benefits Advice.

- Benefits advice is available to anyone via the Council's Customers Financial Services team and one of the officers in this team has produced specific benefits guidance for parents of young people with autism.

GAPS IN SERVICES/ISSUES FOR CONSIDERATION

There is good work going on at present in West Berkshire with the adults with ASD who meet the current eligibility criteria. There is also a significant amount of funding paying for those who need very specialist services and an active strategy to commission better services for this small group. However this audit has uncovered the following gaps.-

- Specialist team. There is no specialist team for adults with ASD in West Berkshire and no funding currently available to establish one. Whilst specialist teams have been successful in a other areas the specialist team concept runs counter to the national agenda for social care which is for better information, guidance and access to universal services.
- Specialist workers for ASD located somewhere in Adult services.
- A strategic approach across services to meeting the needs of those currently not eligible for social care services.
- A local adult services lead for ASD
- Specialist training for designated staff
- General awareness raising for staff in all public services in the needs of people with ASD
- Person-centred planning
- Discussion with Health, Housing, Education, Voluntary Sector and local providers about what is and could be provided locally
- Social groups and information services specifically for people with ASD
- Consultation with local people who have ASD and their families about what would help.

RESOURCE IMPLICATIONS

Until there is agreement about what other services may be needed it is difficult to quantify resources required

4. CONCLUSION.

Whilst there are many good services available in West Berkshire for people with ASD, the length and intensity of the whole document reflects the complexity of needs and the perceived deficits both nationally and locally.

There would seem to be a need for further work on the strategic direction West Berkshire as a whole community wishes to take in its approach and service responses to people with ASD.

In line with national thinking, it would seem an opportune time to consider a local Autism Forum that includes local organisations and stakeholders to consider the emerging national and local priorities outlined above and, within resources available, to review and align local services.

Updated by
Alison Love
January 2010.

This review has identified a number of areas for improvement. The new Autism Strategy and the priorities of both the national and local National Autistic Society give us a clear indication of what these areas are and we would like to propose the following Action Plan to begin to work on those areas. (See Appendix 1).

APPENDIX 1.

ACTION PLAN.

Set out below is an initial action plan which has been agreed by senior managers of West Berkshire Council. This is intended as the initial stages of an action plan which can be added to once wider discussion has taken place.

Area for Improvement	Action	Who is Responsible	Timescale	Measure of Success/Outcome
No current local Autism Strategy Group.	1. Re-establish the Autism Strategy Group and arrange an initial meeting.	Alison Love/ Jane Seymour	May/June 2010	The meeting is attended by relevant agencies and stakeholders. A way forward is agreed.
No strategic lead manager for adult services	2. Appoint a lead manager.	Jan Evans/Teresa Bell	February 2010	Alison Love nominated lead manager.
Training for professional staff	3. Commission training for relevant social care and health staff. 4. Engage the private and voluntary sector in the development of training.	Alison Love/ Jane Seymour	By September 2010	Training arranged.
Public awareness of autism	5. Devise a strategy for raising public awareness			
Access to information and local services.				
Personalised services.				
Transition				
Sensory Needs	Establish links with the new sensory needs service in West Berkshire			
Diagnostic Pathway				
Employment	Links with P2E			

	and local supported employment services.			
Access to healthcare				
Specialist skills and knowledge of ASD.				

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Title of Report:	Healthier Select Committee Work Programme	Item 8
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	6 th July 2010	

Purpose of Report: To receive, agree and prioritise the work programme of the Healthier Select Committee for the remainder of the 2010/11 Municipal Year.

Recommended Action: To approve the work programme for the coming year.

Healthier Select Committee Chairman	
Name & Telephone No.:	Councillor Geoff Findlay – Tel (01635) 871992
E-mail Address:	gfindlay@westberks.gov.uk
Contact Officer Details	
Name:	Jo Naylor
Job Title:	Principal Policy Officer
Tel. No.:	01635 503019
E-mail Address:	jnaylor@westberks.gov.uk

Supporting Information

1. Introduction

- 1.1 The new work programme has been agreed by the Select Chairman in consultation with the Chairman of the Overview & Scrutiny Management Commission (OSMC).
- 1.2 An updated version of the work programme is attached at Appendix A for the Select Committee's approval. Members are also asked to consider prioritisation of these items to determine what work to undertake first.

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/09/16	Local Area Agreement Targets (LAA) Monitoring of progress of Health and Wellbeing LAA targets.	In meeting review with information supplied by, and questioning of, lead officers.	Monitoring item	HSC	Start: 06/07/10 End:	Bev Searle - Director of Partnerships & Joint Commissioning - 0118 982 2760 NHS Berkshire West	Councillor Pamela Bale	Monitoring of LAA activity.
OSMC/09/17	Capacity of maternity services at the Royal Berkshire Foundation Hospital. Fact finding report to establish the current capacity to meet demand for services.	In meeting review with information supplied by, and questioning of, lead officers.	Monitoring item	HSC	Start: TBC End:	Chief Executive and Chairman of the Royal Berkshire Hospital. Royal Berkshire Hospital Foundation Trust	Councillor Joe Mooney	Investigation of the reported pressures on the maternity unit.
OSMC/09/12	Review of the Council's eligibility criteria for social care. To review the existing criteria for accessing social care in light of the findings of the National Care Enquiry.	In meeting review with information supplied by, and questioning of, lead officers.	Investigate how the national changes will influence access to local social care, and make recommendations.	HSC	Start: TBC End:	Jan Evans - 2736 Community Services	Councillor Joe Mooney	Review of how national changes may need to influence local criteria for accessing social care.
	Investigation deprivation and child poverty in the ten most deprived wards in the District. To investigate what work is being done to tackle deprivation and how this can be applied to improve the quality of life across the District's most deprived wards.	In meeting review with information supplied by, and questioning of, lead officers.	Investigate ways to improve outcomes, and make recommendations to partner agencies.	HSC	Start: TBC End:	Lorna Hunt - 2735 Children & Young People	Councillor Gordon Lundie	

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)
	<p>Electronic booking system for consultant appointments at the Royal Berkshire Foundation Hospital</p> <p>To determine ways to rectify problems being experienced by patients using the electronic booking system.</p>	In meeting review with information supplied by, and questioning of, lead officers.	Investigate ways to improve the current system, and improve patient experience.	HSC	Start: TBC End:	Chief Executive and Chairman of the Royal Berkshire Hospital. Royal Berkshire Hospital Foundation Trust	Councillor Joe Mooney	