

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.

Mr Wootton went on to describe the more rigorous performance management framework that was now in place and being managed by the West Berkshire

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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 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.

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.

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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.

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

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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.

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.

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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 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 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.

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.**

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

CHAIRMAN

Date of Signature: