ITEM NO: 30.00

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 2 AUGUST 2011 FROM 7.00PM TO 9.40PM

Present: *Tim Holton (Chairman), Charlotte Haitham Taylor (Vice Chairman), Andrew Bradley, Gerald A Cockroft, Kay Gilder, Mike Gore, Kate Haines, Emma Hobbs, Philip Houldsworth and Sam Rahmouni*

Also present:
Ann Parr MBE, Care Service Development Manager, Age Concern Woodley
Dr Jenny Miller, Chair of Trustees, Age Concern Woodley
Christine Holland, LINk Steering Group
Mike Walsh, Interim Chief Executive, Optalis
Mike Wooldridge, Health and Wellbeing, Development and Improvement
Linda MacEachen, Adult Safeguarding Manager
Sue Sheath, Compliance Manager, Care Quality Commission
Charles Yankiah, Senior Democratic Services Officer

16. MINUTES

The Minutes of the meeting of the Committee held on Tuesday 31 May 2011 were confirmed as a correct record and signed by the Chairman subject to Minute No.12 – LINk, page 3, third paragraph, the words "15 general practices" be amended to correctly read "14 general practices".

17. APOLOGIES

Apologies for absence were submitted from Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West and Tony Lloyd, LINk Steering Group.

18. DECLARATION OF INTEREST

Councillor Gerald A Cockroft declared a personal interest in Item 24 – Age Concern Woodley as a Member of the Executive Committee of the Wokingham and District Association for the Elderly (WADE).

19. PUBLIC QUESTION TIME

There were no public questions.

20. MEMBER QUESTION TIME

There were no Member questions.

21. OPTALIS

The Committee received a presentation from Mike Wooldridge and Mike Walsh in relation to Optalis and informed the Committee of the following –

Optalis and Transfer arrangements

- Optalis went live on 6 June 2011;
- it is wholly owned by Wokingham Borough Council (WBC);
- it involved the transfer of 352 staff;
- assets and buildings not transferred but have been leased
- Community Based Support has been transferred and includes -
  - Domiciliary Support (Home Care Services)
  - Day Care Services (Learning and Physical Disability and Pinehaven)

    - Employment Services
    - Sensory Needs Services
    - Brokerage and Long Term Support Team
- Accommodation Based Support has also been transferred and includes –
    - Oakfield Court Supported Housing
    - Fosters Residential Home
    - Suffolk Lodge Residential Home
- WBC becoming a commissioning organisation;
- Users were not previously able to buy their own services, but now they can through direct payment;
- transparently costed business delivering services;
- to grow the customer base and offer new and improved services;
- able to trade and compete in the market; and
- adopt and develop commercial disciplines.

Structure

Mike Walsh informed the Committee of the following in relation to the 4 tiers of the structure –

- Optalis is wholly owned by WBC;
- it is managed by the WBC Joint Board which is Chaired by the WBC Chief Executive;
- it is a 3 year contract;
- the top tier is the WBC support and management including the Joint Board, the Support Services and the Adult Social Care (ASC) Commissioning Team;
- the 2nd tier is the Local Authority Trading Company (LATC) Board that includes 2 members, a senior officer of WBC and a finance officer of WBC, a voluntary independent Chairman (currently being advertised), the Managing Director (currently being advertised) and other representatives of Optalis;
- the 3rd and 4th tier include the LATC Operational Management and Support Services team and the actual services being provided;
- it is an exciting time for the staff with new opportunities to market the services; and
- the business plan provides services within the Wokingham are but outside of the Council.

Mike Gore enquired if there was likely to be the establishment of a transport company.

Mike Walsh informed the Committee that Optalis did not see itself as a company with transport experience and would not be considering it at this time, however there may be a possibility of that issue being considered as part of an outside company in the future.

Charlotte Haitham Taylor enquired what the employment services were that had been transferred to Optalis.

Mike Walsh informed the Committee that the employment services assisted service users with learning disabilities, mental health problems and those that were vulnerable into employment by providing support and employment opportunities with protection where necessary and also supported employers e.g. Tesco's and Sainsbury's to employ these service users.

Charlotte Haitham Taylor enquired as to what would happen after the 3 year contract had come to an end.

Mike Walsh informed the Board that the contract was with WBC, so as long as Optalis satisfied the contract and the requirements of WBC there may be an option to extend for a further 2 years, however, it would be up to WBC who could also opt to end the contract and go to tender.

Kay Gilder commented that why would any company want to make a profit out of the vulnerable people in the community.

Mike Walsh informed the Committee that it was not seeking to make any profit from the vulnerable people in the community but would rather be making efficiency savings by providing more services, creating efficiencies and sourcing different back office staff and consumables.

RESOLVED: That the update be noted by the Committee and that Mike Wooldridge and Mike Walsh be thanked for their attendance and the presentation.

22. ADULT SAFEGUARDING

The Committee received a presentation from Linda MacEachen in relation to Adult Safeguarding as included in the Agenda pages 16 to 23 and informed the Committee of the following –

- no secrets the national will not be updated until 2013;
- new law commission recommendations being drip fed into the system;
- Department of Health (DH) guidance has issued;
- Advice note from the Association of Directors of Adult Social Services (ADASS);
- Proposed changes include the definition Vulnerable Adult being changed to Adult at Risk and harm and significant harm being used for abuse;
- Safeguarding Boards to be a statutory requirement for all agencies with a duty to co-operate in investigations;
    - Other recommendations from the Law Commission Report include Local authorities to continue to lead plus duty to cause investigations/assessments to happen when significant harm is suspected;
    - Significant harm to include self neglect and self harm;
- Health Services – new adult safeguarding clinical governance and best practice guidance with audit tool being issued;
- Royal Berkshire Hospital appointed a lead nurse for adult safeguarding to improve communication and follow up concerns being raised;
- Police – proposed changes to the Protecting Vulnerable People Unit;
- Being reduced to one referral centre for Berkshire;
- There is a risk of losing the specialist Adult Co-ordinator for vulnerable adults in West Berkshire;
- Referrals to WBC have increased by 80% to 380 to include 192 older people, 152 learning disability, 32 physical and sensory needs, 15 mental health, 12 substance misuse and 2 others;
- Referrals from partners include 38 NHS partners (22 primary/community; 9 mental health trust; 7 secondary/hospital), 22 from the Police, 6 from Housing, 147 from Care Providers, 38 were self referrals, 56 from family, 7 friends and neighbours and 35 others and 24 social workers;
- Reasons for the increase include a greater awareness of abuse, improved reporting mechanisms, a change in the definition of abuse, improved recording of concerns by ASC staff;

- Recorded types of abuse includes 181 physical, 106 neglect, 79 psychological, 62 financial, 45 sexual, 17 institutional and 4 discriminatory;
- Alleged perpetrators include 88 other vulnerable adults, 65 family members, 37 partners, 27 friends/neighbours, 118 paid staff (92 care staff) resulting in 14 being disciplined to date;
- Outcomes to date are 55% have been substantiated/partly substantiated, 23% not substantiated, 22% inconclusive; and
- Action needed would be to improve the collection and reporting of data to inform operational and strategic action, working through the West Berkshire Safeguarding Adults Partnership Board to improve the development of the response from Health and the Police, ASC staff refresher training in Safeguarding and to continue to develop Care Governance protocol to improve practice in care provision.

Members of the Committee raised the following concerns -

- why has 118 paid staff including 92 care staff been allowed to abuse our adults;
- it is sickening to know that only 14 have been disciplined when they should all be fired;
- has anything been put in place to prevent this in the future;
- does WBC have an input into how these perpetrators are dealt with by their employers and can WBC withdraw any business;
- based upon the information presented and the figures referred to there doesn't seem to be much improvement in comparison to last year's report;
- seems to be a lot of reports, and paper shifting rather than physical contact and face to face visits;
- how are the self neglect and the self harm cases discovered;
- how is communication going to be improved;
- is there anything that HOSC can do to assist in ensuring support;
- it is difficult to assume that there is no decent care being provided if the providers are not visiting the homes to see what is actually taking place in terms of nutrition, care, support etc;
- the proposed changes to the Statutory Board referred to, how will that affect the service for Wokingham residents; and
- does Framework-i provide a better system and would it assist with statistics and audit.

Linda MacEachen informed the Committee of the following –

- it is important to note that there has been a reduction on the amount of abuse substantiated from the referrals received occurring this year in comparison to last year;
- staff have been fired and some have been disciplined but it is difficult to discuss anything in detail without having to discuss the actual cases and the lack of data needed to target the resources for prevention;
- WBC does have an input and can put stipulations on contracts and providers that can see contracts being dissolved;
- Self neglect and self harm figures are provided by the ambulance service when house calls are made, when house visits are taking place by housing colleagues or just by partners and friends which is welcomed;
- Communication needs to be improved especially with the police in light of the Police specialist adult co-ordinator's post going;
- All registered providers are inspected by the Care Quality commission annually and it looks into staff and training;
- Training provision is available in Levels 1, 2 and 3 which covers the very basic including raising awareness of abuse to the very technical aspects for managers and investigators or providers;

- West Berkshire Statutory Board is working with Adult Safeguarding to ensure that there is minimal effect in Wokingham and is currently looking at standards in training and action plans; and
- The Framework-i system is slowly being built to improve its operation and cater for the needs, it is becoming a better system to allow for more monthly updates and to improve a more systematic approach to improve recording and accessing data.

RESOLVED That –

1) the Adult Safeguarding Annual Report be noted by the Committee;

2) Linda MacEachen be thanked for presenting the Adult Safeguarding Annual Report;

3) the Chairman to assist in writing a letter on behalf of the Committee to the Chief Constable West Berkshire expressing concerns regarding the risk of losing the Specialist Adults Co-ordinator who has been a great support to the team in terms of specialist knowledge;

4) a report be submitted to the Committee at the November meeting regarding detailed information in relation to the number of referral's, the outcomes and comparable data; and

5) an update be submitted to the Committee within 6 months time providing additional information regarding the following –
   i) The alleged perpetrators – details about the paid staff cases including any disciplinary action and impending cases and outcomes;
   ii) Communication
   iii) Framework-i
   iv) Staff Training

23. CARE QUALITY COMMISSION

The Committee received a presentation from Sue Sheath in relation to the Care Quality Commission and informed the Committee of the following –

- Ongoing compliance monitoring for NHS, adult social care and independent healthcare;
- Registration of dental and independent ambulance providers;
- Launch of the excellence scheme consultation – to replace the previous quality rating scheme for adult social care services;
- Dignity and nutrition review of NHS hospitals;
- Winterbourne View – this location has now closed and reviews of the other locations have been completed and reported on;
- Launch of CQC Care Directory;
- Southern Cross – there are no current concerns in the Wokingham area;
- New website – being improved to aid access;
- Consultation on the proposed delay to GP registration – consultation with Department of Health;
- Registration of GP out-of hours services and NHS walk in centres;
- Review of CQC compliance monitoring – inspections and regulation of services;
- The need for a regular flow of patient/user voice; early warning from the HOSC of concerns/successes; reports of visits and other HOSC work; and to know what HOSC needs from us to help achieve the above.

Kate Haines enquired about who took the decision to delay the consultation regarding the GP registration

Sue Sheath informed the Committee that the decision was taken by the Department of Health. The reason for the delay is that the CQC proposed to the Department of Health that GP registration be extended beyond the current deadline of 1 April 2012. It has now been agreed that it will be delayed until April 2013, subject to Parliamentary approval. This delay will enable CQC to make sure that the registration process during 2012/13 is as smooth as possible for GPs.

Kay Gilder enquired about the Dignity and Nutrition review and about the method used to gather the data and how it was being recorded.

Sue Sheath informed the Committee that the Dignity and Nutrition review had already taken place and that it was based upon 2 of the 16 essential standards. She also stated that 100 hospitals had been visited. Most of the reports are now on the CQC website and a summary report of the review will be published soon.

Kay Gilder also enquired about the recent reports in the national press about the delay in admissions and patients being advised to go private in order that savings can be made.

Sue Sheath informed the Committee that she was not aware of any such issues, in the Wokingham area, but there was an issue in the NHS in other areas of the country.

Philip Houldsworth commented that in his opinion there seemed to be an overlap between the role of HOSC and the CQC and enquired if this was really the situation.

The Chairman informed the Committee that this was not the case and that both the HOSC and the CQC had different functions with different powers and were appointed and monitored differently as well and though the information shared would seem similar in terms of content, the way in which the information was used, monitored and scrutinised was different in both cases.

Sue Sheath invited the Committee to communicate with the CQC in the future both strategically as the HOSC or as ward councillors to inform, complain, enquire and comment about issues that they may wish to raise with the CQC.

RESOLVED That –

1) the presentation be noted by the Committee;

2) Sue Sheath be thanked for the presentation and for attending;

3) Sue Sheath provide information to be circulated to the Committee regarding the decision to delay the consultation in relation to the GP registration; and

4) an update on the CQC be submitted for the November 2011 meeting.

24. AGE CONCERN WOODLEY

The Committee received a presentation from Ann Parr MBE and Dr Jenny Miller in relation to Age Concern Woodley and informed the Committee of the following –

- Day Care Services – Brightside and Sunnyside

- Respite of Short Breaks – Sleepover Services at Woodley and Evening Services
- Supported Living – one to one service in the home
- Younger People with Dementia – West Berkshire PCT initiative, funded for 2 years
- Able and Active Friends – variety of social activities and days out, 3 year project
- Carers Support Worker – offer information and advice
- Bathing Service – accessed via WBC
- Wings Over Woodley – shared interest in aviation and related topics
- The Alzheimer Café – free and some transport available
- Carers Café – informal meeting over cups of teas and cakes
- Brightside Bistro – open to everyone, funded for 2 years by PCT
- Friday Friends – everyone invited
- WISE – Older People's Forum Woodley
- Future Plans – new challenges, income reduction from WBC, new service providers in the area
- Concerns – need a transparent open marketplace, everyone needs access to assessment services and people need help and support exercising choice.

Mike Wooldridge informed the Committee that the brokerage process is currently being looked at and the team do recognise the concerns of providers and are actively looking at it through the pathways to ensure fairness.

Andrew Bradley informed the Committee that beside the lottery funding, Age Concern Woodley could possibly look at corporate funding e.g. Microsoft and B&Q.

Dr Jenny Miller informed the Committee that this was already being done by the newly appointed Chief Executive and that a relationship already existed with Microsoft.

Charlotte Haitham Taylor informed the Committee that she had received feedback from a local resident regarding the overnight respite care services offered by Age Concern Woodley to private individuals and the feedback was that the cost of the services could be fairly prohibited if only one of the three beds were occupied.

Kay Gilder informed the Committee that it was sad to hear that Age Concern Woodley's funding has been cut by WBC by almost two-thirds in 2 years, when they are a beacon of good practice and have received awards and honours accordingly including Ann Parr receiving an MBE from HM the Queen in the 2011 honours list for her contribution to the community.

RESOLVED That –

1) the presentation be noted by the Committee and that Ann Parr MBE and Dr Jenny Miller be thanked for attending; and

2) the Committee Clerk liaises with Ann Parr to arrange a site visit for the Committee to the Age Concern Woodley site before the next meeting on 28 September 2011 preferably between Monday to Friday between 11.00am – 12.00noon or between 2.30pm – 3.30pm.

25. LINk UPDATE

The Committee received an update from Christine Holland in relation to the LINk as included in the Agenda pages 24 to 27.

Kate Haines commented that 6 months was too long for the Carers Respite Funds to be allocated.

Christine Holland informed the Committee that she agreed with the comments but stated that it was mainly due to the Government's own delays in allocating the funding and that the LINks together with the PCT had to pursue the allocation.

RESOLVED that the updated be noted by the Committee and that Christine Holland be thanked for proving the update.

26. HEALTH CONSULTATIONS

The Chairman informed the Committee that the current "live" consultations that were detailed in the briefing paper were not specifically relevant to the area of Wokingham at this time, neither was there anything that the HOSC could comment on or respond to at this time. He urged members that if they wanted to comment or respond to individually they were invited to do so before the closing dates.

RESOLVED that the briefing paper be noted by the Committee and that Charles Yankiah be thanked for collating the information.

27. WORK PROGRAMME 2011/12

The Committee considered the proposed Work Programme for 2011/12 as included in the Agenda pages 33 to 44.

The Chairman thanked the members who had attended the HOSC Training/Workshop Session on 1 August 2011 and informed the Committee that the training content was quite useful and informative. He also stated that it was a good opportunity to do a review with the Committees' permission and asked Kate Haines, Gerald A Cockroft and Philip Houldsworth to inform the Committee about the topics discussed in each of their groups during the training –

Mental Health

Kate Haines informed the Committee that Mental Health was chosen and discussed mainly due to the lack of support and lack of first time contact of the 16-65 year old age group. She stated that this was a vulnerable age group with 16 year olds leaving school with no jobs to go into, graduates leaving university with vast debts and no jobs to go into and the 60-65 year olds approaching retirement age and having to work longer. She also stated that this was causing depression and suicidal tendencies in the identified age group and that there was a certain "taboo" that came with mental health that needed to be dispelled.

South Central Ambulance Services (SCAS)

Gerald A Cockroft informed the Committee that the SCAS was chosen and discussed mainly due to the fact that it had never had a review before and it was never looked at in any depth. He also stated that it was local as it was based on Finchampstead Road and it was in the process of going through the stages of becoming a Foundation Trust and that the review could assist with emergency 999 calls and response times for stroke victims and the roles of paramedics and the ambulance staff that follows.

Older People as an Ageing Population

Philip Houldsworth informed the Committee that the Older People as an Ageing Population was chosen and discussed mainly due to the fact that it was current and is a national

concern. He also stated that there was little support identified and that the ageing population were losing contact with Social Services through no fault of their own.

Members discussed each of the chosen topics and it was agreed that SCAS be tabled till after the presentation to HOSC at the 29 November 2011 meeting by the SCAS NHS Trust.

The Chairman informed the Committee that based upon the discussions the Committee would establish a Task and Finish Group to review Mental Health with a maximum of 5 members volunteering to service on the Group and that it would report regularly to the Committee regarding any progress and development during the agreed timeframe.

The following members agreed to serve on the Mental Health Task and Finish Group –

- Andrew Bradley
- Charlotte Haitham Taylor
- Kate Haines
- Philip Houldsworth
- Sam Rahmouni

RESOLVED: That

1) the Mental Health Task and Finish Group be established and that –
   i) Andrew Bradley, Charlotte Haitham Taylor, Kate Haines, Philip Houldsworth and Sam Rahmouni be appointed to serve on it for its duration;
   ii) The Task and Finish Group formulate its terms of reference and agree the duration of the review; and
   iii) The HOSC be regularly updated regarding any progress and development of the review.

2) an agenda item to discuss the development of the HOSC and the work programme be included on the agenda for the next meeting on 28 September 2011.

3) the amendments to the Work Programme 2011/12 be updated accordingly

Infection control and housekeeping

Introduction

This paper has been written in response to a query raised by Wokingham Overview and Scrutiny Committee. It focuses on the two key elements of the query raised which are:

- The availability of hand gel at the main entrance of the Royal Berkshire Hospital
- Specific issues around housekeeping standards

Infection Prevention and Control

The Trust has an excellent record for infection prevention and control – we are one of only three trusts in the South Central region, which extends from south of Milton Keynes to the Isle of Wight, to remain MRSA free for more than a year. We have achieved this as a result of our zero tolerance approach.

This approach is based on a focussed approach to cleaning the patient environment and patient equipment, encouraging the use of the right hand cleaning methods, and at the right point in time. For example, hand washing is far more effective than hand gel for tackling infections such as C difficile.

The Trust made the decision to remove hand gel from some public areas such as entrances in response to the National Patient Safety Agency issuing an alert (Patient Safety Alert Second Edition 2nd September 2008, Gateway reference 10468) which included advice in relation to the location of alcohol based hand sanitisers.

The advice in this alert was that alcohol-based hand sanitisers are most beneficial if located at the point of care i.e. in the patient's immediate environment where interactions between staff and patient are taking place. Prior to this alert several incidents had been reported to the NPSA relating to the ingestion of alcohol-based hand sanitisers (including one death elsewhere in the country).

All trusts were required to undertake a risk assessment in relation to the positioning of these products. As a result we decided to remove the gel dispensers from the main entrances as the risk of uncontrolled access and inappropriate use was felt to be high in these areas.

Alcohol-based sanitisers are still available at the entrances to clinical wards/departments and within the patient bed-space/room for use by anyone entering those areas. High impact signage is designed to maintain the profile of the need to 'clean your hands' by reminding the visitor/patient of this and clearly identifying the position of the sanitisers at the entrances to wards/departments. This runs across the site from car parks to wards.

The link below takes you to the relevant NPSA web page

http://www.nrls.npsa.nhs.uk/resources/?entryid45=59848

Clostridium difficile

Clostridium difficile is spread primarily by the production of spores which are resistant to many antiseptics/disinfectants including alcohol. Consequently the best way to remove the spores from the hands is to physically wash them off with soap and water as the alcohol sanitiser does not kill the spores. (Alcohol sanitisers are very effective against other organisms such as MRSA).

The resistance of the spores to many disinfectants is also the reason why we use chlorine releasing agent (Chlorclean) for all our routine decontamination of patient care associated equipment and the environment. This is supported by the additional use of hydrogen peroxide 'fogging' of the isolation room used by patients with *C. difficile*

Housekeeping

The sections below set out our approach the housekeeping in both ward and public areas. There is stringent guidance in place for hospitals monitored by regular auditing. In order to ensure an impartial approach there is also a process involving both patients and Trust governors who score our patient environment against nationally agreed targets. These results are publically available.

General cleaning of public areas, frequency and monitoring.

Department of Health guidance and the National Standards of Cleanliness indicate the frequencies for the cleaning of public areas along with an auditing regime.

The cleaning schedule for public areas is also agreed by the Matron for Infection Prevention and Control and the Manager for Housekeeping. The Housekeeping team leaders allocate staff to the public areas according to frequency of the schedule, covering seven days per week. They monitor on a daily basis that the cleaning activities are carried out to the frequencies specified within the schedule e.g. daily activities, weekly activities and periodic activities. The public toilets have a higher degree of cleaning and monitoring.

Auditing of the public areas is in line with the National Standards of Cleanliness. The audit covers, amongst others, walls, ceilings, glazing, all types of flooring, sanitary fixtures and fittings, waste containers, lint and dusts levels, odour control and general tidiness.

The Housekeeping team is always appreciative of feedback on the hospital environment and, if our standards fall short of our expectations and those of our visitors, the team is keen to quickly remedy the situation.

Deep cleaning & deep clean plus for ward areas

The Trust has embarked on two cleaning initiatives this year, the annual deep clean programme and deep clean plus programme.

The Trust annual deep clean programme is now nearing completion. This successful programme has been achieved by a multidisciplinary approach and fully decanting the ward to another area to enable detailed cleaning of the complete ward environment and all equipment along with the use of hydrogen peroxide vapour to decontaminate. This delivers a very high level of cleanliness to support patient expectations and experience along with the reduction in hospital acquired infections.

The deep clean plus programme goes a step further - it is an enhanced programme that will see up to ten wards not only achieve the same high level of cleanliness as a deep clean but will have received a 'mini make over' in terms of general repairs, update lighting, equipment testing and replacements. The Trust has taken the opportunity to repaint the ward environment with a silver based paint which has anti-bacterial properties.

Patient Environment Action Team (PEAT)

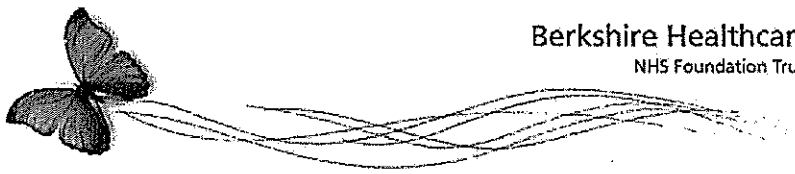
The annual Patient Environment Action Team (PEAT) assessment results for this year were released in September 2011. We are pleased that we scored well across the board, being rated 'good' (82 per cent) for privacy and dignity and our environment and 'excellent' (95 per cent) for food and food services.

The unannounced PEAT assessments are self-scoring but we involved both governors and the patient panels in February's inspection to provide more impartial results. The assessment focuses on the environment in which care is provided and the quality of non-clinical services.

Conclusion

The Trust takes both infection prevention and control and housekeeping seriously and these both have a direct impact on the experience of our patients and visitors, and the health outcomes of our patients. The Trust has made significant progress in managing infection rates across the Trust, and consistently receives positive feedback on standards of hygiene within the Trust. When on rare occasions we do not get it right we are keen to resolve the issue and to review our ways of working.

ITEM NO: 36.00



Berkshire Healthcare NHS
NHS Foundation Trust

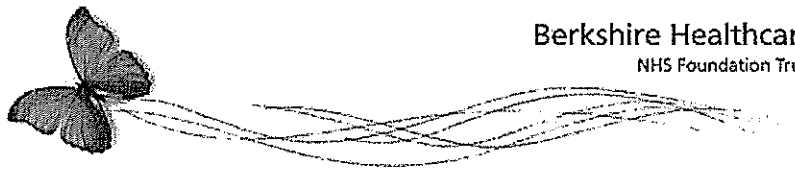
An update on developments at the Trust

Next Generation Care Implementation

Mental Health Service Redesign

Wokingham HOSC 28th September 2011

Alex Gild – Director of Finance, Performance & Information



Berkshire Healthcare NHS
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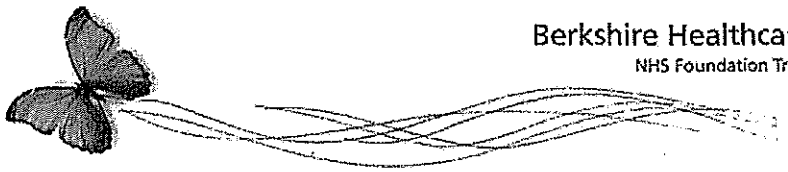
Next Generation Care Ambition

1. Consistency of availability & quality of Mental Health services across Berkshire
2. Simple and efficient access into services
3. Improving our ability to make sure patients get into the most appropriate services as early as possible
4. Care is provided in a systematic and evidenced based care pathway system which is focussed on recovery
5. A seamless service for patients through an allocated care coordinator/professional lead who acts as their guide through services and can access extra components of care when needed



Berkshire Healthcare NHS
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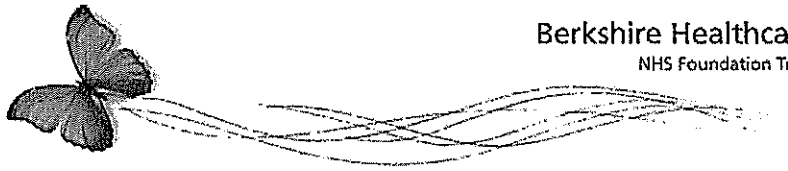
Background

1. The Trust has been carrying out a major review of its Mental Health services since **September 2009** under the banner of Next Generation Care.
2. Its objective is to **improve the quality of our services** whilst staying within the financial constraints imposed on the NHS at this period of time
3. The starting point was **listening to People who use our services, General Practitioners, Staff** and other stakeholders and hearing what they said



Berkshire Healthcare NHS
NHS Foundation Trust

What People told Us

1. There was **differing entry and exit criteria** for services and a lack of resource equity across the Trust.
2. It was **difficult to get into services** and access for some was not clear
3. Services appeared **disjointed and difficult to navigate** and some were subject to multiple assessment between different teams.
4. Some patients found it difficult to understand what was happening in their treatment and there seemed **poor coordination between service components.**
5. Services seem to create a dependency for some and had **lost focus on recovery**
6. Getting patients from primary care into the right service was **complicated and unclear.**

Berkshire Healthcare NHS
NHS Foundation Trust

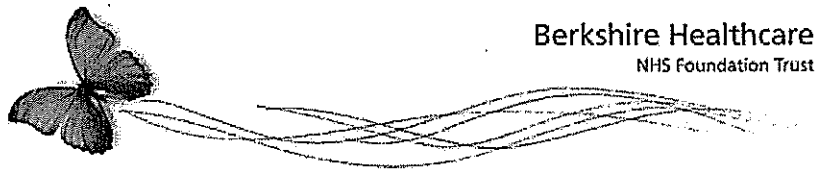
NGC Changes – an overview

1. The common point of entry has been designed to take all referrals and is of a size based on the Trusts referral patterns. Its aim is to **simplify access** to services, advise and signpost where it can and assess people to ensure they **enter our services at the right place** wherever possible.
2. The care pathways services are arranged on a locality basis and have comparative numbers of staff based on the **Mental Illness Needs Index** and historical caseloads. Each service will have MDT arrangements to determine how cases are **allocated to a clinical coordinator/lead professional** based on need/MH cluster and how additional skilled input is organised **without a "handoff"** unless appropriate.
3. The **7 separate urgent care services will** be brought together to provide **one service for Berkshire** and although staff will be aligned to Local Areas they can be supported by others when **need fluctuates.** They will provide Urgent Assessment for those entering services where planned assessment in Common Point of Entry is inappropriate.

Berkshire Healthcare NHS
NHS Foundation Trust

What will the Common Point of Entry Service provide?

1. For new referrals or people who contact us directly there will be **a common telephone number or contact point.** This "Common Point of Entry" will provide the following:-
    1. **Give advice** to people about what services are provided by the Trust and those that are provided by others which may be helpful or more appropriate for their needs.
    2. Allow **General Practitioners** or other professionals to **discuss with senior clinical staff** the best treatment options for those who may require help with mental health problems.
    3. **Triage and signpost** where appropriate
    4. For those that require secondary mental health services, the Common Point of Entry will arrange an appointment at a time and place convenient and **within 7 days and carry out an assessment** of the person's needs.



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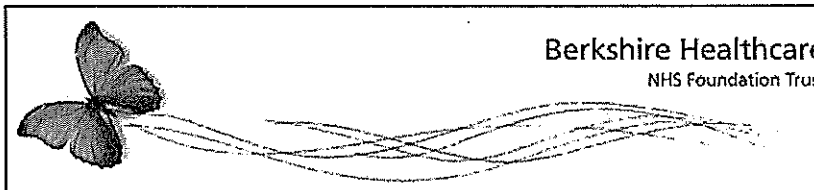
How will Common Point of Entry operate?

1. There will **one access "hub"** focussing on making sure referrals are dealt with quickly and smoothly and referrers and patients kept updated with the arrangements made.
2. It will operate **8am to 8pm Monday to Friday,** outside of this time lines will be routed through to the Berkshire Urgent Care (community) service.
3. Assessments will be made by **Psychiatrists and other clinical staff locally** and will be available to provide advice, signposting and timely entry into the right services.
4. CPE will **not assess** but transfer the following patient referrals on immediate receipt:
    1. Those in crisis requiring urgent care to avoid or support admission to hospital will be routed through to the Urgent Care team for immediate action
    2. Patients who are known to services and their discharge plan states return to services via an alternative route
    3. Children and those requiring older peoples services & Talking Therapies (IAPT)



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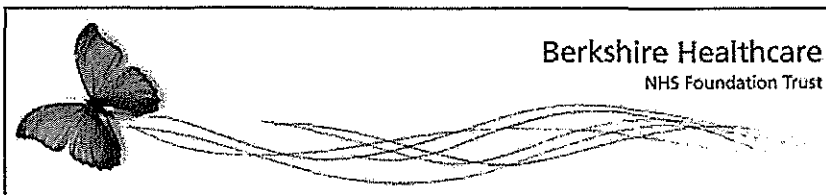
What will Care Pathways Provide?

1. For those people who require care from our community mental health teams, a **system of care pathways** will be introduced with the following purpose:-
    1. **Allocated into a evidenced based pathway** of care on entry into services or when their needs change
    2. **Reduce the chance of services being disjointed,** particularly for those people who require intervention from a number of different professionals within our services.
    3. Make sure that people in our services have a **care coordinator** who will not only be key in providing treatment and care but will also act as the person's **guide** if other professionals or services are required to deliver their plan of care.
    4. Ensure that people in our services are helped to develop a clear plan which is not only about their treatment but also about their **overall recovery.**
2. The local team will provide a number of programmes which will help people become independent of secondary mental health services so that **people feel confident in being discharged but have a planned route of return** if required.



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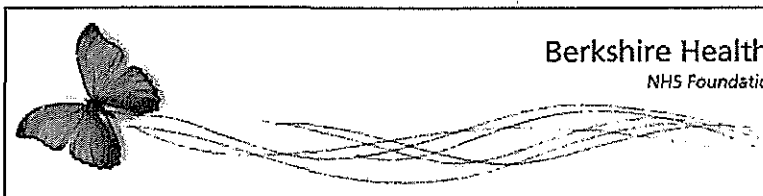
How will Care Pathways operate?

1. There will be an identified care coordinator or Lead Professional identified for each patient.
2. The assessment in CPE will determine the persons care pathway and choice of care coordinator and other professionals
3. The care coordinator will be able to access services on behalf of the patient without formal referral, including all available disciplines, specialist services and urgent care. Delivering a seamless pathway and avoiding multiple referrals
4. A care plan will be devised in collaboration with the patient and significant parties.



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What will the Community Urgent Care Service Provide?

1. For those people who become very ill and enter into a crisis that would otherwise require the level of support and care only available in hospitals, a community urgent care service may be able to provide that extra skilled treatment and support to allow people to recover at home. These services will:
    1. Provide a service to acutely unwell people in their own homes and be available 24 hours a day 365 days a year.
    2. Help people avoid admission to hospital where appropriate, however admit people to hospital when necessary.
    3. Provide mental health assessment services into the Accident and Emergency Services in Berkshire.
2. These services will be available through people's Care Coordinators or directly through Common Point of Entry who will provide rapid assessment and treatment to those acutely unwell people entering the Trust's services using the Community Urgent Care Service.

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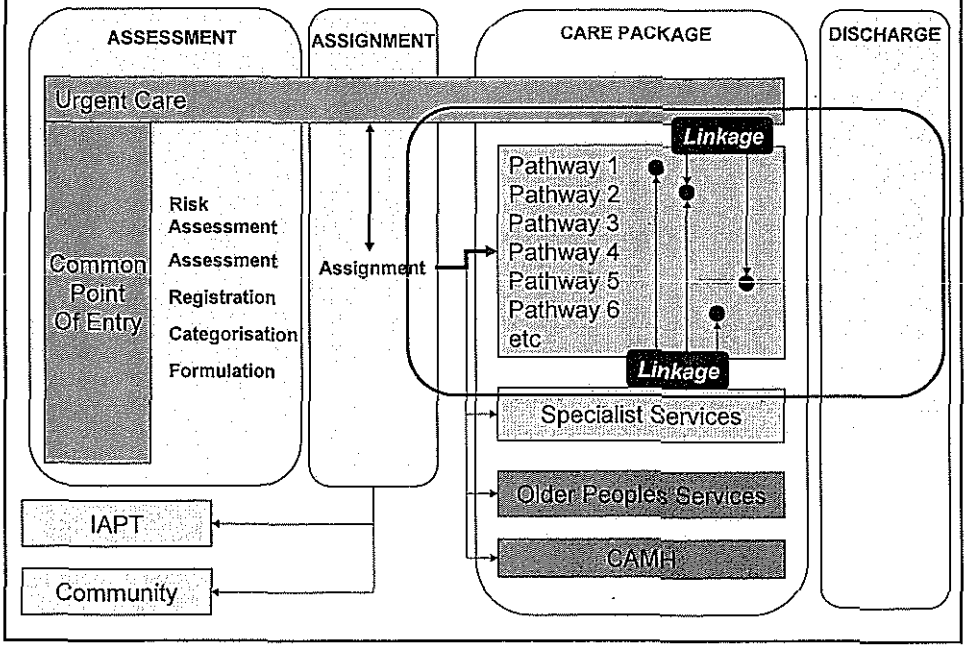
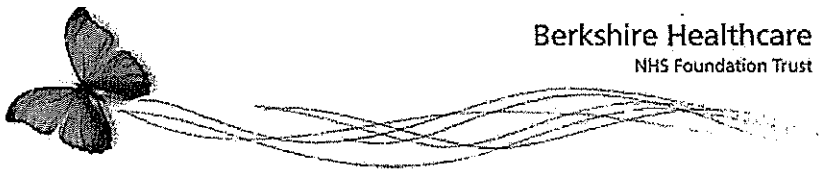
How will the Community Urgent Care Service operate?

1. There will be **one telephone number** and two central hubs, one in the West and one in the East
2. The service will be led by a **multidisciplinary** team including Medical, Psychology, Pharmacy, Nursing and Mental Health Practitioners
3. The service will be the **gatekeepers to inpatient services** and support early appropriate discharge
4. The 24 hour period will be provided through a shift system with staff aligned to localities to ensure **continuity of patient care** , however staff are able to be deployed elsewhere when the needed to provide the **continuity of the service**
5. **Link with the AMHP's** services when MH Act assessment likely

Overall System Flow





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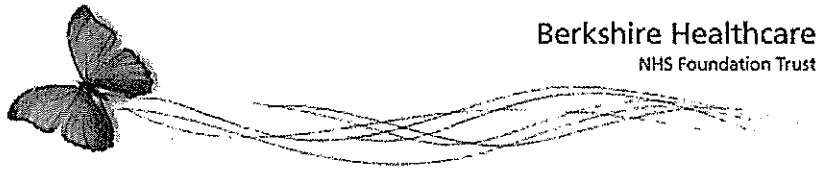
What will it mean for people who use our services?

1. New patients will be contacted quickly following a referral, usually within 24 hours and within 7 working days if a full assessment is required
2. Face to face assessments will be carried out in the person's own community or elsewhere in Berkshire if they prefer
3. People who do not need services will be given advice and information about what may help within their local community
4. People who require services will have an allocated care coordinator who will act as their guide through services and where extra components of care are needed these can be accessed simply without the need for unnecessary assessment
5. There will be one Urgent Care (community) service that will provide care for those in crisis and be available 24 hours every day.
6. People will have their own care plan which will focus on recovery.
7. Community Mental Health Services will continue to be provided in partnership with Local Authorities so that people's health and social care needs can be addressed by one service.



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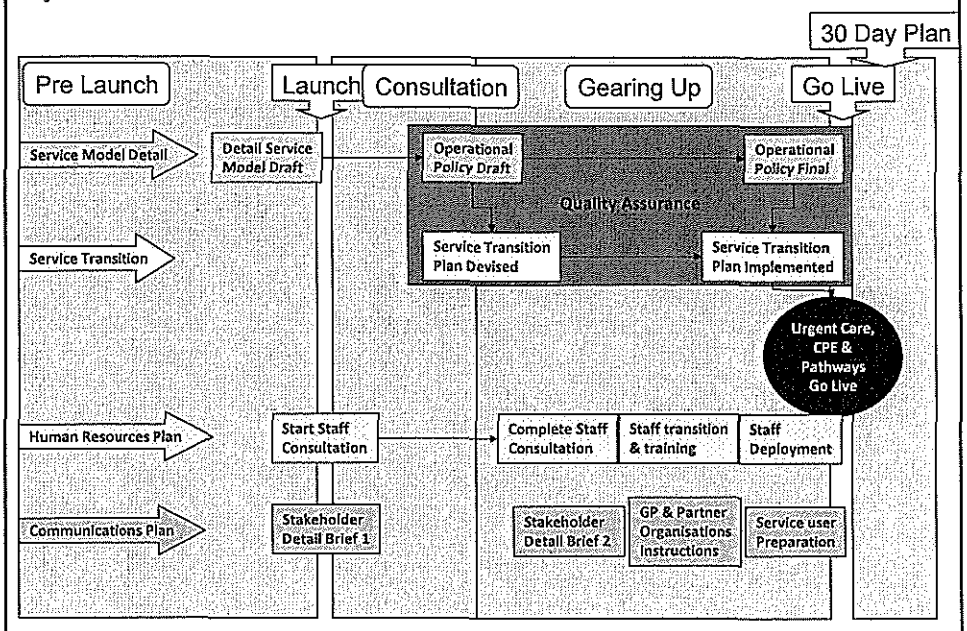
What will it mean for General Practitioners?

1. The full range of service will still be available but co-ordinated in a better way
2. A single route for referral access to consultation and advice (one telephone number, electronic referral route)
3. Responsiveness by providing timely routine assessments within 7 days and same day support for Urgent Cases
4. A seamless service for patients that avoids multiple assessments and allows a nominated care co-ordinator to facilitate access to what is required
5. Patients are set on an evidenced based care pathway from the outset
6. Short , frequent & appropriate communication so that Primary Healthcare Teams are kept up to date

Key Mile Stones



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How and when

1. Common Point of Entry and Urgent Care will operate as a Berkshire wide service and are dependant on the release of a critical levels of staff to be simultaneously released from the present CMHT services to take up the functions within the service model.
2. Therefore majority of changes are planned to be implemented on one day in mid November
3. Communication Plan
    1. Information to all Stakeholders
    2. Locality Stakeholder event toward the end of October
4. Supporting Structure to mitigate risks and support decision making
    1. 30 day plan & ongoing monitoring