MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON TUESDAY 29 NOVEMBER 2011 FROM 7.02PM TO 8.35PM

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

Also present*:*
David Cahill, Berkshire Healthcare Foundation Trust
Andrew Harrington, Berkshire Healthcare Foundation Trust
Sam Otorepec, NHS Berkshire PCT
Duncan Burke, South Central Ambulance Service NHS Trust
Keith Boyes, South Central Ambulance Service NHS Trust
Salma Ahmed, Partnership Development Officer
Mike Wooldridge, Community Care Services
Christine Holland, LINk Steering Group
Charles Yankiah, Senior Democratic Services Officer

43. MINUTES

The Minutes of the meeting of the Committee held on 28 September 2011 were confirmed as a correct record and signed by the Chairman subject to the following declaration of interest being inserted –

- Tim Holton declared a personal interest in Minute No. 31 as a user of the GP Surgery and by virtue of his daughter's part time employment.

44. APOLOGIES

Apologies for absence were submitted from Emma Hobbs, Tony Lloyd (LINk), Alex Gild (Berkshire Healthcare Foundation Trust) and Bev Searle (NHS Berkshire PCT).

45. DECLARATION OF INTEREST

Sam Rahmouni declared a personal interest in Minute No. 48 by virtue of his son-in-law's employment.

46. PUBLIC QUESTION TIME

There were no Public questions.

47. MEMBER QUESTION TIME

There were no Member questions.

48. SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST (SCAS)

The Committee received a presentation (see attached as Appendix 1 to the these minutes) from Duncan Burke, Director of Communication and Public Engagement, SCAS and Keith Boyes, Area Manager for Berkshire (SCAS) in relation to the Ambulance Service Quality Indicators as included in the Agenda pages 44 to 47 and informed the Committee of the following –

- New national approach in relation to the indicators;
- Overview of national indicators –
    - Access – call answering times and call abandonment rates
    - Response – time for response to arrive for life threatening emergency
    - Treatment – for patients with ST segment elevation myocardial infarction (STEMI), cardiac arrest and stroke

    - Disposition – calls resolved on telephone, incidents handled on scene without need to go to hospital
    - Outcomes – patients suffering cardiac arrest
- SCAS approach – national indicators are:
    - Well aligned with the clinical strategy
    - upports the focus on clinical assessment and tailoring the response to individual patient needs
    - Providing a catalyst and opportunity to make further progress with the clinical strategy
- Overview of SCAS performance –
    - Access to 999 services – new computer aided despatch system (ICAD) and telephony system implemented in August 2011
    - Responsiveness – Operational management restructure to release more clinical 'road' time
    - Treatment – sample size for benchmarking is small and SCAS continuing to work to improve performance
    - Pathways of Care – frequent users, telephone advice, non A&E and re-contact
    - Clinical outcomes – Return of Spontaneous Circulation (ROSC), Utstein ROSC, survival to discharge and Utstein survival

Kate Haines enquired how the current statistics compared to last year and how the SCAS intended to meet the demands.

Keith Boyes informed the Committee that the current statistics in relation to telephone calls were similar to last year around this time, even with all the snowfall problems.

Duncan Burke informed the Committee that there has been a year on year increase of around 8% in relation to telephone calls, however, there are escalation plans in place in the event of severe weather and strike plans. He also stated that the SCAS had learnt lessons from previous experiences and were a lot more prepared.

Charlotte Haitham Taylor enquired about the community responders in relation to the rural areas.

Keith Boyes informed the Committee that the community responders were volunteers and were a great asset to the service in terms of the level of commitment and their knowledge of the rural areas which assists the clinicians when they are responding to call outs in the rural areas.

Kay Gilder enquired about the number of hoax calls that are made and how the SCAS deal with them.

Duncan Burke informed the Committee that the SCAS get many hoax calls during the year, but they have tried to deal with it through media coverage and publicity by informing the public of the resources that are used when a hoax call is made. He also stated that the telephone operators are usually able to identify the hoax calls by using a "decision tree", that requires the operators to ask specific questions about the emergency.

Kate Haines commented that she had recently experienced an incident in which a child fell in a car park and was unable to move their limbs and an ambulance was called but it took about 35 minutes to arrive.

Keith Boyes informed the Committee that due to the nature of the incident it would be difficult to make any comments, however, he asked Kate Haines for the details of the incident and suggested that he would look into the matter separately.

RESOLVED That –
1) the report be noted by the Committee; and

2) Duncan Burke and Keith Boyes be thanked for the presentation and for attending the meeting.

49. PATIENT ADVICE AND LIAISON SERVICE (PALS)

The Committee considered the annual report from the Patient Advice and Liaison Service NHS Berkshire as included in the Agenda pages 48 to 51.

Christine Holland enquired about the East and West Berkshire PALS Complaints functions coming together and whether that would affect the current contact details for the service.

Sam Otorepec informed the Committee that despite the merger between the East and West Berkshire PALS Complaints services, the contact details would remain the same.

RESOLVED: That the annual report be noted by the Committee.

50. LINks UPDATE

The Committee received an update from Christine Holland in relation to the LINk as included in the Agenda page 52.

Charlotte Haitham Taylor enquired as to whether or not there was an update on CAMHS

Christine Holland informed the Committee that she attended the CAMHS Next Generation Care update on 28 November at Wokingham Hospital and it provided information relating to common points of entry, urgent care updates and contact details for access to teams.

RESOLVED That –
1) the update be noted by the Committee; and

2) Christine Holland be thanked for the updates and for attending the meeting.

51. HEALTH CONSULTATIONS

The Chairman informed the Committee that the current “live” consultations that were detailed in the briefing paper included in the Agenda pages 53 to 57 could be commented on or responded to by individual members. The Chairman invited Mike Wooldridge to update the Committee regarding the Consultation on the Future of Fosters Residential Care Homes.

Mike Wooldridge informed the Committee that Fosters is a 35 bedded traditional Residential Care Home, with 1 Short Stay place situated in Woodley. It has been in operation since 1964 and provides 24hr accommodation and care for people who fall into the registration categories of frail elderly and those with a diagnosis of dementia. The facilities at Fosters do not enable residents to retain a lot of independence. Fosters does not offer en-suite facilities and bedrooms do not meet minimum requirements for room size. Recently a survey conducted on the building revealed that as a result of the poor conditions of the building it now requires substantial work to comply with modern

standards. It also needs structural work, equipment and fittings need replacing and these building works would cause considerable disruption to the lives of Fosters residents. A formal consultation is now underway providing 2 options for consideration –

1) Fosters stays open for now, and it is reviewed in the future.

2) Fosters closes and we provide new accommodation for the residents.

Mike Wooldridge informed the Committee that the Consultation will end on 8 February 2012 and if anyone wanted to submit any views in relation to the options they should contact him prior to the deadline.

Kay Gilder stated that she has visited Fosters previously and is aware that the residents are very elderly and vulnerable and unable to care for themselves. She enquired about what assurances will be given to the residents that their level of care will continue if Fosters is closed and the residents have to be moved to another location.

Mike Wooldridge informed the Committee that if Fosters is closed each residents' needs will be assessed before relocation and those needs will be met by providing the most suitable accommodation that is required. There would not be any deadline for moving residents and it will be a slow, careful process of ensuring the health and wellbeing of the residents are a priority. He also stated that residents have already raised concerns regarding the relationships they have developed with the staff and are worried that those relationships may be lost and have to be re-built if moved to a new location.

Gerald Cockroft commented that shouldn't the Council be looking at a more long term plan especially as Wokingham has an aging population and more residential homes will be needed in the future.

Mike Wooldridge informed the Committee that there is a housing strategy that exists and it includes and identifies older people accommodation in existing and new developments across the Borough.

Sam Rahmouni enquired as to how long would the refurbishment take place and would the Council be able to sustain the level of care for the elderly while the repairs and structural work is done.

Mike Wooldridge informed the Committee that it is estimated that approximately £180,000 is required to complete the refurbishments and the length of time depends upon the level of improvements that are completed.

Charlotte Haitham Taylor suggested that if Fosters is closed, the Council need to ensure that the land is used to replace a modern elderly care home facility in the future.

RESOLVED That –

1) the report be noted by the Committee;

2) Option 2 be noted as the views of HOSC in response to the Consultation; and

3) the Council takes into account the views of HOSC regarding the use of the land being retained or used to ensure that a modern care home facility is built on the site in the event that Fosters is closed.

52. WORK PROGRAMME 2011/12

The Committee considered the Work Programme for 2011/12 as included in the Agenda pages 60 to 72 and raised the following issues relating to the 25 January 2012 meeting –

- Care Quality Commission be deferred to the March 2012 meeting subject to consulting with Sue Sheath (CQC – Compliance Manager);
- NHS Berkshire West Annual Performance and Finance Update be deferred to the March 2012 meeting subject to consulting with Bev Searle (Joint Commissioning Manager);
- HOSC Development report be inserted into the Work Programme for the 25 January 2012 meeting;
- Site visit to Royal Berkshire Maternity Unit be arranged prior to the 25 January 2012 meeting; and
- Salma Ahmed (Partnership Development Officer) replaces Rachel Masters as the contact officer for policy related issues on the Work Programme 2011/12.

Charlotte Haitham Taylor requested that a briefing session be organised for members relating to the status and implementation of the Health and Wellbeing Board.

RESOLVED That –

1) the proposed amendments to the Work Programme 2011/12 be updated accordingly;

2) Mike Wooldridge looks into organising a briefing session for members relating to the Health and Wellbeing Board and keeps HOSC informed of any developments; and

3) The Committee Clerk makes arrangements for a site visit to the Royal Berkshire Maternity Unit prior to the 25 January 2012 meeting.

53. CHIEF EXECUTIVE ROYAL BERKSHIRE NHS FOUNDATION TRUST

The Committee Clerk informed the Committee that Ed Donald, the Chief Executive of the Royal Berkshire NHS Foundation Trust had offered his apologies prior to the meeting for being unable to attend the HOSC meeting as scheduled, mainly due to the arrangements he has had to manage at the hospital in relation to the "day of strike action" scheduled to take place on 30 November 2011.

RESOLVED: That a special meeting be arranged for the Chief Executive to attend in February 2012 and that the Committee Clerk liaises with the Chief Executive's office to find an appropriate date and time that may be suitable for the Chief Executive, but also HOSC members as well and that the information be circulated as soon as practicable.

54. ANY OTHER BUSINESS

Mental Health Task and Finish Working Group

The Committee received an update from Charlotte Haitham Taylor that was tabled at the meeting (see Appendix 2 as attached to these minutes) in relation to the Mental Health Task and Finish Group.

Andrew Bradley commented that sometimes the Data Protection Act is taken to the extremes in relation to information sharing among organisations and service areas and often it can be detrimental to the health and wellbeing of local resident who are in care, seeking support etc.

Philip Houldsworth commented that a lot of the times organisations and service areas hide behind the legislation in order to stop the information being shared and this can prove

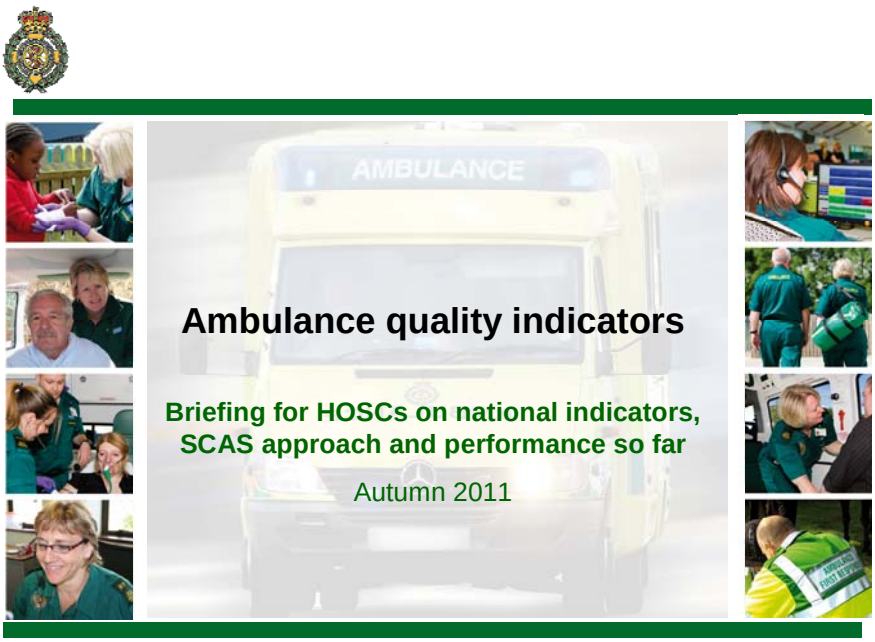
difficult as the information is needed to assess patients and residents seeking support and guidance.

Kay Gilder enquired as to whether CAMHS is equipped enough to deal with the demand on their services. She also stated that she was aware of a patient that waited up to 1 year to be assessed.

RESOLVED: That the Mental Health Task and Finish Group be thanked for the update and that it be noted by the Committee.

Minute No. 31.02 – Public Question Time
The Chairman informed the Committee that he had received numerous emails from the Earley Neighbourhood Action Group (ENAG) in relation to the last meeting and that he had responded on every occasion regarding the issues raised and was satisfied that the appropriate action was being taken. He also stated that he had now asked Sam Otorepec (Head of Joint Commissioning West Berkshire) to arrange a meeting with the appropriate GP Surgery to discuss the issues raised by the ENAG.

APPENDIX 1



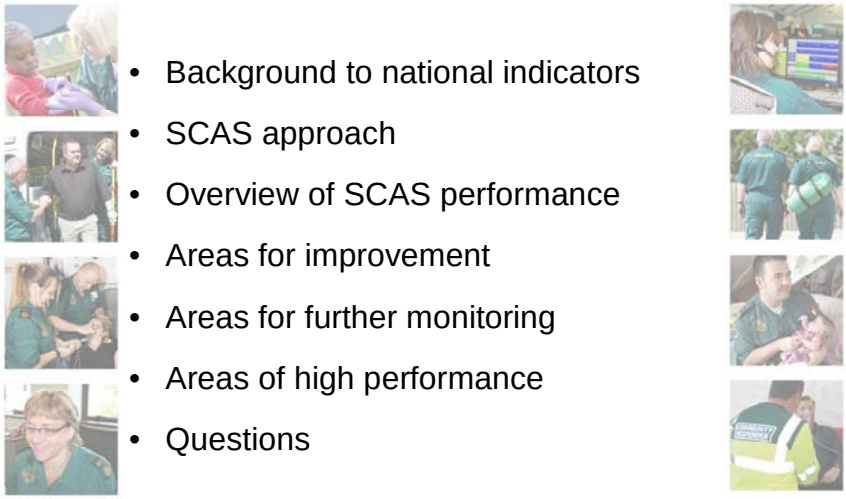
Ambulance quality indicators

Briefing for HOSCs on national indicators, SCAS approach and performance so far

Autumn 2011

South Central Ambulance Service NHS
NHS Trust

Agenda



- Background to national indicators
- SCAS approach
- Overview of SCAS performance
- Areas for improvement
- Areas for further monitoring
- Areas of high performance
- Questions

South Central Ambulance Service NHS
NHS Trust

Background to national indicators




New national approach

- Move from focus on time targets to culture of continuous improvement in clinical care
- A range of indicators rather than a few targets
- Indicators based on best available evidence and involvement of clinicians
- Feedback from patients is key indicator of quality
- Each Trust to provide information and explanatory narrative – so that public can judge for themselves




South Central Ambulance Service NHS
NHS Trust

Overview of national indicators

Access	Call answering times	
	Call abandonment rates	
Response	Time for response to arrive for life-threatening emergency	*first emergency response health professional transporting vehicle*
Treatment	*For patients with:*	
	STEMI	*severe heart attack as coronary artery blocked*
	Cardiac arrest	*blood stops circulating due to heart malfunction*
	Stroke	*brain function compromised as blood supply disturbed*
Disposition	Calls resolved on telephone	*plus recontact rates*
	Incidents handled on scene without need to go to hospital	
Outcomes	Patients suffering cardiac arrest	*arrive at hospital with a pulse*
		discharged alive from hospital

South Central Ambulance Service NHS
NHS Trust

Agenda




- Background to national indicators
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SCAS approach




The national indicators …

- are well aligned with our clinical strategy (HOSCs consulted on strategy last year)
- support our focus on clinical assessment and tailoring our response to individual patient needs
- provide a catalyst and opportunity to make further progress with our clinical strategy




South Central Ambulance Service NHS
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New Ambulance Quality Indicators

National indicators		*Clinical strategy*
Clinical care	⟷	Clinical assessment for each individual
Patient experience	⟷	Personalised care based on individual needs
Care pathways	⟷	Right care, right person, right time, right place
Response times		

Service model

Step 1	Step 2	Step 3	Step 4
Categorise call	Assess individual needs	Treat or advise	Transfer or refer

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Agenda








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Access to 999 services

SCAS performance against benchmarking for indicators on access	
Best 3 nationally	• **Calls abandoned before being answered**
In line with other services	• **Time to answer telephone** – 95th percentiles
Bottom 3 nationally	• **Time to answer telephone** – median and 99th percentiles

South Central Ambulance Service NHS NHS Trust

Access – improvement plan

Indicator	Improvement plan	Timescale
Call answering *Time to answer call*	New computer aided dispatch (ICAD) and telephony systems implemented in July and August 2011	Improvements from September
	Improvement plan agreed to ensure benefits of new systems are realised	In line with national average by end of 2011

South Central Ambulance Service NHS NHS Trust

Responsiveness

SCAS performance against benchmarking for indicators on response	
Best 3 nationally	• **A8** - Emergency response arrives on scene within 8 minutes of a life threatening (Cat A red) call
In line with other services	• **A19** – transporting vehicle arrives on scene within 19 minutes of a life-threatening (Cat A red) call
Bottom 3 nationally	• **Time to treatment** – time for a health professional to arrive on scene for 50%, 95% and 99% of life-threatening (Cat A red) calls

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NHS Trust

Responsiveness – improvement plan

Indicator	Improvement plan	Timescale
"Time to treatment" *Time for a health professional to reach the scene of a patient with a life or limb threatening condition*	Operational management restructure to release more clinical 'road' time This will enable better cover in rural areas where this indicator is a particular challenge due to longer journey times	Restructure in progress Improvements expected in early 2012

South Central Ambulance Service NHS
NHS Trust

Treatment

SCAS performance against benchmarking for indicators on treatment	
Best 3 nationally	• **Stroke care bundle** - proportion of stroke patients who received all elements of optimal care package
In line with other services	• **Stroke 60 minutes** - proportion stroke patients who arrive at specialist centre within 60 minutes • **STEMI 150 minutes** - proportion cardiac patients who arrive at specialist centre within 150 minutes
Bottom 3 nationally	• **STEMI care bundle** - proportion cardiac patients who received all elements of the optimal care package

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NHS Trust

Treatment - needs monitoring

Indicator	Monitoring / improvement
STEMI care bundle *Proportion of cardiac patients who received all elements of the optimal care package*	Sample size for benchmarking is small (130 patients so far this year for SCAS) SCAS is continuing work to improve performance in this areas SCAS will reassess its performance compared with other Trusts once more data is available

Pathways of care (disposition)

SCAS performance against benchmarking for indicators on disposition	
Best 3 nationally	• **Frequent users** - proportion of callers for whom we have a locally agreed care plan in place
In line with other services	• **Telephone advice** - calls resolved on telephone, either through clinical advice or redirection to another more appropriate service • **Non A&E** - incidents handled on scene without conveyance to an emergency department • **Recontact** – proportion of callers who recontact 999 services within 24 hours of incident being handled on telephone or on scene
Bottom 3 nationally	

South Central Ambulance Service NHS NHS Trust

Clinical outcomes

SCAS performance against benchmarking for indicators on outcome	
Best 3 nationally	
In line with other services	• **ROSC** – proportion all patients suffering cardiac arrest who arrived at hospital with a pulse • **Utstein ROSC** - proportion patients whose cardiac arrest was witnessed and who arrived at hospital with a pulse • **Survival to discharge** – proportion all patients suffering cardiac arrest discharged from hospital alive • **Utstein Survival** – proportion of patients whose cardiac arrest was witnessed and who were discharged from hospital alive
Bottom 3 nationally	

South Central Ambulance Service NHS NHS Trust

Agenda




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- **Areas of high performance**
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South Central Ambulance Service NHS
NHS Trust

SCAS performing very well




A8 — Emergency response on scene within 8 minutes of call being received for patient with life or limb threatening condition

Stroke care bundle — Proportion of stroke patients who received all elements of the optimal care package

Frequent callers — Proportion of callers for whom we have a locally agreed care plan in place (particularly relevant for frequent callers)




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APPENDIX 2

MENTAL HEALTH TASK AND FINISH WORKING GROUP
REPORT FOR HOSC
29 NOVEMBER 2011

Summary of the Meeting held on 12th October 2011 -

4 Witnesses attended

- Youth and Community Worker
- Volunteer Youth Support Assistant – past user of services
- Teacher from Borough Secondary School who deals with Children with Mental Health issues and make sure that they receive the right support
- ARC Co-ordinator – provide Counselling sessions to Young People – working with our schools

There are enormous challenges at the moment.

Funding has been cut to organisations such as ARC and therefore there are less sessions of Counselling available. There are long waiting lists for Counselling sessions at schools. However, there is also more demand as families are facing tougher times and there are more family breakdowns.

There are significant challenges with CAMHS – long waiting times (one of the witnesses said they had experience of waiting 6 weeks for a referral), **what do you do in the time from when you are referred, to when you actually see someone?**

There is a problem going from CAMHS to Adult Services – often this is not smooth, the two services are totally different. User reported staff at CAMHS threatened that she would be referred to Adult Services if she did not improve – this caused more problems with ill health.

Lack in continuity of Care when you are actually in the system – this causes further deterioration in health in some cases (witness went 9 months in care without seeing her own assigned counsellor/key worker). The services are very 9-5 orientated, which if you are in need, is no good.

There seems to be a lot of silo working, information not being shared, lack of communications, lack of joined up working, the reason being given – data protection, however in some cases there would be more benefits from sharing information and data which could lead to better Safeguarding for example.

The introduction of Trading Services has also caused problems for how Schools and the Youth Services work together. Schools can now not afford so many hours of Counselling, the procedures and protocols have made it harder to keep the personalised service.

There are some excellent people working in these services, however their hands have been tied by lack of funding and new protocols. There are serious problems with inconsistency and continuity for service users also.

Charlotte Haitham Taylor
Chair, Mental Health Task and Finish Group
29 November 2011.