Notice of Meeting

Healthier Select Committee

Tuesday, 19th January at 6.30pm

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

Date of despatch of Agenda: Monday 11th January, 2010

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

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire COUNCIL

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 (NHS Berkshire West), Ian Wootton (Drug & Alcohol Action Team (DAAT) Manager) and Juliet Penley (Service Manager, Children's Services).*

Agenda

Part I

Page No.

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 23rd November 2009. — 1 – 10

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. **Update on local Alcohol Misuse Services** — Verbal
   Purpose: To receive a verbal briefing from Ian Wootton (Drug & Alcohol Action Team Manager) on the developments to improve alcohol misuse services locally including the new provider of Tier 3 alcohol misuse services.

6. **Aiming High for Disabled Children Briefing**
   Purpose: To understand more about the Council's progress in relation to the "Aiming High for Disabled Children" initiative. — 11 - 16

7. **Ambulance Services in West Berkshire Review Report**
   Purpose: To report on the findings of the Task Group Review of the South Central Ambulance Service performance in West Berkshire and to approve the recommendations. — 17 - 26

8. **End of Life Care Recommendations**
   Purpose: To finalise the recommendations on end of life care following the review undertaken at the last meeting and to submit these to the NHS Berkshire West and Adult Social Care Services to action as appropriate. — 27 - 36

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9. **Work Programme**
Purpose: To monitor forthcoming scrutiny work items and reprioritise as necessary. 37 - 41

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 MONDAY 23rd NOVEMBER 2009

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, Alan Macro

Also present: Jan Evans (Head of Older People's Services), Amanda Joyce (Head of System Transformation), Bev Searle (NHS Berkshire West), Andrea Ching, (NHS Berkshire West), Jo Cozens (NHS Berkshire West), John Shaw (PRT Carers' Service), Jane McCarthy (Representing family and informal carers) and Jo Naylor (Principal Policy Officer).

PART I

12. APOLOGIES.

Apologies for absence were received from Councillors Owen Jeffery and Geoff Findlay.

13. MINUTES.

The Minutes of the meeting held on 30th June 2009 were approved as a true and correct record and signed by the Chairman.

14. DECLARATIONS OF INTEREST.

There were no declarations of interest received.

15. REVIEW OF END OF LIFE CARE.

In order to review the adequacy of end of life care in West Berkshire (Agenda Item 5) the Committee received a range of representations from individuals and agencies to gather evidence on local end of life services.

Ms Jane McCarthy – representing informal and family carers

Ms McCarthy attended the Committee to explain her experiences of the pressures that were placed on family carers delivering care towards the end of life.

Ms McCarthy described the "arduous journey" of a carer and the fact that they had "no life of their own". She described how officially end of life care started 6 weeks before death however, in reality, continuous care was required earlier than this.

She explained how help was more readily available for cancer sufferers than for those terminally ill patients with other conditions e.g. Motor Neurone Disease or the elderly whom often received only minimal help. She described how there were very few nurses available to provide the support for these other debilitating conditions and providing the necessary respite for carers.

Cancer services were better provided for with support from MacMillan Nurses when diagnosed and there was access to Newbury Cancer Care and the Rainbow Rooms at West Berkshire Community Hospital in the last days of life.

Ms McCarthy described the support available from the various Societies set up to support those with terminal diagnoses and from Care Managers within Adult Social Care. She explained services were available to get a patient up in the morning and put to bed at night. However, she expressed the view that generally individuals requiring support were left alone unless they had a crisis.

She described how two beds were available within West Berkshire Community Hospital for end of life care. However, she explained how one-to-one care for the patient was not possible (due to resourcing levels) and the patient often remained confined to their room. In these circumstances the patient's condition often deteriorated. She described how the pressure of care was relieved from the carer which was then often replaced by guilt that the care was not up to the standard they would like to see for their relative.

Ms McCarthy described how family carers delivering palliative care at home often feel that they could not cope and when this happened, the patient frequently ended up being admitted to hospital or a residential care home.

A further problem with the system was that if one chooses to die at home the patient had to cover this financially although the same did not apply if you were admitted to hospital.

Ms McCarthy explained how health, social care and the voluntary sector had to work closer together to prevent undue hospitalisation and instead use district nursing services to support people at home.

Ms McCarthy explained the need for a regular night-sitting service for family carers. Equally the Princess Royal Trust, along with Age Concern and Help the Aged could provide services to the patient, including befriending services, to provide some respite and relief for full-time carers.

A view was expressed that Crossroads carers could be trained in basic nursing to support those wishing to die at home and Marie Curie nurses could be involved for more intensive nursing support in the very last days of life.

Ms McCarthy explained how a joined up Palliative Care Team across the district, with all the agencies involved in the end of life care would help create a more efficient service and prevent demand on costly emergency admissions to hospital.

Members asked questions in relation to the gaps in the services and the lack of communication about what was available to carers. It was explained by Ms McCarthy that often carers were not told about who to contact when a patient was discharged from hospital nor what to expect when the patient was close to death.

Members asked about training for carers available from district or practice nurses and whether this was available in rural areas. Ms McCarthy reported that nurses might not have the time to train carers and journey to home visits in rural areas.

Ms McCarthy further explained how on some occasions hospitals were poor at informing the GPs of the patient's care needs. If the patient was sent home the carer often found themselves in a position of not knowing what to do or without the necessary equipment to make caring at home possible (e.g. provision of a commode, etc).

The Chairman thanked Ms McCarthy for her views and contribution to the review process.

Mr John Shaw, Chief Executive – PRT Carers' Service

Evidence was received from Mr Shaw the Chief Executive of the PRT Carers' Service. He described his involvement in the End of Life Care Group which was started by the PCT 18 months ago, to consider access to end of life care across the Berkshire West PCT area, and includes representatives from the three Councils.

Mr Shaw explained the central Government priority of improving end of life care services. He described the significant amount of work done by the PCT staff, the PRT Carers' Service and others to pull together a strategy on end of life care and to ensure the strategy translated to improvements on the ground. He said improvements were sought in the context of a very challenging financial environment for the respective agencies. The implementation of national guidance, which he described as good guidance, emphasised the need to involve patients and carers.

He described the taboo of end of life care and the difficulty receiving the carers' perspective. Mr Shaw explained the need to gather information and evidence from carers about their experiences.

Mr Shaw described how better communications and training were required to notice when a patient's condition was deteriorating and becoming a terminal diagnosis. The need for better planning and liaison between professionals and with palliative care colleagues was needed to ensure a smoother transition between these stages.

Mr Shaw advocated that services should be looked at from the perspective of the carer and judgements made about the effectiveness of services alongside statistical evidence. He outlined three areas to improve upon:

- Carer perspective – gathering direct information
- Early identification of entering end of life
- Training for agencies so that sensitive issues affecting the patient were communicated and discussed.

Members asked about whether feedback should come from other family members, not quite so close to the patient as the carer, to provide a different perspective.

Mr Shaw responded to explain how the PCT was working with GPs to achieve the GP Gold Standards Framework (GSF) and to engage with carers as much as possible.

He explained the sensitivity of requesting feedback after a carer had experienced bereavement. Some doctors might be reluctant to ask such questions and an opportunity to receive feedback might therefore be missed.

One Member asked if a 'blog' type approach could be explored as a mechanism for carers relaying their concerns and how best to capture the data e.g. report, questionnaire, etc.

Mr Shaw felt it was really about finding a way of allowing the carer to reflect honestly on the services. He reminded Members of the process of adjustment that was required for individuals that had been carers and the transition to the role of former carer.

It was within the remit of GP to talk to the carer and ask their views on what they would do differently in order to gather this qualitative data.

The challenge of data gathering and ensuring a commonality between the questions and what was recorded was discussed by Members.

Members also highlighted the importance of training for carers on what was available to them and better communication. Westcall out of hours services was also mentioned and the need to improve the transmission of information about patients with end of life care needs.

Mrs Jan Evans – Head of Older People's Services – West Berkshire Council

Mrs Jan Evans (Head of Older People's Services) explained how there was an established intermediate care team comprised of both Adult Social Care and the NHS.

She described a survey undertaken by a Service Manager within Adult Social Care to elicit the views of GPs and district nurses on end of life care services. She described that the sample size was not statistically significant but that 11 out of 14 surgeries in West Berkshire had been surveyed.

The questions covered in the survey were described (see Powerpoint slides attached to the minutes) and it showed that 76% of individuals, the majority, had died from Cancer but other diseases such as Motor Neurone Disease, Parkinson's disease, Dementia and Chronic Obstructive Pulmonary Disease (COPD) had also been causes of death.

Mrs Evans described the difference in the number of applications for Continuing Healthcare Funding in West Berkshire compared to Wokingham. A much lower number of applications in Wokingham were possibly attributable to joint health and social care teams and a preferred model West Berkshire would like to work towards. Currently, social care funding for end of life care required a means-tested assessment to be carried out during an incredibly difficult time for the patient.

Mrs Evans described the funding arrangements for the people who died at home, demonstrating the proportion funded by West Berkshire Council in relation to NHS and other ways.

She also described the two main causes of emergency admissions into hospital at the end of life as:

- Lack of family carer respite time (particularly night-time cover)
- The requirement for greater medical and nursing care at the very end of life.

It was felt the survey provided a good benchmark of current problems in West Berkshire around end of life care and highlighted in summary:

- Service shortfalls included overnight and day time respite to carers;
- Overnight nursing input;
- Lack of community based flexible care service;
- Weekend access to West Berkshire Council and Berkshire West PCT services.

Members welcomed the summing up of the key issues and invited the Andrea Ching of NHS Berkshire West to present the views of the PCT.

Mrs Andrea Ching – Programme Manager (End of Life Care) – NHS Berkshire West

Mrs Andrea Ching described the two in-patient specialist units, at the Sue Ryder service in Nettlebed, South Oxfordshire and Duchess of Kent House in Reading,

available for end of life care for West Berkshire residents. Equally, it was acknowledged that access to end of life care services was fragmented across West Berkshire. She also explained that there were indeed a high number of emergency admissions at the point of death.

She described the taboo of the subject and even as professionals the subject of death was rarely discussed. Mrs Ching explained how in West Berkshire 1103 deaths were recorded in 2007 of these only 21% were in the patient's own home despite the fact that nationally most people said they would prefer to die at home.

She described the need for strong local alliances between health, social care and the voluntary sector in providing community based care. She described the PCT's commitment to providing:

- Improved choice for patients;
- Improved standards of care;
- Better training, education of health and social care staff;
- Better use of acute hospital beds.

She raised in particular the work underway to provide daytime, twilight and night-time support for carers. She further emphasised the extended twilight service and the roving out of hours nursing support, where new mobile technology was being introduced to ensure patient records and their current requirements were readily available. This information would also be accessible to all professionals dealing with the patient's care.

A Member asked about the realignment of systems so all the different agencies could effectively work together. The PCT reassured the Committee they were working to get this right. Mrs Ching also described the introduction of a single point of access to help coordinate the required care for patients and their carers. They were improving the communication between the PCT and West Berkshire Council to achieve closer joint working.

Mrs Ching emphasised how staffing levels of daytime nurses had been increased and how elements of the joint working model operated in the Wokingham Borough were being replicated in West Berkshire.

The Chairman asked about funding for services in West Berkshire. Mrs Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) confirmed that the increased funding nationally announced for end of life care was not ring-fenced to these specific services nor a specific amount allocated to West Berkshire. The role of the PCT was to ensure equitable access for all.

Members asked about the timeline for seeing real improvements. It was explained that recruitment was in progress and early next year the improvements to community based services would be implemented.

Equally Mrs Searle reported on the financial challenges facing NHS Berkshire West and the need to balance carefully how investments were made whilst improving quality and cost effectiveness of services. She reiterated earlier comments that unplanned admissions to hospital were not the best use of resources or the experience that patients or their families might choose.

Members further questioned whether all proposals had been fully costed and how the coordination of all the volunteers, voluntary bodies and other agencies could be

achieved. Bev Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) explained how all the different agencies as listed in Appendix 1 of Item 5b on the Agenda were indeed effectively engaging within the End of Life Care Group to improve end of life care services.

Bev Searle described the IT system for storing patient care pathway details and the need for additional equipment to meet end of life patients' needs was noted. Members were informed that the initiatives being introduced should reduce emergency admissions but access to traditional services would still be available.

RESOLVED that:

(1) Members noted the findings of the End of Life Care Group (Item 5b of the Agenda).

(2) Carer feedback should be recorded and used to improve end of life care services also the Committee urged NHS Berkshire West to find easier ways to capture carers' views using the internet and other electronic technology.

(3) A summary report and key recommendations on end of life care be developed and brought back to the 19th January 2010 meeting of the Healthier Select Committee.

16. REPORT OF THE PATIENT ADVICE AND LIAISON SERVICE (PALS).

The Committee considered a presentation from Jo Cozens (Patient Advice and Liaison Service Manager – NHS Berkshire West) (Agenda Item 6). She explained that 3942 enquiries had been received by the Patient Advice and Liaison Service (PALS) in 2008-09 which was up by 15% on the last financial year.

The highest number of enquiries related to access to NHS dentistry. Dental capacity had been increased and NHS Berkshire West are seeking to deliver a communications strategy so the message reaches the public about increased dentistry provision.

Ms Cozens explained how the service resolved individual issues of concern that affected residents in this area. The widespread concern about dentistry led to PALS informing individuals of their nearest NHS dentist, and ensuring local information about available services is published on a monthly basis. PALS information has enabled the PCT to map the areas in which the calls were coming from to inform commissioning decisions about where to invest in additional dental services.

She described the difficulties relating to '0844' numbers operated by some GPs and dental practices and issues relating to podiatry as described in the report at Item 6 on the Agenda.

Ms Cozens described the PCT approach to World Class Commissioning and the focus on receiving patient feedback as part of this process to improve services.

Members asked about the differences between a formal complaint and enquiries. Ms Cozens explained there was a more formal route for dealing with complaints which was dealt with by a separate member of staff within the Trust. Patients wanting to make a complaint were supported in doing so by PALS and the Independent Complaints Advocacy Service (ICAS).

She described the process of dealing with enquiries, ensuring that patients were given reassurance that any comments made would not be detrimental to the care they might receive in the future. The evaluation of PALS showed 99% positive feedback from patients on their experience of using the service.

Members asked about responsibility for actions and confirming items had been completed. Ms Cozens reported that the PCT Board Members would own these recommendations and be responsible for assuring delivery of the necessary actions plans.

RESOLVED that the update be noted.

17. SYSTEM TRANSFORMATION UPDATE.

The Committee considered a briefing note on the latest progress in implementing the adult social care change programme "Putting People First" (Agenda Item 7).

Amanda Joyce (Head of System Transformation) described how the Programme was half way through the grant funded period. She also stated how the formal project management approach was being taken and governance arrangements for the programme were in place.

She drew Members attention to Appendix A of Item 7 which highlighted the 7 component projects which made up the programme, explaining that work was underway in all of them and management arrangements were in place to deliver the change.

Members asked about the role of individuals opting for a Personal Budget and whether they could revert back to traditional services. Ms Joyce described how there was no compulsion to receive a Personal Budget and that a service user could opt for traditional services. Equally if a service user opted to managing their own care they could revert back to traditional services if necessary.

A further question was asked about brokerage services. Ms Joyce explained that the Council had its own staff trained to provide brokerage services as well as access to brokerage services externally. Checks were being put in place to review how the systems were working.

Members asked about safeguarding of how the money was spent. It was explained Care Managers would consider how the money was proposed to be spent as part of the Care Plan. Risk of financial abuse is something on the checklist for Care Managers to consider as well as whether service users are spending the right amount without under-spending on services.

Ms Joyce explained how a review of Phase One of the Personal Budgets project would inform what changes were needed to go forward. She also explained to the Committee how understanding peoples' choices of services would drive supply and demand of services in the future.

Ms Joyce was congratulated by Members for the implementation of all projects in what was a relatively short period of time.

RESOLVED that the progress update be noted.

18. DEMENTIA STRATEGY.

The Committee considered a short presentation by Jan Evans (Head of Older People's Services) on the Dementia Strategy Implementation Plan (Agenda Item 8). She described the key priorities for dementia services locally in West Berkshire.

Mrs Evans highlighted five key tasks to be addressed which required further work, these were:

- Improving awareness;
- Good quality early diagnosis;
- Good quality information for carers;
- Improved quality of care of people with dementia in general hospitals;
- Improved end of life care.

Mrs Evans also explained how some GPs were good at making referrals for patients to visit the Memory Clinic however not all individuals had equitable access to this type of service.

Members asked about the timescales for delivery of enhanced services. Mrs Evans agreed to complete the Action Plan with specific dates for completing actions.

Mrs Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) mentioned a previous 3 year investment programme of £1.3 million awarded to the Berkshire Healthcare Trust for home treatment services for older people with mental health problems. It was also mentioned how gaps in accessing services still existed particularly for young people suffering with dementia.

RESOLVED that:

(1) The update be noted.

(2) The Head of Older People's Service update the Dementia Strategy Implementation Plan with timescales for the delivery of objectives.

(3) Bev Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) reports back on the dementia services available for young people.

19. WORK PROGRAMME

The Chairman introduced this item (Agenda Item 9) and highlighted the key areas of work for the Committee.

Members raised a point in relation to the recent ambulance response time target failures for October 2009 and the 21% increase in call volume seen this month. The Chairman reassured the Committee that it would be followed-up in the task group which is reviewing response times locally and is due to meet on 3rd December.

Secondly a point was raised about the recent publication of a Berkshire Autistic Society report into services in West Berkshire. Mrs Evans reported on how the Chief Executive was considering the Council response to the Berkshire Autistic Society and this should be checked prior to reporting back at the January 2010 meeting.

RESOLVED that:

(1) The work programme be noted.

(2) The Principal Policy Officer clarifies with the Chief Executive the Council's response to the Berkshire Autistic Society's report into adult autism services in West Berkshire.

(The meeting commenced at 6.30pm and closed at 9.00pm)

CHAIRMAN ……

Date of Signature: ……

Title of Report:	**Aiming High for Disabled Children Update**	**Item 6**
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	19 January 2010	
Forward Plan Ref:	NA	

Purpose of Report: **To receive a briefing note on the progress of Aiming High for Disabled Children.**

Recommended Action: **To note progress made.**

Reason for decision to be taken: To note the significant investment in services for disabled children and their families in West Berkshire. Joint planning and commisioning with Health and parents.

Key background documentation: West Berkshire Short Breaks Plan Feb 2009. Tansition Protocol.

The proposals will also help achieve the following Council Plan Theme(s):

- ☐ **CPT1 - Better Roads and Transport**
- ☐ **CPT2 - Thriving Town Centres**
- ☐ **CPT3 - Affordable Housing**
- ☐ **CPT4 - High Quality Planning**
- ☐ **CPT5 - Cleaner and Greener**
- ☐ **CPT6 - Vibrant Villages**
- ☐ **CPT7 - Safer and Stronger Communities**
- ☐ **CPT8 - A Healthier Life**
- ☐ **CPT9 - Successful Schools and Learning**
- ☐ **CPT10 - Promoting Independence**
- ☒ **CPT11 - Protecting Vulnerable People**
- ☒ **CPT12 - Including Everyone**
- ☐ **CPT13 - Value for Money**
- ☐ **CPT14 - Effective People**
- ☐ **CPT15 - Putting Customers First**
- ☐ **CPT16 - Excellent Performance Management**

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Executive Summary

1. Introduction

Aiming High for Disabled Children is a government initiative which was launched in 2007 and called 'Aiming High for Disabled Children: Better support for Families' (DCSF/HMT May 2007). It is an integral part of the Every Child Matters agenda and brought with it substantial funds to be allocated to local authorities to transform services to disabled children and their families.

There are four main strands to the Aiming High Initiative; Short breaks, Transition, Early Years Support and Parental Participation. The development of short breaks services for disabled children was the area that attracted the greatest level of government funding. This paper provides information on the areas of short breaks and transition and focuses on the large number of local short break services that have started, improved and increased with the additional revenue and capital funds.

Short breaks is the term used instead of 'respite' to describe any time a disabled child spends away from their family which can range from a few hours to overnight. Short breaks should be fun for the child and provide much needed relief for the parents from their caring responsibilities.

Aiming High for Disabled Children is a three year programme. In 08/09 the Local Authority received a small amount of money to undertake a consultation, needs analysis and mapping exercise and to write a short break plan. Following approval of West Berkshire's short break plan in March 2009, the funds for 2009/10 and 2010/2011 were agreed.

2. Proposals

2.1 West Berkshire, in conjunction with the Berkshire West PCT and parent representatives have commissioned a wide range of short break services to address the need and gaps in services which the consultation exercise with families and other professionals identified. These are as follows:-

- **Youth clubs for teenagers with autistic spectrum disorders**-
  The Oasis club run by the National Autistic Society started at Riverside Youth Centre in Sept 09 for ten young people. This will increase to 20 young people in 2010. Brookfields School will be starting a Youth Club for 15 teenagers based at the school in Tilehurst in April 2010.
- **Better Information and advice Services**
  A specialist information officer is now employed at the Children Information Centre in Reading to improve the information to families, update their website and publish regular newsletters.
- **Disabled Children and Young People to be supported to access mainstream and community services like other Young People.**
  Buddies are increasing their volunteers to act as buddies to support 15 more disabled children to attend leisure/social activities. Crossroads will expand their Phaze 2 and Kidz clubs.

  The national Autistic Society will expand their befriending service to include an additional 14 families.

- **Increased Leisure activities for disabled children.**
  A Youth worker will be employed early 2010 to train existing youth workers and act as a disability champion to increase the number of disabled Young People going to youth centre and arrange specific activities.

  A grant has been made towards the Sing-In inclusion residential music camp. This ran with great success at Bradfield School in August 2009 and is planned again for next summer.

- **More Home sitting services**
  Grants have been allocated to Mencap and Crossroads to increase their sitting services. Crossroads have increased the families supported from 8 -14 over this year and will increase to supporting 20 families in 2010.

- **More After School Care and Holiday Play schemes**
  Grants have been given to Mencap to increase their after school places and to restart their Saturday Club. They will also increase their holiday play scheme provision and provide a wider variety of activities.

  The Castle School will provide (to complement Mencap's service) a new holiday club at Easter and summer 2010 for up to 30 children.

  Brookfield School have increased their holiday club provision during Easter and summer. Dingley will run a new play scheme for under five year olds at Easter and summer 2010.

  Greenfield holiday care for children with complex health needs and profound disabilities is now run by Mencap and offers 30 places.

- **Residential Holiday Services**
  Crossroads are expanding their three night holidays to 16 children this year and 24 in 2010. Mencap will start a new service of taking 6-8 children away for a holiday.

- **Help with Transport for those families in rural areas.**
  Aiming High will fund six families to attend support groups run by the sensory needs consortium.

- **Increase Direct Payments**
  This budget has been increased by £8,000 this year and by £20,000 in 2010.

2.2 Capital funds have paid for a variety of improvements to our local leisure facilities to promote inclusion, for example hoists, specialist gym equipment, wheelchair basketball nets and a new changing facility at Northcroft.

3. Transition

In 2007 a Multi Agency Transition Forum was set up involving all agencies involved in the transition of young people with SEN/disabilities to adult life and to adult services. The group's role is to oversee transition policy and procedure, develop strategy, and monitor compliance with the Transition Protocol and monitor outcomes for young people.

3.1 Multi Agency Transition Protocol

A multi agency transition protocol has been developed. This sets out the roles and responsibilities, including service standards, of agencies involved in transition.

Since the protocol has been in place there is evidence of better information sharing between agencies, improved engagement by Adult Services and significant improvement in the % of Transition Plans being completed by schools. Parents and carers report better experiences of the transition process.

3.2 Virtual Transition Team and Transition Database

In 2009 a "virtual" Transition Team was set up involving the SEN & Disabled Children's Team, Community Team for People with Learning Disabilities, Adult Physical Disability and Sensory Services, Community Mental Health Team, Connexions and the local FE colleges. The team meets termly and reviews all statemented young people going through transition to ensure that long term needs of individuals are anticipated, that appropriate planning is in place and that services which need to be involved get engaged.

3.3 Information on transition for young people, parents and carers

The Transition Forum has overseen the production of a new leaflet for parents on transition which is now being sent out with all Transition Review invitations to parents and will be put on the Council's website. A DVD on transition has been produced which is suitable for use with young people and parents/carers and has an accompanying handbook for staff. There is good joint working with Newbury College to build local capacity.

3.4 DCSF Transition Grant

West Berkshire Council is one of 29 Authorities in the country which has been awarded a Transition Grant of £47,500 in 2009-10 in order to develop its good practice around transition to adult life for young people with SEN/disabilities. West Berkshire is the only one of 19 Authorities in the South East Region to be awarded the grant.

The grant is being used to support three new initiatives: recruitment of a youth worker for children with SEN/disabilities, development of person centred transition reviews and development of a joint assessment tool for young people going through transition.

4. Future

There is close monitoring and scrutiny by government on the development of short breaks. Quarterly returns have to be completed to report on the number of overnights and hours of short breaks that are being provided to disabled children. It is the government's plan to introduce legislation to make providing short breaks a legal requirement for a local authority by 2011. In addition, a new performance indicator is being introduced in 2010 to measure parental satisfaction with services for disabled children.

5. Conclusion

5.1 This report has provided information on the 2 major strands of Aiming High for Disabled Children, Short Breaks and Transition. There has been significant activity in both these areas in West Berkshire and additional government grants allocated to improve services. In has been necessary for both these developments to have close working and ongoing consultation with parents, carers and young people. The report has highlighted the recent developments and new services commissioned and provided.

Title of Report:	**Review Report of the South Central Ambulance Service performance in West Berkshire**	**Item 7**
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	19 January 2010	

Purpose of Report: **To report on the South Central Ambulance Service performance and the factors influencing response times.**

Recommended Action: **That the Healthier Select Committee approves the recommendations of the Task Group.**

Select Committee Chairman	
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Executive Report

1. Introduction

1.1 The performance of South Central Ambulance Services (SCAS) came to the attention of Healthier Select Committee Members during June 2009 where it was agreed a small task group of Members would convene to consider the specific concerns from a West Berkshire perspective.

1.2 The Healthier Select Committee agreed to review this topic on 30th June 2009 and this was then also supported by the Overview and Scrutiny Management Commission on 28th July 2009.

2. Terms of Reference

2.1 The Terms of Reference for the task group were to conduct a review into the performance of the South Central Ambulance Service in West Berkshire and in particular:

- Examine current targets for performance and response times
- Focus specifically on rural response times in West Berkshire
- Understand what factors affect the Trust's ability to meet response time targets in general
- Identify areas where the Trust and other partners could work towards improving performance

3. Membership

3.1 The Members of the cross-party working group were Councillors Geoff Findlay, Gwen Mason and Carol Jackson-Doerge.

4. Background and Context

4.1 The Trust covers a four county area of Berkshire, Oxfordshire, Buckinghamshire and Hampshire and operates three calls centres based in Bicester, Winchester and Wokingham. The Trust responds to around one thousand '999'-calls per day and utilises 100 ambulances and 50 Rapid Response cars.

4.2 Following the reconfiguration of ambulance trusts during 2005 there has been a legacy of some under-performing trusts, particularly those which had lower Healthcare Commission 'star ratings' prior to the merger. For example in Buckinghamshire wide scale investment was required to improve frontline ambulances. Similarly, the geographical areas of Oxfordshire, Buckinghamshire and Hampshire have often struggled to achieve to Category A response targets particularly in rural areas.

4.3 Calls to the service continue to increase with 120 extra calls received per month, on average, in the Berkshire West PCT area compared to the same period last year.

4.4 The Trust reports that the service is perceived as a fail-safe option to call in the event of any number of non-emergency situations.

4.5 Since April 2008, the introduction of 'Call Connect' has resulted in a more stringent system for recording of response times. Significant improvements in performance have been delivered in order to achieve these more challenging targets.

4.6 All Ambulance Trusts are inspected by the Care Quality Commission and measured against national response time targets set by the Department of Health.

4.7 Calls are categorised according to the urgency of the response required. Category 'A' calls are considered 'life-threatening' and require an immediate response.

4.8 Response time targets set a benchmark against which performance is measured both by the time taken to reach an incident and the number attended within the set timescale.

4.9 A more detailed description of call categorisation and targets is show below (see Table 1).

Table 1: Target and Call Categorisation

Categorisation of Call	Target	Further explanation of target
Category A8	Life-threatening emergencies 75% attendance within 8 minutes	Requires that the responder must be capable of defibrillating a patient therefore this action can be done by a first responder whilst waiting for an ambulance to arrive.
Category A19	Life-threatening emergencies 95% attendance within 19 minutes	Target relates to ambulances and marked rapid response vehicles which are capable of conveyance of the patient.
Category B19	Non life-threatening calls 95% attendance within 19 minutes	Target for ambulances and vehicles capable of conveying a patient and does not apply to first responders.
Category C	Non-urgent calls No national target	No national target – often managed by telephone triage and patient directed to alternative care pathway.

4.10 'Call connect' is a new system introduced in April 2008 that makes achieving targets for response times even more challenging. The recording of response times now starts the moment the call is received on the switchboard where as previously the timing of a response started only after all the caller details were established. The impact of this change means that approximately 90 seconds to 2.5 minutes was instantly lost from response times. This required the Trust to improve performance just to continue to meet the national targets.

4.11 In order to continue to improve performance the Trust utilises technology to give them an added advantage. When a call is received the mobile signal location or landline address details are used to immediately deploy an ambulance to the incident. Vehicles are dispatched prior to call categorisation, therefore should the call end up being non-life threatening the ambulance will be re-diverted to a priority call instead.

5. Methodology

5.1 The review has been conducted by a small, cross-party task group, working with policy officer support and staff from the South Central Ambulance Trust.

5.2 The task group had a detailed meeting with the Trust on 2 September, 2009 where Members met with Mark Ainsworth (Divisional Director – Berkshire) and John Divall (Director of Corporate Affairs) to consider the evidence.

5.3 This report sets out a summary of the key issues affecting the Trust and suggested future action.

6. Acknowledgements and thanks

6.1 The Members of the task group would like to thank the Trust for meeting with them and sharing information in such an open and honest way. The huge effort the Trust was making to rectify the existing problems was also recognised.

7. Findings

7.1 The findings of the task group are outlined below:

Performance against Target

7.2 Interestingly performance on a local authority level for Category A8 calls has actually improved by 7% since October 2007 even though the measures for call recording have become more stringent during this time period.

7.3 The Trust achieved Category A8 call targets over the entire SCAS area i.e. including Berkshire, Oxfordshire, Buckinghamshire and Hampshire from April to June 2009.

7.4 The Trust is also very close to meeting the standard set for Category A19, which relates to a vehicle capable of conveyance arriving within 19 minutes of the Category A call being received.

7.5 It is Category B19, non-life threatening calls which are falling short of the 95% target with performance at 89.7% of all Category B calls for the first quarter (April-June 2009).

Table 2: Performance against target (SCAS Wide)

	National Target	April-June 2009 Performance	Month ending 31st August 2009
A8	75%	77.5%	76.7%
A19	95%	94.9%	94.83%
B19	95%	89.7%	89.44%

7.6 Geographical differences become apparent when the data is analysed by Primary Care Trust (PCT) area, see table below:

Table 3: Ambulance Response Times by Primary Care Trust area from April-June 2009

PCT Area	A8 (Target 75%)	A19 (Target 95%)	B19 (Target 95%)
Berkshire East PCT	86.8%	99.1%	95.3%
Berkshire West PCT	**79.1%**	**98.8%**	**96.7%**
Buckinghamshire PCT	67.2%	96%	94.1%
Hampshire PCT	72.9%	88.9%	80.5%
Milton Keynes PCT	86.5%	99.8%	98.7%
Oxfordshire PCT	75.9%	95.9%	92.5%
Portsmouth PCT	85.3%	98.6%	87.4%
Southampton PCT	84.6%	96.1%	81.2

7.7 Data for Berkshire West PCT shows performance is good and exceeds the nationally set targets. It should be noted however, that this area includes Wokingham and Reading as well as West Berkshire. It is acknowledged that it is often easier to respond to calls from urban areas than those in remote rural locations.

7.8 The issues affecting performance in Buckinghamshire and Hampshire directly contribute to overall SCAS-wide targets not being met. Health scrutiny Members and officers from within Buckingham, Hampshire and Oxfordshire County Council have set up a separate review to investigate the local issues that contribute to under-performance.

7.9 The legacy of poorer performing trusts still affects performance. Large scale investment in Buckinghamshire has seen the replacement of all frontline ambulance to bring them up to standard. Equally a large degree of effort has been made to improve training for all employees across the SCAS area.

Rural Response/Low Demand Areas

7.10 In general it is easier to meet targets in the more densely populated urban areas where incidents happen more often within a smaller geographical radius. Urban areas can be classified as ‘high demand’ areas.

7.11 In contrast, the trust gave an example of the more rural area of Southend in West Berkshire, to the east of the district, where on average there will only be one incident every 10 days. These areas are classified as ‘low demand’ and they frequently correspond to rural areas.

7.12 The sheer distances involved when attempting to reach more remote rural areas and the nature of rural roads hampers the ability to meet response time targets.

7.13 As much as 13% of the West Berkshire PCT area is considered a ‘low demand’ area where alternative strategies must be engaged for responding to emergency calls.

7.14 Weekly data analysis occurs to identify those locations and incidents where response times fell below target. Data collated from incidents within the West

Berkshire have shown that rural locations are often where targets are missed. Work has been done to create First Responder Schemes in order for the Trust to be able to meet response time targets in rural areas.

First Responder Schemes

7.15 The Trust has established a range of 'First Responder Schemes' to provide the immediate emergency response.

7.16 Community first responders are members of the public trained in first aid and provided with life-saving defibrillators to respond to emergencies.

7.17 The other groups that provide a first response include:

- Off-duty Ambulance Service employees (Staff Responders)
- Off-duty fire-fighters or police officers trained in first aid (Co-responders)
- Doctors

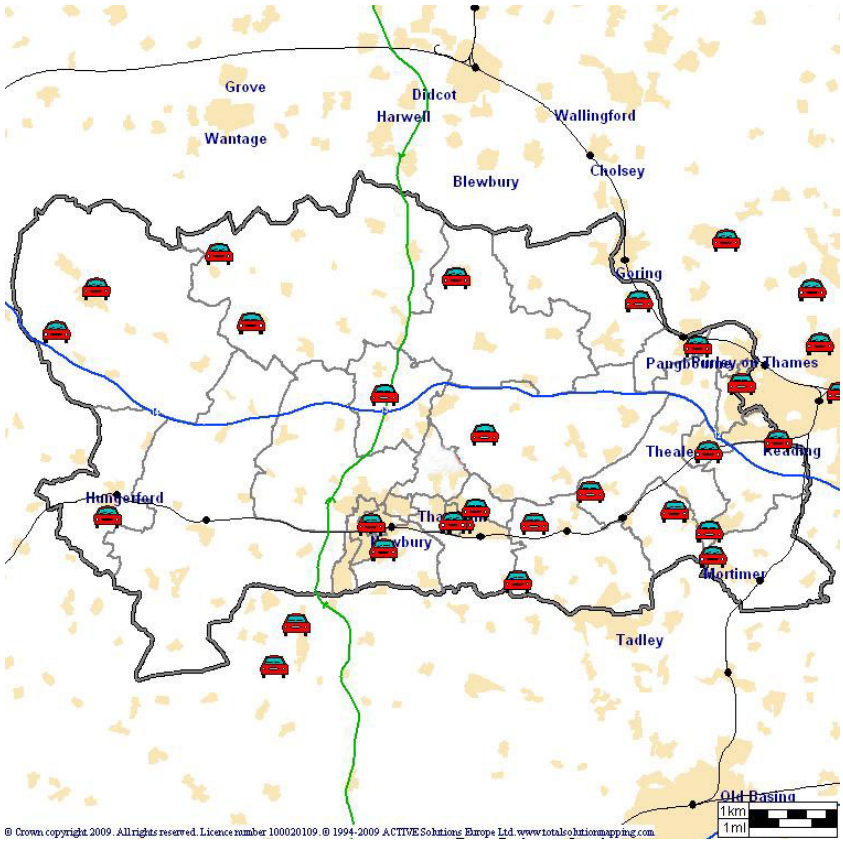
7.18 Table 4 shows the areas of the district which are collectively covered by First Responders.

Table 4: Types & numbers of First Responders in West Berkshire

Areas with First Responders		Numbers of individuals
Community First Responders: • Beenham • Brimpton • Bucklebury • Burghfield Common 1 • Burghfield Common 2 • Calcot • Chaddlesworth • Chieveley • East Ilsley • Fawley • Hermitage • Hungerford	• Lambourn • Lambourn Woodlands • Midgham • Newbury North • Newbury South • Pangbourne • Thatcham 1 • Thatcham 2 • Thatcham 3 • Theale • Tilehurst • Ufton Nervet • Woolhampton	65
Staff Responders: • Hungerford • Newbury • Thatcham • Tadley		5
Co-Responders: • Mortimer (Fire) • Pangbourne (Police)		2
Basic Doctors: • Newbury • Chilton Foliat		2

7.19 It has been acknowledged that the community uptake has not been as good as anticipated in West Berkshire. Similarly few Staff Responders live in West Berkshire and such off-duty work is only attractive to a minority of staff. As a consequence large areas of the district are without cover.

Figure 1: Locations of Community First Responder (CFR) Schemes



CFR Schemes:
- Beenham
- Brimpton
- Bucklebury
- Burghfield Common 1
- Burghfield Common 2
- Calcot
- Chaddlesworth
- Chieveley
- East Ilsley
- Fawley
- Hermitage
- Hungerford
- Lambourn
- Lambourn Woodlands
- Midgham
- Newbury North
- Newbury South
- Pangbourne
- Thatcham 1
- Thatcham 2
- Thatcham 3
- Theale
- Tilehurst
- Ufton Nervet
- Woolhampton

7.20 The Trust is confident performance gains could be achieved if collectively greater areas of Berkshire could be covered by Community First Responders. For West Berkshire the areas where there is no coverage includes the areas of Aldermaston, Cold Ash, Kintbury, Hampstead Norreys, Great Shefford, Leckhamstead and Chaddleworth.

7.21 It is often difficult to simultaneous overcome the problems of responding to rural or 'low demand' areas and also meet the very high public expectations of the service. Equally the Trust must do this within finite resources and responsibility to deploy resources in the most efficient way.

Demand and Frequent Callers

7.22 Calls to the Ambulance Service are increasing with as many as 120 more calls per month from the West Berkshire area alone to the Emergency Call Centre when compared to 2008.

7.23 Often these are non life-threatening calls which are better diverted into other care pathways. The Trust employs Emergency Care Practitioners to screen the nature of the call and provide appropriate triage advice. This has significantly helped reduce demand on the Service with approximately 74 calls per week for the Trust as a whole being diverted to more appropriate care pathways.

7.24 The Trust has a number of frequent callers who make repeated '999' calls in a single day. The majority appear to be vulnerable adults with a psychiatric and/or alcohol/drug related condition. The Service is currently working with the Primary Care Trusts and out of hours' service providers to arrange Case Conferences to help develop alternative care pathways for these individuals.

7.25 There are plans for Ofcom to pilot a '111' number for access to unscheduled care. The Trust believes they are in a strong position to be the regional provider of this service due to their call handling expertise and the infrastructure which already exists. It is hoped a successful bid would allow for better screening and direction of calls to the most suitable care pathways and to relieve pressure on the frontline emergency response.

Social Care Support Out of Hours

Assistive Technology

7.26 Frequent calls to the Ambulance Service come from those frail elderly or vulnerable individuals living independently and reliant on assistive technology devices to raise an alarm for help. The call handling centres linked to such technology will often dial '999' in the first instance and the Ambulance Service is then dispatched to check on the patient. This may not be the most efficient use of the emergency service; if for example, an individual just needs assistance back into bed.

7.27 Bracknell Forest Council has a different approach to dealing with out of hours calls for social care. A Forestcare employee responds to individuals who raise the alarm in the first instance. The elderly or vulnerable individual's condition is assessed and a decision made on whether the Ambulance Service is needed. This model was assessed as an effective way to reduce the demand on the Ambulance Trust.

Falls

7.28 Data also shows approximately 40% of calls to South Central Ambulance Service are in response to patients that have had a fall.

'No Lifting' Policies

7.29 Extra demand on the Trust also arises from residential care homes where a "No lifting of patients" policy is in place and the Ambulance Service will be called to assist instead.

Emergency Admissions at the End of Life

7.30 End of life care is another situation when the Ambulance Service is often called to convey individuals from a care home to hospital in their last days of life. However, it is widely acknowledged that often patients do not want to die in a hospital and this may not be the best place for them. Care planning needs to be looked at so the patient has choice and dignity at the end of life and the need for such emergency admissions are prevented.

7.31 A recent update provided in November 2009 showed that a SCAS Continuous Improvement Team is currently working with agencies in the West Berkshire area to improve end of life care and prevent inappropriate admissions.

Delays at Hospitals

7.32 The South Central region accounts for a third of all the delays of ambulances at hospitals nationally. It was reported that as many as 10 ambulances were queuing at A&E during the evening of 1st September, 2009.

7.33 The scale of ambulances delays is of great concern as it is mainly double-crewed ambulances that are held up at Emergency Departments. This significantly reduces the Trust's ability to respond to patients quickly which is reflected mainly in the A19 and B19 performance figures.

7.34 Acute hospital trusts can be fined for delays over and above 30 minutes after which a £1.70 per minute penalty is incurred. However, the fines in themselves do not ameliorate the situation.

7.35 The Trust's "Turnaround Project" was identifying ways to overcome the organisational and system failures which are causing the delays.

Other Issues

7.36 Other issues affecting performance of the Service include the high levels of sickness, (10% rate of sickness during August 2009), staff vacancies and the higher number of calls in general.

7.37 Recruitment is often difficult due to the high cost of living in the South Central region. Salaries are identical nationally and therefore it makes it harder to recruit to this area.

7.38 Similarly, paramedic training now requires new recruits to have a University Diploma. The time taken to study and graduate from such courses may be contributing to a delay in achieving a full complement of staff.

7.39 The introduction of a new Computer Aided Dispatch (CAD) system in September may result in a dip in performance. However, ultimately this should be rectified and performance improvements seen once the changes have become embedded.

7.40 The most recent update from the Trust on 29th October described an increase in call volumes and demand at 21% above the daily norm, which has meant key Category A and B targets were missed during October. An increase was seen in the number of life-threatening Category A calls received, primarily related to breathing difficulties, chest pains and other respiratory and chest disorders. It is therefore possible but not evidenced that this was linked to an increase in flu symptoms.

8. Conclusions

8.1 Members were aware of the significant number of challenges simultaneously being faced by the Trust and the huge efforts being made to respond to all emergency calls including the particular challenges that are encountered in rural areas.

8.2 In order to attempt to consistently meet rural response times Members felt a greater effort was required to help recruit Community First Responders to cover the gaps which exist across the district.

8.3 There is a need for better coordination with both the Primary Care Trust and the Council's Adult Social Care team locally to ensure the needs of older people are met in the most effective and efficient way.

8.4 Delays at the Royal Berkshire NHS Foundation Trust were also of great concern and Members wish to be kept informed of progress on this situation.

9. Recommendations

9.1 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.

9.2 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.

9.3 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.

9.4 The South Central Ambulance Service (SCAS) should approach Retained Fire-fighters as additional First Responders in West Berkshire.

9.5 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.

9.6 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.

9.7 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.

Title of Report:	**End of Life Care in West Berkshire**	**Item 8**
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	19 January 2010	

Purpose of Report: **To report back on the recommendations of the scrutiny review of 'End of Life' care in West Berkshire.**

Recommended Action: **To approve the final recommendations to submit to the NHS Berkshire West and the Council's Adult Care Services.**

OSC Chairman	
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Executive Report

1. Introduction

1.1 The former Health Scrutiny Panel originally considered the NHS Berkshire West's Review of End of Life Care services in April 2008. At this time Members received a paper outlining the approach but wished to see greater detail about the specifics of the services provided.

1.2 The current Healthier Select Committee Members wished to continue to monitor the quality of end of life services locally in West Berkshire and decided to conduct a review.

1.3 At the Healthier Select Committee meeting on 23 November 2009 Members considered end of life care services available for West Berkshire residents by gathering evidence from the main commissioner, service providers and others directly involved with patients at the end of life.

2. Terms of Reference

2.1 The Terms of Reference and purpose for the Review was 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.

2.2 Witnesses gave evidence about local end of life services from their different perspectives. The individuals, who relayed evidence to the Select Committee on 23 November, 2009 were:

(1) Jane McCarthy (Personal view - representing informal and family carers' views)

(2) John Shaw (Chief Executive of the PRT Carers' Service)

(3) Jan Evans (Head of Older People's Services – West Berkshire Council)

(4) Mrs Andrea Ching (End of Life Care Programme Manager – NHS Berkshire West).

3. Evidence

3.1 Members asked questions of the witnesses to determine more about the services which currently exist and how these could be improved. The evidence gathered within the Healthier Select Committee is shown in the extract of the minutes at Appendix A

4. Conclusions

4.1 The review identified that more opportunities should be provided to allow patients at the end of life, to die with comfort and dignity, within their own home and without requiring an assessment of their financial circumstances.

4.2 The invaluable role of informal and family carers was applauded and Members wished to see more done to support their needs for information, equipment, GP support, nursing availability, respite and night-sitting services.

4.3 Members felt that the all parts of the system, including Health, Social Care, the voluntary sector and carers needed to continue to integrate the way they work together.

4.4 The value of the feedback from carers was seen as critical for informing and improving future end of life care services.

5. Recommendations

It is recommended that:

5.1 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.

5.2 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.

5.3 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.

5.4 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.

5.5 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.

5.6 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.

Appendices

Appendix A – Extract of Minutes of the Healthier Select Committee, 23rd Nov 2009

Extract of the Minutes of the Healthier Select Committee on Monday 23rd November 2009

15. REVIEW OF END OF LIFE CARE.

In order to review the adequacy of end of life care in West Berkshire (Agenda Item 5) the Committee received a range of representations from individuals and agencies to gather evidence on local end of life services.

Ms Jane McCarthy – representing informal and family carers

Ms McCarthy attended the Committee to explain her experiences of the pressures that were placed on family carers delivering care towards the end of life.

Ms McCarthy described the "arduous journey" of a carer and the fact that they had "no life of their own". She described how officially end of life care started 6 weeks before death however, in reality, continuous care was required earlier than this.

She explained how help was more readily available for cancer sufferers than for those terminally ill patients with other conditions e.g. Motor Neurone Disease or the elderly whom often received only minimal help. She described how there were very few nurses available to provide the support for these other debilitating conditions and providing the necessary respite for carers.

Cancer services were better provided for with support from MacMillan Nurses when diagnosed and there was access to Newbury Cancer Care and the Rainbow Rooms at West Berkshire Community Hospital in the last days of life.

Ms McCarthy described the support available from the various Societies set up to support those with terminal diagnoses and from Care Managers within Adult Social Care. She explained services were available to get a patient up in the morning and put to bed at night. However, she expressed the view that generally individuals requiring support were left alone unless they had a crisis.

She described how two beds were available within West Berkshire Community Hospital for end of life care. However, she explained how one-to-one care for the patient was not possible (due to resourcing levels) and the patient often remained confined to their room. In these circumstances the patient's condition often deteriorated. She described how the pressure of care was relieved from the carer which was then often replaced by guilt that the care was not up to the standard they would like to see for their relative.

Ms McCarthy described how family carers delivering palliative care at home often feel that they could not cope and when this happened, the patient frequently ended up being admitted to hospital or a residential care home.

A further problem with the system was that if one chooses to die at home the patient had to cover this financially although the same did not apply if you were admitted to hospital.

Ms McCarthy explained how health, social care and the voluntary sector had to work closer together to prevent undue hospitalisation and instead use district nursing services to support people at home.

Ms McCarthy explained the need for a regular night-sitting service for family carers. Equally the Princess Royal Trust, along with Age Concern and Help the Aged could provide services to the patient, including befriending services, to provide some respite and relief for full-time carers.

A view was expressed that Crossroads carers could be trained in basic nursing to support those wishing to die at home and Marie Curie nurses could be involved for more intensive nursing support in the very last days of life.

Ms McCarthy explained how a joined up Palliative Care Team across the district, with all the agencies involved in the end of life care would help create a more efficient service and prevent demand on costly emergency admissions to hospital.

Members asked questions in relation to the gaps in the services and the lack of communication about what was available to carers. It was explained by Ms McCarthy that often carers were not told about who to contact when a patient was discharged from hospital nor what to expect when the patient was close to death.

Members asked about training for carers available from district or practice nurses and whether this was available in rural areas. Ms McCarthy reported that nurses might not have the time to train carers and journey to home visits in rural areas.

Ms McCarthy further explained how on some occasions hospitals were poor at informing the GPs of the patient's care needs. If the patient was sent home the carer often found themselves in a position of not knowing what to do or without the necessary equipment to make caring at home possible (e.g. provision of a commode, etc).

The Chairman thanked Ms McCarthy for her views and contribution to the review process.

Mr John Shaw, Chief Executive – PRT Carers' Service

Evidence was received from Mr Shaw the Chief Executive of the PRT Carers' Service. He described his involvement in the End of Life Care Group which was started by the PCT 18 months ago, to consider access to end of life care across the Berkshire West PCT area, and includes representatives from the three Councils.

Mr Shaw explained the central Government priority of improving end of life care services. He described the significant amount of work done by the PCT staff, the PRT Carers' Service and others to pull together a strategy on end of life care and to ensure the strategy translated to improvements on the ground. He said improvements were sought in the context of a very challenging financial environment for the respective agencies. The implementation of national guidance, which he described as good guidance, emphasised the need to involve patients and carers.

He described the taboo of end of life care and the difficulty receiving the carers' perspective. Mr Shaw explained the need to gather information and evidence from carers about their experiences.

Mr Shaw described how better communications and training were required to notice when a patient's condition was deteriorating and becoming a terminal diagnosis. The need for better planning and liaison between professionals and with palliative care colleagues was needed to ensure a smoother transition between these stages.

Mr Shaw advocated that services should be looked at from the perspective of the carer and judgements made about the effectiveness of services alongside statistical evidence. He outlined three areas to improve upon:

- Carer perspective – gathering direct information
- Early identification of entering end of life
- Training for agencies so that sensitive issues affecting the patient were communicated and discussed.

Members asked about whether feedback should come from other family members, not quite so close to the patient as the carer, to provide a different perspective.

Mr Shaw responded to explain how the PCT was working with GPs to achieve the GP Gold Standards Framework (GSF) and to engage with carers as much as possible.

He explained the sensitivity of requesting feedback after a carer had experienced bereavement. Some doctors might be reluctant to ask such questions and an opportunity to receive feedback might therefore be missed.

One Member asked if a 'blog' type approach could be explored as a mechanism for carers relaying their concerns and how best to capture the data e.g. report, questionnaire, etc.

Mr Shaw felt it was really about finding a way of allowing the carer to reflect honestly on the services. He reminded Members of the process of adjustment that was required for individuals that had been carers and the transition to the role of former carer.

It was within the remit of GP to talk to the carer and ask their views on what they would do differently in order to gather this qualitative data.

The challenge of data gathering and ensuring a commonality between the questions and what was recorded was discussed by Members.

Members also highlighted the importance of training for carers on what was available to them and better communication. Westcall out of hours services was also mentioned and the need to improve the transmission of information about patients with end of life care needs.

Mrs Jan Evans – Head of Older People's Services – West Berkshire Council

Mrs Jan Evans (Head of Older People's Services) explained how there was an established intermediate care team comprised of both Adult Social Care and the NHS.

She described a survey undertaken by a Service Manager within Adult Social Care to elicit the views of GPs and district nurses on end of life care services. She described that the sample size was not statistically significant but that 11 out of 14 surgeries in West Berkshire had been surveyed.

The questions covered in the survey were described (see Powerpoint slides attached to the minutes) and it showed that 76% of individuals, the majority, had died from Cancer but other diseases such as Motor Neurone Disease, Parkinson's disease, Dementia and Chronic Obstructive Pulmonary Disease (COPD) had also been causes of death.

Mrs Evans described the difference in the number of applications for Continuing Healthcare Funding in West Berkshire compared to Wokingham. A much lower number of applications in Wokingham were possibly attributable to joint health and social care teams and a preferred model West Berkshire would like to work towards. Currently, social care funding for end of life care required a means-tested assessment to be carried out during an incredibly difficult time for the patient.

Mrs Evans described the funding arrangements for the people who died at home, demonstrating the proportion funded by West Berkshire Council in relation to NHS and other ways.

She also described the two main causes of emergency admissions into hospital at the end of life as:

- Lack of family carer respite time (particularly night-time cover)
- The requirement for greater medical and nursing care at the very end of life.

It was felt the survey provided a good benchmark of current problems in West Berkshire around end of life care and highlighted in summary:

- Service shortfalls included overnight and day time respite to carers;
- Overnight nursing input;
- Lack of community based flexible care service;
- Weekend access to West Berkshire Council and Berkshire West PCT services.

Members welcomed the summing up of the key issues and invited the Andrea Ching of NHS Berkshire West to present the views of the PCT.

Mrs Andrea Ching – Programme Manager (End of Life Care) – NHS Berkshire West

Mrs Andrea Ching described the two in-patient specialist units, at the Sue Ryder service in Nettlebed, South Oxfordshire and Duchess of Kent House in Reading, available for end of life care for West Berkshire residents. Equally, it was acknowledged that access to end of life care services was fragmented across West Berkshire. She also explained that there were indeed a high number of emergency admissions at the point of death.

She described the taboo of the subject and even as professionals the subject of death was rarely discussed. Mrs Ching explained how in West Berkshire 1103 deaths were recorded in 2007 of these only 21% were in the patient's own home despite the fact that nationally most people said they would prefer to die at home.

She described the need for strong local alliances between health, social care and the voluntary sector in providing community based care. She described the PCT's commitment to providing:

- Improved choice for patients;
- Improved standards of care;
- Better training, education of health and social care staff;
- Better use of acute hospital beds.

She raised in particular the work underway to provide daytime, twilight and night-time support for carers. She further emphasised the extended twilight service and the roving out of hours nursing support, where new mobile technology was being introduced to ensure patient records and their current requirements were readily available. This information would also be accessible to all professionals dealing with the patient's care.

A Member asked about the realignment of systems so all the different agencies could effectively work together. The PCT reassured the Committee they were working to get this right. Mrs Ching also described the introduction of a single point of access to help coordinate the required care for patients and their carers. They were improving the communication between the PCT and West Berkshire Council to achieve closer joint working.

Mrs Ching emphasised how staffing levels of daytime nurses had been increased and how elements of the joint working model operated in the Wokingham Borough were being replicated in West Berkshire.

The Chairman asked about funding for services in West Berkshire. Mrs Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) confirmed that the increased funding nationally announced for end of life care was not ring-fenced to these specific services nor a specific amount allocated to West Berkshire. The role of the PCT was to ensure equitable access for all.

Members asked about the timeline for seeing real improvements. It was explained that recruitment was in progress and early next year the improvements to community based services would be implemented.

Equally Mrs Searle reported on the financial challenges facing NHS Berkshire West and the need to balance carefully how investments were made whilst improving quality and cost effectiveness of services. She reiterated earlier comments that unplanned admissions to hospital were not the best use of resources or the experience that patients or their families might choose.

Members further questioned whether all proposals had been fully costed and how the coordination of all the volunteers, voluntary bodies and other agencies could be achieved. Bev Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) explained how all the different agencies as listed in Appendix 1 of Item 5b on the Agenda were indeed effectively engaging within the End of Life Care Group to improve end of life care services.

Bev Searle described the IT system for storing patient care pathway details and the need for additional equipment to meet end of life patients' needs was noted. Members were informed that the initiatives being introduced should reduce emergency admissions but access to traditional services would still be available.

RESOLVED that:

1. Members noted the findings of the End of Life Care Group (Item 5b of the Agenda).
2. Carer feedback should be recorded and used to improve end of life care services also the Committee urged NHS Berkshire West to find easier ways to capture carers' views using the internet and other electronic technology.
3. A summary report and key recommendations on end of life care be developed and brought back to the 19th January 2010 meeting of the Healthier Select Committee.

Title of Report:	**Healthier Select Committee Work Programme**	**Item 9**
Report to be considered by:	Healthier Select Committee	
Date of Meeting:	19 January 2010	

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

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

Healthier Select Committee Chairman	
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Supporting Information

1. Introduction

1.1 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 for the remainder of the Municipal Year.

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 detailed review to be conducted with information supplied by, and questioning of, lead officers and external witnesses.	Identify improvements to processes.	HSC	Start: 23/11/2009 End: 19/01/2010	Bev Searle - Director of Partnerships & Joint Commissiong - 0118 982 2760 NHS Berkshire West	Councillor Joe Mooney	In April 2008 the Panel were first briefed on the NHS Berkshire West's Review of End of Life Care. Scrutiny activity will determine the implications of the Review and quality of care locally.
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: 23/11/2009 End: 23/11/2009	Bev Searle - Director of Partnerships & Joint Commissiong - 0118 982 2760 NHS Berkshire West	Councillor Joe Mooney	Suggestion received from the Area Director of the PCT as way to collate patient views on standards of healthcare.
OSMC/09/09	South Central Ambulance Service Review Monitoring the performance and response times of the South Central Ambulance Trust in West Berkshire.	Review of the evidence, with information provided by the Ambulance Service and other officers.	Identify where possible further measures could be taken to improve performance.	HSC	Start: 30/06/2009 End: 19/01/2010	Jo Naylor - 3019 Policy & Communicati on	Councillor Joe Mooney	Task Group activity to take place outside of the main Select Committee. Review has taken place with evidence gathered at meeting with the South Central Ambulance Trust on 2/9/09.

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/09/10	Primary Angioplasty (PPCI) proposals 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: 30/10/2009	Chris Birdsall - NHS Manager - 0118 950 3094 Berkshire West PCT	Councillor Joe Mooney	A September briefing meeting was held with the NHS Berkshire West and clinical experts from the Royal Berkshire Hospital to review the proposals.
OSMC/09/11	Alcohol misuse services in West Berkshire To monitor the gaps that exist in alcohol misuse services locally and dermine how best to improve the situation. The re-tendering exercise for Tier 3 alcohol misuse service providers will also be considered.	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:	Ian Wootton - Drug & Alcohol Action Team Manager - 01635 264606 Safer Communities Partnership Team	Councillor Graham Pask	Significant activity – with local and national importance. Crucial that Members scrutinise what gaps there are in the current service provision and how the agencies are working together to address these.
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 best to consider in approximately 12 months time i.e. during 2010. HSC to receive briefing paper and SCSC to conduct main scrutiny of this topic.
OSMC/09/15	Increasing public and patient involvement in health To hold a meeting with the new Local Involvement Network (LINK) Steering Group representatives outside of the Select Committee 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: 20/04/2010	Jo Naylor - 3019 Policy & Communication	Councillor Joe Mooney	Need protocol to work together as effectively as possible with Local Involvement Networks.

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) To consider the 6-monthly 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: 20/04/2010 End:	Bev Searle - Director of Partnerships & Joint Commissiong - 0118 982 2760 NHS Berkshire West	Councillor Graham Pask	Monitoring of LAA activity.
OSMC/09/17	Maternity at West Berkshire Community Hospital (WBCH) To consider the viability of providing a midwife led maternity service from the WBCH.		Monitoring item	HSC	Start: End:			An issue of local concern is pressure on the maternity service at the Royal Berkshire Hospital. Members wish to see consideration of possible options to provide maternity services at the West Berkshire Community Hospital.
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: 20/04/2010 End:	Nick Carter - x2101 Alison Love - x2738 Community Care and Wellbeing	Councillor Joe Mooney	The issue is being led by the Chief Executive. Locality Manager (Learning Disabilities Services) has previously been asked to circulate an Executive Summary – this will be available by the April 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 scrutiny selection criteria.
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.