

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON TUESDAY 27 NOVEMBER 2012 FROM 7PM TO 9PM**

*Present: Tim Holton (Chairman), Andrew Bradley, Kate Haines, Philip Houldsworth, Sam Rahmouni, Malcolm Richards and Wayne Smith*

*Also present*

<i>Clare Bright</i>	<i>Head of CAMHS</i>
<i>Keith Boyes</i>	<i>Area Manager, South Central Ambulance Service NHS Foundation Trust (up to item 52)</i>
<i>Duncan Burke</i>	<i>Director of Communications &amp; Public Engagement, South Central Ambulance Service NHS Foundation Trust (up to item 52)</i>
<i>David Cahill</i>	<i>Locality Director Wokingham, Berkshire Healthcare Foundation Trust</i>
<i>Dr Sue Edees,</i>	<i>Care Group Director for Urgent Care RBH (up to item 53)</i>
<i>Christine Holland</i>	<i>LINK Steering Group</i>
<i>Tony Lloyd</i>	<i>LINK Steering Group</i>
<i>Helen Mackenzie</i>	<i>Interim Director of Nursing and Governance Berkshire Healthcare Foundation Trust</i>
<i>Sam Otorepec</i>	<i>Head of Joint Commissioning – West, NHS Berkshire West</i>
<i>Patricia Pease</i>	<i>Director of Nursing Urgent Care, Lead for Safeguarding Adults and Children, RBH (up to item 53)</i>
<i>Madeleine Shopland</i>	<i>Principal Democratic Services Officer</i>
<i>Mike Wooldridge</i>	<i>Development and Improvement Team Manager (item 51)</i>
<i>Shahid Younis</i>	<i>Member for Bulmershe &amp; Whitegates</i>

## **PART I**

### **46. MINUTES**

The Minutes of the meeting of the Committee held on 25 September 2012 were confirmed as a correct record and signed by the Chairman.

### **47. APOLOGIES**

An apology for absence was submitted from Councillors UllaKarin Clark (substituted by Malcolm Richards), Kay Gilder, Nick Ray and David Sleight.

### **48. DECLARATION OF INTEREST**

Philip Houldsworth declared an interest in item 54 Safeguarding and Care Governance Processes in Adult Social Care and item 58 Berkshire Non Financial Performance Indicators report as he was awaiting a decision regarding funding for healthcare for his father-in-law.

Tim Holton declared an interest in item 55 update on the impact of the closure of the Wokingham based South Central Ambulance Service call centre on the grounds that his daughter worked as a volunteer for South Central Ambulance Service. He indicated that he would step down from the Committee and leave the room during the discussion.

### **49. PUBLIC QUESTION TIME**

There were no public questions.

## **50. MEMBER QUESTION TIME**

There were no Member questions.

## **51. SAFEGUARDING AND CARE GOVERNANCE PROCESSES IN ADULT SOCIAL CARE**

The Committee received a presentation on Safeguarding and Care Governance Process in Adult Social Care from Mike Wooldridge, Development and Improvement Team Manager.

During the discussion of this item the following points were made:

- An independent review of Adult Safeguarding had been carried out by Tony Benton, a consultant and former Care Quality Commission (CQC) Inspector. Whilst the Council was required to report on safeguarding the CQC no longer inspected safeguarding. The Council had achieved a 'Good' rating for the last CQC inspection relating to safeguarding, which had taken place in 2008.
- The review had had two work streams; Adult Safeguarding, which included how Adult Social Care responded to alerts raised under multi-agency policy and procedures and the Care Governance Process, which included how concerns about poor practice and possible abuse within care homes were responded to.
- An increasing referral rate increased the pressure on the Adult Social Care service. Alerts were raised by a variety of professionals. Andrew Bradley asked whether alerts were raised by patients themselves and was informed that they were occasionally.
- 16 cases had been analysed as part of the review. In all cases the Council's response had been considered proportionate and it had been considered that the Council's message of a zero tolerance to abuse was being understood. There had been no evidence that the Council was deploying more resources than necessary.
- A number of areas for development had been identified and four recommendations made. Some improvements were already being made. For example the training was being updated and a seminar for operational managers to embed changes in practice had been held.
- The policy and procedure for Care Governance had been reviewed. Staff focus groups and the Care Governance Board had been interviewed. In addition telephone interviews had been held with four providers and comparisons had made with the processes and procedures of six other local authorities.
- Feedback from providers regarding Care Governance had been constructive. There had been some criticism of communication and transparency but also praise for the professional and constructive approach taken.
- The Council's response to Care Governance issues had been found to be proportionate, robust, effective and similar to that of other local authorities.
- Mike Wooldridge commented that an action plan had been produced to address recommendations of review.
- In response to a question as to whether the review covered access to women's refuges, Mike Wooldridge confirmed that it had not.

**RESOLVED** That the presentation on Safeguarding and Care Governance Processes in Adult Social Care be noted.

## **52. SOUTH CENTRAL AMBULANCE SERVICE – UPDATE ON IMPACT OF CLOSURE OF WOKINGHAM CALL CENTRE**

The Committee were provided with an update on the impact of the closure of the South Central Ambulance Service (SCAS) in Wokingham.

The Chairman, Tim Holton having declared a prejudicial interest stepped down from the Committee for the consideration of the next item. Kate Haines took the Chair.

During the discussion of this item the following points were made:

- The Emergency Operations Centres in Wokingham had transferred to Bicester in July. SCAS covered Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire and Hampshire. Each area had a dedicated dispatch team.
- Only 6 complaints had been received and upheld in the first 2 Quarters April – September 2012. In Quarter 1, prior to the move one complaint had related to staff attitude and another to clinical care. In Quarter 2, after the move, two complaints had been received regarding staff attitude, one regarding a 999 delay and one about clinical care. Members were pleased to note that the number of compliments received far outweighed the number of complaints.
- There were a number of indicators relating to response time which needed to be met; Cat A response within 8 minutes and Cat A transportation time within 19 minutes. In July the RED1 target (target resources to critical life threatening incidents) had been introduced. A contract enquiry to identify contractual arrangements for year end had been issued. A Berkshire level action plan had been implemented during August 2012 and an improvement had been noted. Berkshire East had written to the SCAS lifting their concerns.
- Demand had increased more in Berkshire than any other area covered by the SCAS. The reason for this was not known but SCAS continued to work to address the increase in demand. Malcolm Richards asked if the increasing demand in Berkshire was being analysed. Keith Boyes indicated that it was and that the SCAS was trying to follow patient flow in order to establish if there was commonality. In addition the number of people not registered with GPs was increasing. People sometimes phoned the ambulance service because they knew that they would answer quickly.
- The SCAS had an agreement with the acute hospitals that ambulance handovers would be completed within 15 minutes. Members considered hospital handover delays and hours lost between October 2011 and October 2012. It was noted that the number of hours lost to handover delays at the Royal Berkshire Hospital had decreased significantly. Nevertheless, Duncan Burke indicated that delays were higher than hoped and that work was being done to address this.
- Members were informed of Hear and Treat under which clinicians in the EOC supported the patient by telephone and See and Treat under which a clinician attended to the patient (normally with the assistance of the patient's GP) rather than taking the patient to a hospital Emergency Department.
- The Emergency Operations Centre was one of the fastest call taking centres in the country and the call abandonment rate had reduced and was below the national requirement.
- The activation of Community Responders was improving. Community Responders were particularly useful in helpful to cover more rural areas. Information on becoming a Community Responder was available on the SCAS website.
- The Committee noted work that was being done to help reduce the demand for the Ambulance Service such as the Choose Well Campaign, a consistent approach to the development of 24/7 alternative pathways across Berkshire and the Hear & Treat and See & Treat initiatives.
- Tony Lloyd asked how the 111 service would be integrated with the 999 service. The 111 number would be a non emergency number and would be easier for people to remember. The number was currently operating for Oxfordshire and would be rolled out to Hampshire and other areas.

**RESOLVED** That the update on the impact of closure of the South Central Ambulance Service call centre in Wokingham, be noted.

Tim Holton returned to the meeting and took over as Chairman.

### **53. ROYAL BERKSHIRE NHS FOUNDATION TRUST – CHILDREN AND ADOLESCENT SERVICES**

Members received a presentation Children and Adolescent Services in the Royal Berkshire Foundation Trust from Patricia Pease, Director of Nursing Urgent Care, Lead for Safeguarding Adults and Children, RBH and Sue Edees, Care Group Director for Urgent Care RBH.

During the discussion of this item the following points were made:

- Approximately 24% patients in 2011/12 were children and young people up to 18 years old. During this period 19 000 children and young people had attended A&E, 9500 children and young people had been admitted to the paediatric wards and 700 young people had been admitted to adult wards. There had been 63, 000 out patient appointments for children and young people up to 18 years old.
- The Committee had requested information on specific areas dealt with by the Children and Adolescent Services.
- Members were informed of the Paediatric Allergy Service. The service was part of the Wessex allergy network. The service treated approximately 850 patients a year and primarily dealt with food allergies although some drug and insect allergies were also dealt with.
- The Paediatric Asthma Service treated children and young people with difficult, unstable asthma in monthly asthma clinics. 80 patients attended these clinics per year. 120 children and young people were admitted with asthma each year. Standard asthma management plans were in place across all care settings.
- Members were informed that the annual incidence of diabetes was rising nationally at about 3% per annum. There were 210 children and young people up to 19 yr in the West of Berkshire being treated for Type 1 Diabetes. 40 patients were on insulin pumps, and most of the others were on pre-meal bolus regimens.
- With regards to the Paediatric Oncology Service an out patient and in patient service was provided. The hospital provided shared care with John Radcliffe Hospital, Oxford. It was noted that there were 18 patients on active treatment and between 20 and 30 patients in acute follow up.
- Children and Adolescent Services carried out partnership working with other organisations such as the Royal Berkshire NHS Foundation Trust, Local Authority - Children's Services and Education, Berkshire Healthcare Foundation Trust, Tertiary and specialist hospitals and the voluntary sector.
- Challenges that the service faced included implementing changes coming out the Health and Social Care Act, establishing relationships with the Clinical Commissioning Groups and the Health and Wellbeing Boards and the financial climate. Working with six different unitary authorities was also difficult. In addition the number of parents bringing children and young people to A&E instead of accessing primary care was increasing as was the number of children and young people with chronic and complex health needs and learning disabilities.
- Andrew Bradley asked what the Committee could do to assist, Patricia Pease commented that it was important that as Clinical Commissioning Groups and Health and Wellbeing Boards moved forwards, children were not seen as a lower priority.

- Malcolm Richards asked whether the diabetes service also looked at tackling obesity. Sue Edees commented that this was mainly a public health function but there was a lot of information within the wards.
- In response to a question regarding young people being admitted to adult wards Patricia Pease commented that sometimes it was more appropriate for a young person to be admitted to an adult ward, for example if they were pregnant.

**RESOLVED** That the presentation on Royal Berkshire NHS Foundation Trust – Children and Adolescent Services be noted.

#### **54. CAMHS UPDATE**

The Committee received an update on the work of Child and Adolescent Mental Health Services (CAMHS).

During the discussion of this item the following points were made:

- Members were pleased to note that the Wokingham CAMHS now had its own accommodation and that the reception area had been widened to make it more accessible.
- Clare Bright was co-chairing a Task and Finish Group on the emotional wellbeing of children and young people.
- The delivery model had been developed in response to feedback from various sources such as GPs, commissioners, LINK and patients' families. Waiting times, understanding how CAMHS worked and patient experience had been local drivers.
- There were six locality teams. A single contact number had been introduced. Clinicians triaged and made assessments as referrals were received. Between 45 and 50 referrals were received by the Wokingham CAMHS per month. The quality of referrals was improving. Previously the child would be referred back to the community team regardless of the assessment outcome. Specific pathways, for example for children with ASD, had now been introduced. Each child had a care plan from CAMHS as part of their pathway which was reviewed by the clinician and the child's family. Measurable outcomes were included so that the child's level of improvement could be measured.
- Clare Bright explained the ASD Pathway Diagnostic & Assessment pathway which had been launched in Berkshire West and would be rolled out to Berkshire East in 2013. There was integration with the Royal Berkshire Hospital clinicians and speech and language therapists held clinics on the same day, in the same area, reducing the likelihood that families would need to come back on numerous different days for different appointments. If the child was under 5 they were seen by a paediatrician and if they were over 5 a multi agency approach was taken. Feedback was received on the same day. Parents were now given 1-1 time with the clinician, away from the child, to discuss issues. Following diagnosis, children were either discharged or referred to the Community Network. Those children who had eating disorders or who were looked after children or had a learning disability continued to be seen by the Specialist Multi-Agency Locality Community Team.
- Members were informed that there was an Urgent Care Team that operated within working hours. The team also worked with the Adult Urgent Care Team to ensure that children requiring urgent care as a priority were dealt with as soon as possible.

**RESOLVED** That the CAMHS Update be noted.

## **55. BERKSHIRE NON – FINANCIAL PERFORMANCE INDICATORS REPORTS**

The Committee considered the Berkshire Non-Financial Performance Indicators Report.

During the discussion of this item the following points were made:

- Members expressed concern that there had been underperformance in relation to the target regarding the percentage of ambulance handovers completed within 15 minutes in Berkshire West.
- With regards to Diagnostics % waiting 6 weeks or more, Members noted that a notice of contract fines has been issued to RBFT. The Chairman asked how many fines had been issued in total this year and what effect fines had on services.
- Kate Haines expressed concern that the indicator relating to MRSA Bacteraemia was underperforming. The total number cases for the year was now 2 against the annual limit of 4 cases.
- The Committee noted that the target for the percentage of patients who spent 4 hours less in A&E had not been met in Berkshire West.

**RESOLVED** That the Berkshire Non-Financial Performance Indicators Report be noted.

## **56. HEALTH CONSULTATIONS**

Members considered a report on current 'live' consultations.

The Chairman commented that the other current "live" consultations that were detailed in the briefing paper included in the Agenda could be commented on or responded to by individual members where appropriate.

**RESOLVED** That the Health Consultations report be noted.

## **57. LINK UPDATE**

Christine Holland provided Members with an update on the work of the Wokingham LINK.

During the discussion of this item the following points were made:

- A document tracing the Legacy of the Wokingham LINK was being produced by the LINK in conjunction with the Council. The final document would be published in the near future.
- Tony Lloyd provided information on the survey on services for people with neurological conditions. Funding had been allocated for a specialist epilepsy nurse, a part-time neuro-nurse and services adviser.
- The Review of Adult Social Care had been completed and the final report published.
- 500 copies of the Dignity and Care survey had been distributed in the Royal Berkshire Hospital. The Wokingham LINK was supporting the West Berkshire LINK which was leading on this.
- A project to review patient information made available by NHS Dentists was underway. The aim of the project was to recommend good practice to NHS Dentists across the county.

**RESOLVED** That the LINK update be noted.

## **58. WORK PROGRAMME 2012/13**

The Committee considered the Work Programme 2012/13.

During the discussion the following points were made:

- It was noted that the Committee would receive an update on the transition of public health to local authorities (including an update on performance indicators) at the January meeting. Members asked that a further update on the transition be provided at the March meeting.
- Members were reminded that training for the Committee and its substitutes would take place on Monday 17 December at 7pm.

**RESOLVED** That the updated Work Programme 2012/13 be noted.

*These are the Minutes of a meeting of the Health Overview and Scrutiny Committee*

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